

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

Department of the Treasury Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning , and ending

B Check if applicable: X Address change. C Name of organization: THE COMMUNITY FOUNDATION OF UTAH. D Employer identification number: 74-3211770. E Telephone number: 801-559-3005. G Gross receipts \$: 79,728,055.

F Name and address of principal officer: ALEXANDRA EATON, 1245 BRICKYARD ROAD, STE 410, SALT LAKE CITY, UT 84106. H(a) Is this a group return for subordinates? X Yes. H(b) Are all subordinates included? Yes.

I Tax-exempt status: X 501(c)(3). J Website: UTAHCF.ORG. H(c) Group exemption number.

K Form of organization: X Corporation. L Year of formation: 2007. M State of legal domicile: UT

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WE ENABLE ALL UTAHNS TO CONTRIBUTE TO OUR COMMUNITY TODAY, ENSURING A BRIGHTER TOMORROW.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members of the governing body (10). 4 Number of independent voting members of the governing body (10). 5 Total number of individuals employed in calendar year 2023 (13). 6 Total number of volunteers (15). 7a Total unrelated business revenue (90,902). 7b Net unrelated business taxable income (69,508).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (39,681,476 / 26,168,500). 9 Program service revenue (357,050 / 387,977). 10 Investment income (327,486 / 4,482,185). 11 Other revenue (7,758 / 90,902). 12 Total revenue (40,373,770 / 31,129,564).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid (29,475,375 / 27,918,187). 14 Benefits paid to or for members (0 / 0). 15 Salaries, other compensation, employee benefits (927,563 / 993,590). 16a Professional fundraising fees (0 / 0). 16b Total fundraising expenses (137,735). 17 Other expenses (1,035,204 / 899,036). 18 Total expenses (31,438,142 / 29,810,813). 19 Revenue less expenses (8,935,628 / 1,318,751).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (136,652,844 / 188,525,314). 21 Total liabilities (1,619,566 / 42,546,488). 22 Net assets or fund balances (135,033,278 / 145,978,826).

Part II Signature Block

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

Sign Here: Signature of officer: ALEXANDRA EATON, CEO. Date.

Paid Preparer Use Only: Print/Type preparer's name: RICHARD SCORESBY, CPA. Preparer's signature: RICHARD SCORESBY, CPA. Date: 11/12/24. Check self-employed. PTIN: P00573067. Firm's name: LARSON & COMPANY, PC. Firm's EIN: 87-0516083. Firm's address: 11240 S RIVER HEIGHTS DR STE 300, SOUTH JORDAN, UT 84095-5123. Phone no.: 801-313-1900.

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
WE ENABLE ALL UTAHNS TO CONTRIBUTE TO OUR COMMUNITY TODAY, ENSURING A BRIGHTER TOMORROW.

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 \$ **29,211,523** including grants of \$ **27,918,187**) (Revenue \$ **387,977**)
SEE SCHEDULE O

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

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **29,211,523**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions). | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | X | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | X | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | |
|---|--|------------|-----------|-------------------------------------|-------------------------------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 13 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | <input checked="" type="checkbox"/> | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | <input checked="" type="checkbox"/> | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <input checked="" type="checkbox"/> | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | <input checked="" type="checkbox"/> |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | <input checked="" type="checkbox"/> |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | <input checked="" type="checkbox"/> |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | <input checked="" type="checkbox"/> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | <input checked="" type="checkbox"/> |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | <input checked="" type="checkbox"/> |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | <input checked="" type="checkbox"/> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | <input checked="" type="checkbox"/> |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | <input checked="" type="checkbox"/> |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | <input checked="" type="checkbox"/> |
| 10 | Section 501(c)(7) organizations. Enter: | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | <input checked="" type="checkbox"/> |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | <input checked="" type="checkbox"/> |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

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

Section A. Governing Body and Management

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 10 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 10 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. | | X |

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

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

Section C. Disclosure

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

ALEXANDRA EATON 1245 BRICKYARD ROAD, STE 410 **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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) ALEXANDRA EATON CEO | 40.00 0.50 | | | X | | | | 247,600 | 0 | 22,664 |
| (2) YUKI NOVAK CFO | 40.00 0.00 | | | X | | | | 119,440 | 0 | 4,178 |
| (3) IAN SHELLEDY COO | 40.00 0.00 | | | | | X | | 102,368 | 0 | 17,449 |
| (4) CHRIS CONARD BOARD MEMBER | 0.50 0.20 | X | | | | | | 0 | 0 | 0 |
| (5) TRISH COUGHLIN BOARD CHAIR | 1.40 0.40 | X | | X | | | | 0 | 0 | 0 |
| (6) BRAD DICKSON BOARD VICE CHAIR | 1.00 0.40 | X | | X | | | | 0 | 0 | 0 |
| (7) RAMEZ HALTEH BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) DOUG HANSEN TREASURER | 0.50 0.20 | X | | X | | | | 0 | 0 | 0 |
| (9) JOSH KANTER BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) JERAMY LUND BOARD MEMBER | 0.50 0.50 | X | | | | | | 0 | 0 | 0 |
| (11) JENNIFER ROBINSON BOARD MEMBER | 0.50 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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) MARTY TATE | | | | | | | | | | |
| (12) BOARD MEMBER | 0.50 0.20 | X | | | | | | 0 | 0 | 0 |
| (13) JENSEN WARNOCK | | | | | | | | | | |
| (13) BOARD MEMBER | 0.50 0.00 | X | | | | | | 0 | 0 | 0 |
| (14) | | | | | | | | | | |
| (15) | | | | | | | | | | |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 469,408 | | 44,291 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 469,408 | | 44,291 |
| d Total (add lines 1b and 1c) | | | | | | | | 469,408 | | 44,291 |

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 **3**

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|--|----------------|----------------------|--|--------------------------------------|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | 4,679,150 | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 21,489,350 | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 9,282,205 | | | |
| | h Total. Add lines 1a-1f | | 26,168,500 | | | |
| Program Service Revenue | Business Code | | | | | |
| | 2a PROGRAM SERVICE REVENUE | 900099 | 387,977 | 387,977 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 387,977 | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 4,245,141 | | | 4,245,141 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | 6a | | | | |
| | b Less: rental expenses | 6b | | | | |
| | c Rental inc. or (loss) | 6c | | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 48,835,535 | | | |
| | | (ii) Other | | | | |
| | | 7a | | | | |
| | b Less: cost or other basis and sales exps. | 7b | 48,598,491 | | | |
| c Gain or (loss) | 7c | 237,044 | | | | |
| d Net gain or (loss) | | 237,044 | | | 237,044 | |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | b Less: direct expenses | 8b | | | | |
| | c Net income or (loss) from fundraising events | | | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | b Less: direct expenses | 9b | | | | |
| | c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | | |
| | 11a K-1 REVENUE | 900099 | 90,902 | 90,902 | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 90,902 | | | | |
| 12 Total revenue. See instructions | | | 31,129,564 | 387,977 | 90,902 | 4,482,185 |

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 | 27,918,187 | 27,918,187 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 393,882 | 167,804 | 165,812 | 60,266 |
| 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 | 494,855 | 390,694 | 59,990 | 44,171 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 7,688 | | 7,688 | |
| 9 Other employee benefits | 36,770 | | 36,770 | |
| 10 Payroll taxes | 60,395 | 40,680 | 12,812 | 6,903 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 42,561 | 23,797 | 15,789 | 2,975 |
| c Accounting | 42,590 | 948 | 41,523 | 119 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 284,693 | 284,693 | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 169,204 | 101,611 | 57,678 | 9,915 |
| 12 Advertising and promotion | 34,602 | 27,682 | 3,460 | 3,460 |
| 13 Office expenses | 7,825 | 5,727 | 1,316 | 782 |
| 14 Information technology | 12,250 | 9,800 | 1,225 | 1,225 |
| 15 Royalties | | | | |
| 16 Occupancy | 53,299 | 42,639 | 5,330 | 5,330 |
| 17 Travel | 1,510 | 1,208 | 151 | 151 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 7,023 | 7,023 | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | | | | |
| 23 Insurance | 11,450 | 9,160 | 1,145 | 1,145 |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a INCOME TAX PROVISION | 49,478 | | 49,478 | |
| b MEMBERSHIP DUES | 9,010 | 7,208 | 901 | 901 |
| c CULTIVATION PROGRAM | 5,223 | 5,223 | | |
| d DONOR RELATIONS | 2,425 | 2,425 | | |
| e All other expenses | 165,893 | 165,014 | 487 | 392 |
| 25 Total functional expenses. Add lines 1 through 24e | 29,810,813 | 29,211,523 | 461,555 | 137,735 |
| 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 | |
|------------------------------------|--|---|-------------|--------------------|-------------|
| Assets | 1 | Cash—non-interest-bearing | 3,750,194 | 1 | 953,141 |
| | 2 | Savings and temporary cash investments | 33,775,345 | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | 1,488,370 | 4 | 1,383,159 |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | 12,789,414 | 7 | 13,623,361 |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 3,100,000 | | |
| | 10b | Less: accumulated depreciation | | 10c | 3,100,000 |
| | 11 | Investments—publicly traded securities | 69,389,191 | 11 | 160,089,075 |
| | 12 | Investments—other securities. See Part IV, line 11 | 11,636,909 | 12 | 7,449,408 |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | 1,063,083 |
| | 14 | Intangible assets | 70,000 | 14 | 70,000 |
| | 15 | Other assets. See Part IV, line 11 | 653,421 | 15 | 794,087 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 136,652,844 | 16 | 188,525,314 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 491,204 | 17 | 732,025 |
| | 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 | 1,128,362 | 21 | 41,814,463 |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,619,566 | 26 | 42,546,488 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 134,973,278 | 27 | 145,918,826 |
| | 28 | Net assets with donor restrictions | 60,000 | 28 | 60,000 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 135,033,278 | 32 | 145,978,826 |
| 33 | Total liabilities and net assets/fund balances | 136,652,844 | 33 | 188,525,314 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|--------------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 31,129,564 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 29,810,813 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,318,751 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 135,033,278 |
| 5 | Net unrealized gains (losses) on investments | 5 | 9,717,699 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | -90,902 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 145,978,826 |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-----------|---|----------|----------|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 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 | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

| | |
|---|---|
| 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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 11,518,721 | 39,924,503 | 59,320,342 | 39,681,476 | 26,168,500 | 176,613,542 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 11,518,721 | 39,924,503 | 59,320,342 | 39,681,476 | 26,168,500 | 176,613,542 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 8,953,009 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 167,660,533 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 11,518,721 | 39,924,503 | 59,320,342 | 39,681,476 | 26,168,500 | 176,613,542 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 1,034,694 | 1,109,324 | 1,994,415 | 2,700,473 | 4,245,141 | 11,084,047 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 183,459 | 84,999 | 2,822,929 | 81,281 | 77,342 | 3,250,010 |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | -72,620 | -82,229 | | -154,849 |
| 11 Total support. Add lines 7 through 10 | | | | | | 190,792,750 |

12 Gross receipts from related activities, etc. (see instructions) 12 1,183,178

13 **First 5 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

| | | |
|---|----|---------|
| 14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) | 14 | 87.88 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 88.39 % |

16a **33 1/3% support test — 2023.** 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 — 2022.** 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 — 2023.** 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 — 2022.** 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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 on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests — 2023. 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 — 2022. 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 on line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 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 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |

7 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)

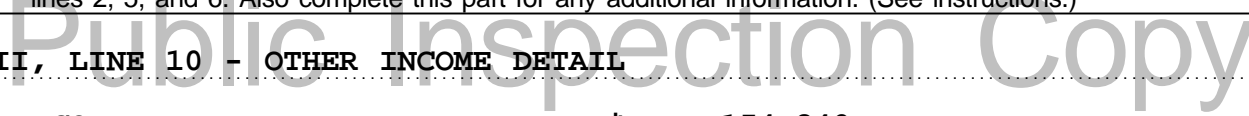
| Section D – Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | 5 |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|---|---|--|---|
| 1 | Distributable amount for 2023 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2023 | | |
| a | From 2018 | | |
| b | From 2019 | | |
| c | From 2020 | | |
| d | From 2021 | | |
| e | From 2022 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to underdistributions of prior years | | |
| h | Applied to 2023 distributable amount | | |
| i | Carryover from 2018 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2023 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2023 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2019 | | |
| b | Excess from 2020 | | |
| c | Excess from 2021 | | |
| d | Excess from 2022 | | |
| e | Excess from 2023 | | |

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

OTHER INCOME **\$ -154,849**



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023

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

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 1,010,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 1,000,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 972,328 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 4,679,150 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 2,875,000 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 2,239,949 | 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 | | \$ 1,400,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 1,400,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | | \$ 1,181,470 | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | | \$ 1,000,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | | \$ 738,625 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | | \$ 699,799 | 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 |
|------------|--|----------------------------|--|
| 13 | <p>.....</p> <p>.....</p> <p>.....</p> | <p>\$ 615,145</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input checked="" type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| | <p>.....</p> <p>.....</p> <p>.....</p> | <p>\$</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| | <p>.....</p> <p>.....</p> <p>.....</p> | <p>\$</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| | <p>.....</p> <p>.....</p> <p>.....</p> | <p>\$</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| | <p>.....</p> <p>.....</p> <p>.....</p> | <p>\$</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |
| | <p>.....</p> <p>.....</p> <p>.....</p> | <p>\$</p> | <p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II for noncash contributions.)</p> |

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------------|--|---|----------------------|
| 5 | LLC INTEREST | \$ 2,875,000 | |
| 6 | LAND | \$ 2,239,949 | |
| 9 | CORPORATE STOCK | \$ 1,181,470 | |
| 12 | CORPORATE STOCK | \$ 699,799 | |
| 13 | PUBLICLY TRADED STOCK | \$ 615,145 | |
| | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values for contributions, grants, and end of year, and yes/no questions regarding donor advised funds and grant fund usage.

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number and acreage, and various monitoring and expense questions.

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

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

Table with 2 columns: Description, Amount. Rows include questions about reporting art and historical treasures and required revenue and asset 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 make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 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.

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 8,565,933 | 8,130,864 | 5,921,599 | 4,270,351 | 3,379,822 |
| b Contributions | 1,122,043 | 1,497,588 | 1,520,078 | 1,363,402 | 93,631 |
| c Net investment earnings, gains, and losses | 969,465 | -963,181 | 768,520 | 307,594 | 854,170 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 223,302 | 99,338 | 79,333 | 19,748 | 57,272 |
| f Administrative expenses | | | | | |
| g End of year balance | 10,434,139 | 8,565,933 | 8,130,864 | 5,921,599 | 4,270,351 |

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

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

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

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

- (i) Unrelated organizations?
- (ii) Related organizations?

| | Yes | No |
|--------|-----|-------------------------------------|
| 3a(i) | | <input checked="" type="checkbox"/> |
| 3a(ii) | | <input checked="" type="checkbox"/> |
| 3b | | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

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

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

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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 | 40,471,668 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains (losses) on investments | 2a | 9,717,699 |
| | b Donated services and use of facilities | 2b | |
| | c Recoveries of prior year grants | 2c | |
| | d Other (Describe in Part XIII.) | 2d | |
| | e Add lines 2a through 2d | 2e | 9,717,699 |
| 3 | Subtract line 2e from line 1 | 3 | 30,753,969 |
| 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 | 284,693 |
| | b Other (Describe in Part XIII.) | 4b | 90,902 |
| | c Add lines 4a and 4b | 4c | 375,595 |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 31,129,564 |

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 | 29,526,120 |
| 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 | 29,526,120 |
| 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 | 284,693 |
| | b Other (Describe in Part XIII.) | 4b | |
| | c Add lines 4a and 4b | 4c | 284,693 |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 29,810,813 |

Part XIII Supplemental Information

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE ORGANIZATION HELD INVESTMENT BALANCES FOR 17 NONPROFIT ENTITIES AS WELL AS FUNDS FROM DONORS WHICH ARE DESIGNATED FOR OTHER NONPROFIT ENTITIES. THE TOTAL OF THESE AMOUNTS WAS \$41,814,463 AS OF DECEMBER 31, 2023.

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information (continued)

MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS.

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

Public Inspection Copy

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

UNRELATED BUSINESS INCOME \$ 90,902

**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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OMB No. 1545-0047

2023

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | UNIVERSITY OF UTAH 332 SOUTH 1400 EAST, STE 160 SALT LAKE CITY UT 84112 | 87-6000525 | 501C3 | 3,759,479 | | | | GENERAL SUPPORT |
| (2) | THE CHURCH OF JESUS CHRIST OF LATTE 50 EAST NORTH TEMPLE, ROOM 1521 SALT LAKE CITY UT 84150 | 87-0234341 | 501C3 | 2,411,361 | | | | GENERAL SUPPORT |
| (3) | UNIVERSITY IMPACT 3507 N UNIVERSITY AVENUE, STE 250 PROVO UT 84604 | 82-1504018 | 501C3 | 1,943,575 | | | | GENERAL SUPPORT |
| (4) | TABITHA'S WAY LOCAL FOOD PANTRIES PO BOX 254 SPANISH FORK UT 84660 | 27-3402820 | 501C3 | 1,335,000 | | | | GENERAL SUPPORT |
| (5) | UTAH STATE UNIVERSITY 1590 OLD MAIN HILL LOGAN UT 84322 | 87-6000528 | 501C3 | 1,221,418 | | | | GENERAL SUPPORT |
| (6) | BALLET WEST 52 WEST 200 SOUTH SALT LAKE CITY UT 84101 | 87-0264274 | 501C3 | 1,038,250 | | | | GENERAL SUPPORT |
| (7) | INTERMOUNTAIN HEALTHCARE FOUNDATION 36 SOUTH STATE STREET, STE 2200 SALT LAKE CITY UT 84111 | 80-0225150 | 501C3 | 1,015,500 | | | | GENERAL SUPPORT |
| (8) | UTAH SYMPHONY AND OPERA 123 WEST SOUTH TEMPLE SALT LAKE CITY UT 84101 | 51-0145980 | 501C3 | 755,500 | | | | GENERAL SUPPORT |
| (9) | HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY UT 84108 | 87-0541293 | 501C3 | 624,000 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **278**
- 3 Enter total number of other organizations listed in the line 1 table **0**

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ROWLAND HALL 720 SOUTH GUARDSMAN WAY SALT LAKE CITY UT 84108 | 87-0212477 | 501C3 | 621,000 | | | | GENERAL SUPPORT |
| (2) | STAND WITH UKRAINE (DBA TO UKRAINE) 2124 AUTUMN LANE IDAHO FALLS ID 83404 | 88-0982973 | 501C3 | 502,000 | | | | GENERAL SUPPORT |
| (3) | FRIENDS OF SWITCHPOINT, INC. 948 NORTH 1300 WEST, STE 1 SAINT GEORGE UT 84770 | 76-0740457 | 501C3 | 500,000 | | | | GENERAL SUPPORT |
| (4) | THE OTHER SIDE VILLAGE 667 EAST 100 SOUTH SALT LAKE CITY UT 84102 | 47-4495796 | 501C3 | 460,000 | | | | GENERAL SUPPORT |
| (5) | DESERET TRUST COMPANY PO BOX 11558 SALT LAKE CITY UT 84147 | 87-0291656 | 501C3 | 444,775 | | | | GENERAL SUPPORT |
| (6) | THE CHILDREN'S CENTER 3725 WEST 4100 SOUTH WEST VALLEY CITY UT 84120 | 87-6114073 | 501C3 | 367,912 | | | | GENERAL SUPPORT |
| (7) | BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVENUE, 3RD FLOOR BOSTON MA 02116 | 04-2312909 | 501C3 | 350,000 | | | | GENERAL SUPPORT |
| (8) | WEBER STATE UNIVERSITY 4018 UNIVERSITY CIRCLE OGDEN UT 84408 | 87-6000535 | 501C3 | 260,855 | | | | GENERAL SUPPORT |
| (9) | CHARITYVISION INTERNATIONAL 3210 N CANYON ROAD, STE 107 PROVO UT 84604 | 77-0222786 | 501C3 | 260,000 | | | | GENERAL SUPPORT |

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

**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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OMB No. 1545-0047

2023

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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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | UNIVERSITY OF CALIFORNIA BERKELEY F 1995 UNIVERSITY AVENUE, STE 401 BERKELEY CA 94704 | 94-6090626 | 501C3 | 250,000 | | | | GENERAL SUPPORT |
| (2) | INTERNATIONAL RESCUE COMMITTEE, INC 221 SOUTH 400 WEST SALT LAKE CITY UT 84101 | 13-5660870 | 501C3 | 218,166 | | | | GENERAL SUPPORT |
| (3) | BOISE STATE UNIVERSITY FOUNDATION 1173 UNIVERSITY DRIVE BOISE ID 83706 | 82-6010706 | 501C3 | 200,000 | | | | GENERAL SUPPORT |
| (4) | THE OTHER SIDE ACADEMY 667 EAST 100 SOUTH SALT LAKE CITY UT 84102 | 47-4495796 | 501C3 | 187,707 | | | | GENERAL SUPPORT |
| (5) | CATHOLIC COMMUNITY SERVICES OF UTAH 224 2200 WEST SALT LAKE CITY UT 84116 | 87-0212450 | 501C3 | 176,645 | | | | GENERAL SUPPORT |
| (6) | SALT LAKE EDUCATION FOUNDATION 440 EAST 100 SOUTH, STE 118 SALT LAKE CITY UT 84111 | 74-2563849 | 501C3 | 175,000 | | | | GENERAL SUPPORT |
| (7) | THE CATSKILL MOUNTAIN FOUNDATION IN PO BOX 924 HUNTER NY 12442 | 13-3992139 | 501C3 | 168,182 | | | | GENERAL SUPPORT |
| (8) | WESTMINSTER UNIVERSITY 1840 SOUTH 1300 EAST SALT LAKE CITY UT 84105 | 87-0212470 | 501C3 | 161,790 | | | | GENERAL SUPPORT |
| (9) | FURMAN UNIVERSITY 3300 POINSETT HIGHWAY GREENVILLE SC 29613 | 57-0314395 | 501C3 | 150,000 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**Grants and Other Assistance to Organizations,
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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | CHOICE HUMANITARIAN - GUATEMALA PRO PO BOX 409 DRAPER UT 84020 | 74-2494806 | 501C3 | 140,000 | | | | GENERAL SUPPORT |
| (2) | PLAYWORKS EDUCATION ENERGIZED 308 EAST 4500 SOUTH SALT LAKE CITY UT 84107 | 94-3251867 | 501C3 | 120,000 | | | | GENERAL SUPPORT |
| (3) | RONALD MCDONALD HOUSE CHARITIES 935 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102 | 74-2386043 | 501C3 | 115,000 | | | | GENERAL SUPPORT |
| (4) | REALIZE IMPACT 271WINSLOW WAY EAST BAINBRIDGE WA 98110 | 46-3594732 | 501C3 | 104,713 | | | | GENERAL SUPPORT |
| (5) | UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH, STE 300 SALT LAKE CITY UT 84111 | 87-0227091 | 501C3 | 101,000 | | | | GENERAL SUPPORT |
| (6) | JUDGE MEMORIAL CATHOLIC HIGH SCHOOL 650 SOUTH 1100 EAST SALT LAKE CITY UT 84102 | 87-0215468 | 501C3 | 100,500 | | | | GENERAL SUPPORT |
| (7) | CONSERVATIVE CLIMATE FOUNDATION, IN 1090 VERMONT AVENUE NW, STE 750 WASHINGTON DC 20005 | 87-1881200 | 501C3 | 100,000 | | | | GENERAL SUPPORT |
| (8) | HALFTHESTORY 3954 GARDEN AVENUE WESTERN SPRINGS IL 60558 | 82-5231180 | 501C3 | 100,000 | | | | GENERAL SUPPORT |
| (9) | UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE, MC 0083 LA JOLLA CA 92093 | 95-2872494 | 501C3 | 100,000 | | | | GENERAL SUPPORT |

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

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Employer identification number
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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BOULEVARD BRONX NY 10460 | 13-1740011 | 501C3 | 100,000 | | | | GENERAL SUPPORT |
| (2) | WASATCH COMMUNITY GARDENS 629 EAST 800 SOUTH SALT LAKE CITY UT 84102 | 74-2550359 | 501C3 | 91,500 | | | | GENERAL SUPPORT |
| (3) | DAVIS DREAMERS 977 WIND RIVER WAY KAYSVILLE UT 84037 | 81-2887582 | 501C3 | 90,000 | | | | GENERAL SUPPORT |
| (4) | CACHE REFUGEE AND IMMIGRANT CONNECT PO BOX 4413 LOGAN UT 84323 | 47-1525678 | 501C3 | 82,786 | | | | GENERAL SUPPORT |
| (5) | NAVAJO COMMUNITY DEVELOPMENT FINANC PO BOX 4919 WINDOW ROCK AZ 86515 | 85-1996743 | 501C3 | 75,000 | | | | GENERAL SUPPORT |
| (6) | YMCA OF NORTHERN UTAH 675 EAST 2100 SOUTH, STE 200 SALT LAKE CITY UT 84106 | 87-0212472 | 501C3 | 71,060 | | | | GENERAL SUPPORT |
| (7) | HOPEWELL FUND 1828 L STREET NW WASHINGTON DC 20036 | 47-3681860 | 501C3 | 70,000 | | | | GENERAL SUPPORT |
| (8) | UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY UT 84119 | 87-0212453 | 501C3 | 66,900 | | | | GENERAL SUPPORT |
| (9) | PLANNED PARENTHOOD ASSOCIATION OF U 654 SOUTH 900 EAST SALT LAKE CITY UT 84102 | 87-0288909 | 501C3 | 65,200 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | INTERNATIONAL RESCUE COMMITTEE, INC 122 EAST 42ND STREET NEW YORK NY 10168 | 13-5660870 | 501C3 | 64,609 | | | | GENERAL SUPPORT |
| (2) | UNITED JEWISH FEDERATION OF UTAH 2 NORTH MEDICAL DRIVE SALT LAKE CITY UT 84113 | 87-0282380 | 501C3 | 63,838 | | | | GENERAL SUPPORT |
| (3) | CATHOLIC RELIEF SERVICES 228 WEST LEXINGTON STREET BALTIMORE MD 21201 | 13-5563422 | 501C3 | 62,609 | | | | GENERAL SUPPORT |
| (4) | UNICEF USA 125 MAIDEN LANE NEW YORK NY 10038 | 13-1760110 | 501C3 | 62,609 | | | | GENERAL SUPPORT |
| (5) | GREEK ORTHODOX CHURCH OF GREATER SA 279 SOUTH 300 WEST SALT LAKE CITY UT 84101 | 87-0214888 | 501C3 | 59,671 | | | | GENERAL SUPPORT |
| (6) | BOUNTIFUL COMMUNITY FOOD PANTRY PO BOX 38 BOUNTIFUL UT 84011 | 84-1628459 | 501C3 | 57,706 | | | | GENERAL SUPPORT |
| (7) | AMERICAN CIVIL LIBERTIES UNION FOUN 125 BROAD STREET, 18TH FLOOR NEW YORK NY 10004 | 13-6213516 | 501C3 | 55,000 | | | | GENERAL SUPPORT |
| (8) | UTAH CLEAN ENERGY ALLIANCE 1014 2ND AVENUE SALT LAKE CITY UT 84103 | 37-1438788 | 501C3 | 53,000 | | | | GENERAL SUPPORT |
| (9) | PARTNERS IN HEALTH A NONPROFIT CORP 800 BOYLSTON STREET, STE 1400 BOSTON MA 02199 | 04-3567502 | 501C3 | 52,000 | | | | GENERAL SUPPORT |

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

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | COLUMBUS COMMUNITY CENTER 3495 SOUTH WEST TENOKE SALT LAKE CITY UT 84115 | 87-6130042 | 501C3 | 51,271 | | | | GENERAL SUPPORT |
| (2) | JEWISH FAMILY SERVICE 495 EAST 4500 SOUTH, STE 100 SALT LAKE CITY UT 84107 | 87-0227089 | 501C3 | 51,125 | | | | GENERAL SUPPORT |
| (3) | PLANNED PARENTHOOD FEDERATION OF AM PO BOX 97166 WASHINGTON DC 20090 | 13-1644147 | 501C3 | 51,000 | | | | GENERAL SUPPORT |
| (4) | THE NATURE CONSERVANCY OF UTAH 559 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102 | 53-0242652 | 501C3 | 50,500 | | | | GENERAL SUPPORT |
| (5) | CONRAD FOUNDATION 3101 NASA PARKWAY SEABROOK TX 77586 | 26-2304138 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (6) | DO IT FOR THE LOVE 360 GRAND AVENUE, STE 350 OAKLAND CA 94610 | 87-0806633 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (7) | ELE LEMBRA FOUNDATION 187 EAST 670 SOUTH KAMAS UT 84036 | 45-4657134 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (8) | FS FEMINISTA 125 MAIDEN LANE, 9TH FLOOR NEW YORK NY 10038 | 13-1845455 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (9) | FRIENDS OF SCOUTING FOUNDATION 334 MILLCREEK ROAD PLEASANT GROVE UT 84062 | 83-4614935 | 501C3 | 50,000 | | | | GENERAL SUPPORT |

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK AR 72202 | 35-1019477 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (2) | NEW STORY INC 182 HOWARD STREET, STE 101 SAN FRANCISCO CA 94105 | 47-2529408 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (3) | OSEARCH 1790 BONANZA DRIVE PARK CITY UT 84060 | 80-0708997 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (4) | PLANNED PARENTHOOD GULF COAST, INC. 4600 GULF FREEWAY HOUSTON TX 77023 | 74-1100163 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (5) | PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS 7155 EAST 38TH AVENUE DENVER CO 80207 | 84-0404253 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (6) | PROCESS HOPE 8700 NORMAL STREET ROAD BOWIE MD 20715 | 81-0770040 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (7) | SALT LAKE MUSIC SCHOOL FOUNDATION 182 SOUTH 600 EAST SALT LAKE CITY UT 84102 | 26-3463598 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (8) | SEATTLE OPERA 363 MERCER STREET SEATTLE WA 98109 | 91-0760426 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (9) | THE TODD AND JENNIFER CUSICK FOUNDATION 515 SHEFFIELD DRIVE PROVO UT 84604 | 11-3650005 | 501C3 | 50,000 | | | | GENERAL SUPPORT |

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

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Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | UNITED WAY OF TREASURE VALLEY PO BOX 16330 BOISE ID 83715 | 82-0299013 | 501C3 | 50,000 | | | | GENERAL SUPPORT |
| (2) | LADIES OF CHARITY- CENTER OF HOPE 1077 FAIRWAY PLACE NORTH SALT LAKE UT 84054 | 61-1561623 | 501C3 | 48,000 | | | | GENERAL SUPPORT |
| (3) | MAKE A WISH FOUNDATION OF UTAH, INC 771 EAST WINCHESTER MURRAY UT 84107 | 74-2392822 | 501C3 | 46,000 | | | | GENERAL SUPPORT |
| (4) | UTAH COMMUNITY ACTION 764 SOUTH 200 WEST SALT LAKE CITY UT 84101 | 87-0269683 | 501C3 | 45,829 | | | | GENERAL SUPPORT |
| (5) | UTAH MUSLIM CIVIC LEAGUE 46 WEST BROADWAY, STE 143 SALT LAKE CITY UT 84101 | 83-1137897 | 501C3 | 45,047 | | | | GENERAL SUPPORT |
| (6) | ST. THOMAS CHURCH, INC. 5692 NORTH KENDALL DRIVE CORAL GABLES FL 33156 | 59-0751930 | 501C3 | 41,000 | | | | GENERAL SUPPORT |
| (7) | CAMBRIDGE IN AMERICA PO BOX 9123 JAF BLG NEW YORK NY 10087 | 52-6071299 | 501C3 | 40,000 | | | | GENERAL SUPPORT |
| (8) | MCGILLIS SCHOOL 668 SOUTH 1300 EAST SALT LAKE CITY UT 84102 | 75-3048375 | 501C3 | 38,500 | | | | GENERAL SUPPORT |
| (9) | DAVIS TECHNICAL COLLEGE FOUNDATION 550 EAST 300 SOUTH KAYSVILLE UT 84037 | 87-0623859 | 501C3 | 38,000 | | | | GENERAL SUPPORT |

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Department of the Treasury
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Name of the organization

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Employer identification number
74-3211770

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | OGDEN WEBER APPLIED TECHNOLOGY COLLEGE 200 N WASHINGTON BOULEVARD OGDEN UT 84404 | 74-2371963 | 501C3 | 38,000 | | | | GENERAL SUPPORT |
| (2) | SOUTH SUMMIT EDUCATION FOUNDATION 285 EAST 400 SOUTH KAMAS UT 84036 | 81-2027252 | 501C3 | 37,500 | | | | GENERAL SUPPORT |
| (3) | ROCKY MOUNTAIN INNOCENCE CENTER 358 SOUTH 700 EAST, STE B235 SALT LAKE CITY UT 84102 | 87-0647979 | 501C3 | 36,068 | | | | GENERAL SUPPORT |
| (4) | SALT LAKE COMMUNITY COLLEGE FOUNDATION 4600 SOUTH REDWOOD ROAD SALT LAKE CITY UT 84123 | 94-2886220 | 501C3 | 36,000 | | | | GENERAL SUPPORT |
| (5) | OPEN MEDICINE FOUNDATION 29302 LARO DRIVE AGOURA HILLS CA 91301 | 26-4712664 | 501C3 | 35,000 | | | | GENERAL SUPPORT |
| (6) | THE SALT LAKE TRIBUNE 90 SOUTH 400 WEST, STE 700 SALT LAKE CITY UT 84101 | 84-1878709 | 501C3 | 32,785 | | | | GENERAL SUPPORT |
| (7) | ENTRADA INSTITUTE INC PO BOX 750217 TORREY UT 84775 | 87-0514231 | 501C3 | 32,137 | | | | GENERAL SUPPORT |
| (8) | ASIAN ASSOCIATION OF UTAH 155 SOUTH 300 WEST SALT LAKE CITY UT 84101 | 87-0333555 | 501C3 | 31,032 | | | | GENERAL SUPPORT |
| (9) | CUMORAH ACADEMY 2105 TUSCANY WAY PLEASANT GROVE UT 84062 | 85-0617150 | 501C3 | 31,000 | | | | GENERAL SUPPORT |

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

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST. JUDE PLACE MEMPHIS TN 38105 | 62-0646012 | 501C3 | 30,750 | | | | GENERAL SUPPORT |
| (2) | FRIENDS OF GREAT SALT LAKE 150 SOUTH 600 EAST, STE 5D SALT LAKE CITY UT 84102 | 87-0527602 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (3) | GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301 | 84-1612422 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (4) | GUTTMACHER INSTITUTE 125 MAIDEN LANE, 7TH FLOOR NEW YORK NY 10038 | 13-2890727 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (5) | HALE CENTRE THEATRE 9900 SOUTH MONROE STREET SANDY UT 84070 | 84-1420029 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (6) | HELPLINE HOUSE 282 KNECHTEL WAY NE BAINBRIDGE ISLAND WA 98110 | 91-0902503 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (7) | HOPE FUNDS FOR CANCER RESEARCH 174 BELLEVUE AVENUE, STE 208 NEWPORT RI 02840 | 20-5799367 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (8) | KAPPA SIGMA ENDOWMENT FUND 1610 SCOTTSVILLE ROAD CHARLOTTESVILLE VA 22902 | 36-6018518 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (9) | MOSAIC MENTAL HEALTH 5676 RIVERDALE AVENUE, STE 202 BRONX NY 10471 | 13-1930700 | 501C3 | 30,000 | | | | GENERAL SUPPORT |

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

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Name of the organization

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Employer identification number
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| (1) | NIXONSTRONG FOUNDATION 3263 WEST BLUE SPRINGS LANE BLUFFDALE UT 84065 | 83-4094365 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (2) | RODS HEROES PO BOX 142 PROVIDENCE UT 84332 | 46-1884981 | 501C3 | 30,000 | | | | GENERAL SUPPORT |
| (3) | PERSPECTIVES ENSEMBLE, INC. 870 WEST 181ST STREET, STE 22 NEW YORK NY 10033 | 13-4128819 | 501C3 | 29,994 | | | | GENERAL SUPPORT |
| (4) | SEAGER MEMORIAL CLINIC PO BOX 150143 OGDEN UT 84415 | 46-0711300 | 501C3 | 29,013 | | | | GENERAL SUPPORT |
| (5) | YCC FAMILY CRISIS CENTER 2261 ADAMS AVENUE OGDEN UT 84401 | 87-0213074 | 501C3 | 29,013 | | | | GENERAL SUPPORT |
| (6) | THE INN BETWEEN 1216 EAST 1300 SOUTH SALT LAKE CITY UT 84105 | 47-2329595 | 501C3 | 29,000 | | | | GENERAL SUPPORT |
| (7) | FICTION COLLECTIVE TWO 1409 EAST FEDERAL WAY SALT LAKE CITY UT 84102 | 13-2957841 | 501C3 | 28,000 | | | | GENERAL SUPPORT |
| (8) | GOOD TIME GOLF 13236 BENCH COVE DRAPER UT 84020 | 82-1989549 | 501C3 | 28,000 | | | | GENERAL SUPPORT |
| (9) | NOMAD ALLIANCE 1123 BROADWAY, STE 407 NEW YORK NY 10010 | 47-5567458 | 501C3 | 28,000 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | UNIVERSITY OF COLORADO FOUNDATION PO BOX 17126 DENVER CO 80217 | 84-6049811 | 501C3 | 27,500 | | | | GENERAL SUPPORT |
| (2) | SHRINERS HOSPITALS FOR CHILDREN - S 1275 E FAIRFAX ROAD AT VIRGINIA STR SALT LAKE CITY UT 84103 | 36-2193608 | 501C3 | 26,000 | | | | GENERAL SUPPORT |
| (3) | HOUSING CONNECT 3595 SOUTH MAIN STREET SALT LAKE CITY UT 84115 | 84-3929104 | 501C3 | 25,500 | | | | GENERAL SUPPORT |
| (4) | LOS ANGELES ARBORETUM FOUNDATION, I 301 NORTH BALDWIN AVENUE ARCADIA CA 91007 | 95-1582650 | 501C3 | 25,500 | | | | GENERAL SUPPORT |
| (5) | BIG BROTHERS BIG SISTERS OF UTAH 2121 SOUTH STATE STREET, STE 201 MURRAY UT 84115 | 87-0336168 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (6) | BRIDLE UP HOPE 1141 EAST WATKINS LANE ALPINE UT 84004 | 46-1791738 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (7) | CRIMSON COLLECTIVE 111 EAST BROADWAY, STE 900 SALT LAKE CITY UT 84111 | 88-0867028 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (8) | EAST HAMPTON HEALTHCARE FOUNDATION 200 PANTIGO PLACE EAST HAMPTON NY 11937 | 31-1633699 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (9) | EDWARD CHARLES FOUNDATION 269 SOUTH BEVERLY DRIVE, STE 338 BEVERLY HILLS CA 90212 | 26-4245043 | 501C3 | 25,000 | | | | GENERAL SUPPORT |

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

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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | OREGON STATE UNIVERSITY FOUNDATION 4238 SW RESEARCH WAY CORVALLIS OR 97333 | 93-6022772 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (2) | PLANNED PARENTHOOD MAR MONTE, INC. 1691 THE ALAMEDA SAN JOSE CA 95126 | 94-1583439 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (3) | SUCCESS IN EDUCATION FOUNDATION 111 EAST BROADWAY SUITE 900 SALT LAKE CITY UT 84111 | 45-3567196 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (4) | THE FRANCES CLARK CENTER FOR KEYBOA P.O.BOX 651 KINGSTON NJ 08528 | 22-1843506 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (5) | WEBER COUNTY SCHOOL DISTRICT FOUNDA 5320 S ADAMS AVE OGDEN UT 84405 | 87-6164318 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (6) | WORLD WIDE ADDICTION RECOVERY (WWAR 151 EAST 5600 SOUTH, STE 300 MURRAY UT 84107 | 81-2187560 | 501C3 | 25,000 | | | | GENERAL SUPPORT |
| (7) | THE ROAD HOME 1415 SOUTH MAIN STREET SALT LAKE CITY UT 84115 | 87-0212465 | 501C3 | 24,500 | | | | GENERAL SUPPORT |
| (8) | SMALL STEPS FOR COMPASSION PO BOX 190 SAN CLEMENTE CA 92674 | 81-2115167 | 501C3 | 24,000 | | | | GENERAL SUPPORT |
| (9) | BOOK OF MORMON CENTRAL PO BOX 1538 AMERICAN FORK UT 84003 | 20-5294264 | 501C3 | 23,000 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | CONGREGATION KOL AMI 2425 HERITAGE WAY SALT LAKE CITY UT 84109 | 87-0293863 | 501C3 | 22,687 | | | | GENERAL SUPPORT |
| (2) | FRIENDS OF UTAH AVALANCHE FORECAST PO BOX 521353 SALT LAKE CITY UT 84152 | 87-0481453 | 501C3 | 22,500 | | | | GENERAL SUPPORT |
| (3) | BAD DOG ARTS 824 SOUTH 400 WEST, STE B129 SALT LAKE CITY UT 84101 | 87-0568289 | 501C3 | 22,496 | | | | GENERAL SUPPORT |
| (4) | CANCER WELLNESS HOUSE (DBA SURVIVOR) 59 SOUTH 1100 EAST SALT LAKE CITY UT 84102 | 87-0568405 | 501C3 | 21,425 | | | | GENERAL SUPPORT |
| (5) | RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY UT 84105 | 87-0308785 | 501C3 | 21,425 | | | | GENERAL SUPPORT |
| (6) | THE CENTER FOR WOMEN AND CHILDREN I 1433 EAST 840 NORTH OREM UT 84097 | 87-0405229 | 501C3 | 21,425 | | | | GENERAL SUPPORT |
| (7) | UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST SALT LAKE CITY UT 84105 | 87-0455172 | 501C3 | 21,425 | | | | GENERAL SUPPORT |
| (8) | NEIGHBORWORKS SALT LAKE 622 WEST 500 NORTH SALT LAKE CITY UT 84116 | 94-2481205 | 501C3 | 21,200 | | | | GENERAL SUPPORT |
| (9) | PROJECT READ 550 N UNIVERSITY AVENUE, STE 215 PROVO UT 84601 | 87-0511408 | 501C3 | 21,200 | | | | GENERAL SUPPORT |

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | ACLU OF UTAH FOUNDATION 311 SOUTH STATE STREET, STE 310 SALT LAKE CITY UT 84111 | 87-0439810 | 501C3 | 21,000 | | | | GENERAL SUPPORT |
| (2) | ART ACCESS 230 SOUTH 500 WEST, STE 125 SALT LAKE CITY UT 84101 | 87-0413445 | 501C3 | 20,353 | | | | GENERAL SUPPORT |
| (3) | CIRCLE OF HOPE HEALTH CARE SERVICES 712 H STREET NE PMB 1825 WASHINGTON DC 20002 | 87-1195144 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (4) | CLIMATE EMERGENCY FUND 8383 WILSHIRE BOULEVARD, STE 400 BEVERLY HILLS CA 90211 | 84-2151545 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (5) | HAWAII COMMUNITY FOUNDATION 827 FORT STREET MALL HONOLULU HI 96813 | 99-0261283 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (6) | I SEE YOU! FOUNDATION 786 ASPEN EAST DRIVE LAYTON UT 84041 | 83-3559146 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (7) | MORONI CITY CORPORATION 80 SOUTH 200 WEST, PO BOX 870 MORONI UT 84646 | 87-6113379 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (8) | NEO PHILANTHROPY 1001 AVENUE OF THE AMERICAS, 12TH F NEW YORK NY 10018 | 13-3191113 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (9) | NURTURE THE CREATIVE MIND 2501 WALL AVENUE OGDEN UT 84401 | 01-0925001 | 501C3 | 20,000 | | | | GENERAL SUPPORT |

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**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.

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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | PARK CITY TOTS 1850 SIDEWINDER DRIVE, STE 410 PARK CITY UT 84060 | 47-2876497 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (2) | PLANNED PARENTHOOD HUDSON PECONIC, 570 TAXTER ROAD, STE 250 ELMSFORD NY 10523 | 11-2454790 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (3) | RAD HERO FOUNDATION 953 SIMORON DRIVE OGDEN UT 84404 | 85-2400017 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (4) | RESOURCE IMPACT 525 9TH STREET NW, 7TH FLOOR WASHINGTON DC 20004 | 81-2266962 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (5) | SACRAMENTO AUDUBON SOCIETY, INC. P.O. BOX 160694 SACRAMENTO CA 95816 | 94-1615830 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (6) | SAINT JOHN'S EPISCOPAL CHURCH 6701 WISCONSIN AVENUE CHEVY CHASE MD 20815 | 52-0607889 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (7) | SUPERMAJORITY EDUCATION FUND PO BOX 1014 NEW YORK NY 10272 | 84-3745987 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (8) | UNIVERSITY OF DAYTON 300 COLLEGE PARK DAYTON OH 45469 | 31-0536715 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (9) | USA FOR UNFPA, INC. 605 THIRD AVENUE, 4TH FLOOR NEW YORK NY 10158 | 13-3996346 | 501C3 | 20,000 | | | | GENERAL SUPPORT |

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

**Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

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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) | VILLANOVA UNIVERSITY 800 EAST LANCASTER AVENUE VILLANOVA PA 19085 | 23-1352688 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (2) | WILFORD WOODRUFF PAPERS FOUNDATION 549 NORTH 1030 EAST PLEASANT GROVE UT 84062 | 84-4318803 | 501C3 | 20,000 | | | | GENERAL SUPPORT |
| (3) | SPY HOP PRODUCTIONS, INC. 208 W HARVEY MILK BOULEVARD SALT LAKE CITY UT 84101 | 87-0642304 | 501C3 | 18,926 | | | | GENERAL SUPPORT |
| (4) | FRIENDS OF TRACY AVIARY 589 EAST 1300 SOUTH SALT LAKE CITY UT 84105 | 87-0514210 | 501C3 | 18,714 | | | | GENERAL SUPPORT |
| (5) | SEARCH AND CARE, INC. 1844 SECOND AVENUE NEW YORK NY 10128 | 23-7444790 | 501C3 | 18,630 | | | | GENERAL SUPPORT |
| (6) | CATAPULT OPERA, LLC 75 BROAD STREET, STE 304 NEW YORK NY 10004 | 13-3082845 | 501C3 | 17,140 | | | | GENERAL SUPPORT |
| (7) | CLASSICAL THEATRE OF HARLEM, INC. 8 WEST 126TH STREET NEW YORK NY 10027 | 13-4046782 | 501C3 | 16,068 | | | | GENERAL SUPPORT |
| (8) | EARLY MUSIC FOUNDATION 10 WEST 68TH STREET NEW YORK NY 10023 | 51-0185930 | 501C3 | 16,068 | | | | GENERAL SUPPORT |
| (9) | NATIONAL JAZZ MUSEUM IN HARLEM 58 WEST 129TH STREET, GROUND FLOOR NEW YORK NY 10027 | 13-3853627 | 501C3 | 16,068 | | | | GENERAL SUPPORT |

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

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

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | THEATER BREAKING THROUGH BARRIERS 400 WEST 43RD STREET, APT 43R NEW YORK NY 10036 | 13-3193376 | 501C3 | 16,068 | | | | GENERAL SUPPORT |
| (2) | INTERNATIONAL VISITORS UTAH COUNCIL 1840 SOUTH 1300 EAST SALT LAKE CITY UT 84105 | 87-6128308 | 501C3 | 15,919 | | | | GENERAL SUPPORT |
| (3) | NATURAL HISTORY MUSEUM OF UTAH 301 WAKARA WAY SALT LAKE CITY UT 84108 | 87-6000525 | 501C3 | 15,891 | | | | GENERAL SUPPORT |
| (4) | YWCA UTAH 322 EAST 300 SOUTH SALT LAKE CITY UT 84111 | 87-0212467 | 501C3 | 15,500 | | | | GENERAL SUPPORT |
| (5) | COOPERRIIS, INC. 101 HEALING FARM LANE MILL SPRING NC 28756 | 56-2195372 | 501C3 | 15,000 | | | | GENERAL SUPPORT |
| (6) | OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD, ROOM #107 OGDEN UT 84401 | 94-2685413 | 501C3 | 15,000 | | | | GENERAL SUPPORT |
| (7) | POWER TO DECIDE 1015 15TH STREET NW, STE 1225 WASHINGTON DC 20005 | 52-1974611 | 501C3 | 15,000 | | | | GENERAL SUPPORT |
| (8) | THE TRUST FOR PUBLIC LAND PO BOX 889336 LOS ANGELES CA 90088 | 23-7222333 | 501C3 | 15,000 | | | | GENERAL SUPPORT |
| (9) | KUED 101 SOUTH WASATCH DRIVE SALT LAKE CITY UT 84112 | 87-6000525 | 501C3 | 14,500 | | | | GENERAL SUPPORT |

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

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Department of the Treasury
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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | I J & JEANNE WAGNER JEWISH COMMUNITY 2 NORTH MEDICAL DRIVE SALT LAKE CITY UT 84113 | 87-0238425 | 501C3 | 14,000 | | | | GENERAL SUPPORT |
| (2) | ARTISTS OF UTAH PO BOX 526292 SALT LAKE CITY UT 84152 | 87-0685214 | 501C3 | 13,926 | | | | GENERAL SUPPORT |
| (3) | BLOOMINGDALE SCHOOL OF MUSIC, INC. 323 WEST 108TH STREET NEW YORK NY 10025 | 13-2562192 | 501C3 | 13,926 | | | | GENERAL SUPPORT |
| (4) | YOUNG PEOPLE'S CHORUS 37 WEST 65TH STREET, 2ND FLOOR NEW YORK NY 10023 | 11-3372980 | 501C3 | 13,926 | | | | GENERAL SUPPORT |
| (5) | DANCE THEATRE OF HARLEM, INC. 466 WEST 152ND STREET NEW YORK NY 10031 | 13-2642091 | 501C3 | 12,855 | | | | GENERAL SUPPORT |
| (6) | LEHMAN COLLEGE ART GALLERY, INC. 250 BEDFORD PARK BLVD W BRONX NY 10468 | 13-3391212 | 501C3 | 12,855 | | | | GENERAL SUPPORT |
| (7) | THE ORCHESTRA OF THE BRONX 5 MINERVA PLACE, 2J BRONX NY 10468 | 13-3940188 | 501C3 | 12,855 | | | | GENERAL SUPPORT |
| (8) | FIGHT AGAINST DOMESTIC VIOLENCE 7588 UNION PARK AVENUE, STE200, SANDY UT 84047 | 81-5091342 | 501C3 | 12,500 | | | | GENERAL SUPPORT |
| (9) | WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR WASHINGTON, DC 20001 | 27-3521132 | 501C3 | 12,500 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Employer identification number
74-3211770

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | VOICES FROM THE BORDER PO BOX 1192 PATAGONIA AZ 85624 | 37-1909728 | 501C3 | 12,383 | | | | GENERAL SUPPORT |
| (2) | ABORTION FREEDOM PARTNERSHIP 14435 C BIG BASIN WAY, STE 106 SARATOGA CA 95070 | 84-3867470 | 501C3 | 12,285 | | | | GENERAL SUPPORT |
| (3) | AMERICAN NATIONAL RED CROSS PO BOX 37839 BOONE IA 50037 | 53-0196605 | 501C3 | 12,000 | | | | GENERAL SUPPORT |
| (4) | ANYTHING FOR A FRIEND, INC. 2573 NORTH 2450 EAST LAYTON UT 84040 | 27-3718732 | 501C3 | 12,000 | | | | GENERAL SUPPORT |
| (5) | CALIFORNIA POWER ATHLETES 4340 VON KARMAN AVENUE, SUITE 380 NEWPORT BEACH CA 92660 | 88-4095614 | 501C3 | 12,000 | | | | GENERAL SUPPORT |
| (6) | SAGELAND COLLABORATIVE 824 SOUTH 400 WEST, STE B117 SALT LAKE CITY UT 84101 | 83-0468561 | 501C3 | 12,000 | | | | GENERAL SUPPORT |
| (7) | THE CHRISTMAS BOX INTERNATIONAL 3660 SOUTH WEST TEMPLE SALT LAKE CITY UT 84115 | 31-1617816 | 501C3 | 12,000 | | | | GENERAL SUPPORT |
| (8) | JUVENILE DIABETES RESEARCH FOUNDATI 200 VESEY STREET, 28TH FLOOR NEW YORK NY 10281 | 23-1907729 | 501C3 | 11,000 | | | | GENERAL SUPPORT |
| (9) | NEIGHBORHOOD HOUSE 1050 WEST 500 SOUTH SALT LAKE CITY UT 84104 | 87-0212462 | 501C3 | 11,000 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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**Grants and Other Assistance to Organizations,
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Name of the organization

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Employer identification number
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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | INTERMOUNTAIN THERAPY ANIMALS PO BOX 17201 SALT LAKE CITY UT 84117 | 87-0517629 | 501C3 | 10,712 | | | | GENERAL SUPPORT |
| (2) | KINGSBRIDGE RIVERDALE-MARBLE HILL PO BOX 251 BRONX NY 10471 | 13-3486918 | 501C3 | 10,712 | | | | GENERAL SUPPORT |
| (3) | NEW YORK GILBERT & SULLIVAN PLAYERS 225 WEST 99TH STREET NEW YORK NY 10025 | 13-2862043 | 501C3 | 10,712 | | | | GENERAL SUPPORT |
| (4) | QUINTET OF THE AMERICAS, INC. 15 CIRCLE ROAD DOUGLASTON NY 11363 | 13-3143311 | 501C3 | 10,712 | | | | GENERAL SUPPORT |
| (5) | SOUTHWEST LOUISIANA AIDS COUNCIL 425 KINGSLEY STREET LAKE CHARLES LA 70601 | 72-1115522 | 501C3 | 10,712 | | | | GENERAL SUPPORT |
| (6) | THEATER 2020, INC. 57 MONTAGUE STREET, APT 7-I BROOKLYN NY 11201 | 11-3193180 | 501C3 | 10,712 | | | | GENERAL SUPPORT |
| (7) | UTAH MUSEUM OF CONTEMPORARY ART 20 SOUTH WEST TEMPLE SALT LAKE CITY UT 84101 | 87-0221537 | 501C3 | 10,712 | | | | GENERAL SUPPORT |
| (8) | AMERICAN SOCIETY FOR THE PREVENTION 520 EIGHTH AVENUE, 7TH FLOOR NEW YORK NY 10018 | 13-1623829 | 501C3 | 10,500 | | | | GENERAL SUPPORT |
| (9) | VOLUNTEERS OF AMERICA OF UTAH, INC. 435 WEST BEARCAT DRIVE SALT LAKE CITY UT 84115 | 94-3008720 | 501C3 | 10,500 | | | | GENERAL SUPPORT |

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | CROSSROADS OF THE WEST COUNCIL, BOY 1200 EAST 5400 SOUTH OGDEN UT 84403 | 87-0212460 | 501C3 | 10,442 | | | | GENERAL SUPPORT |
| (2) | SALT LAKE COUNTY - MAYOR'S OFFICE F 2257 SOUTH 1100 EAST, STE 205 SALT LAKE CITY, UT 84106 | 87-6000316 | 501C3 | 10,336 | | | | GENERAL SUPPORT |
| (3) | RIRIE-WOODBURY DANCE COMPANY 138 WEST BROADWAY SALT LAKE CITY UT 84101 | 87-0294341 | 501C3 | 10,141 | | | | GENERAL SUPPORT |
| (4) | AEROSPACE HERITAGE FOUNDATION OF UT PO BOX 612 ROY UT 84067 | 87-0393645 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (5) | ALZHEIMER'S ASSOCIATION 6975 UNION PARK AVENUE, STE 600 COTTONWOOD HEIGHTS UT 84047 | 13-3039601 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (6) | AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET NEW YORK NY 10018 | 22-2584370 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (7) | BONNEVILLE CHARITABLE FOUNDATION PO BOX 45654 SALT LAKE CITY UT 84145 | 87-0491455 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (8) | CHELSEAS FUND PO BOX 1472 LANDER WY 82520 | 83-0322262 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (9) | CLIMB PO BOX 9494 JACKSON WY 83002 | 20-1523033 | 501C3 | 10,000 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | COMPUTER SCIENCE ALLIANCE 137 EAST SANTA AVENUE SANTA FE NM 87505 | 83-2745227 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (2) | DO GOOD TODAY, INC. 3030 NORTH 425 EAST NORTH OGDEN UT 84414 | 88-0897243 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (3) | FIRST STEP HOUSE 411 NORTH GRANT STREET SALT LAKE CITY UT 84116 | 87-0290963 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (4) | GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE NW, STE 500 WASHINGTON DC 20007 | 53-0196603 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (5) | GOLDEN HOURS CENTER FOUNDATION 5484 SOUTH 575 WEST OGDEN UT 84405 | 87-0565215 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (6) | GRANITE EDUCATION FOUNDATION, INC. 2500 SOUTH STATE STREET, STE D-108 SALT LAKE CITY UT 84115 | 94-2951639 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (7) | HEALTHY ENVIRONMENT ALLIANCE OF UTAH 824 SOUTH 400 WEST, STE B-111 SALT LAKE CITY UT 84101 | 84-1409393 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (8) | HOLY ANGELS CHURCH 370 CAMPUS DRIVE ARCADIA CA 91007 | 95-2875879 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (9) | HONOR ROLL 4611 SOUTH FERDINAND AVENUE TAMPA FL 33611 | 83-0811643 | 501C3 | 10,000 | | | | GENERAL SUPPORT |

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OMB No. 1545-0047

2023

**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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | JESSE JONES PARK VOLUNTEERS, INC. 20634 KENSWICK DRIVE HUMBLE TX 77338 | 76-0308792 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (2) | LOUISIANA ABORTION FUND 3014 DAUPHINE STREET, STE A NEW ORLEANS LA 70117 | 46-0950114 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (3) | LUDIS 54 EAST 200 SOUTH MIDWAY UT 84049 | 87-2486872 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (4) | MBA OPENS DOORS FOUNDATION 1919 M STREET, NW, 5TH FLOOR WASHINGTON DC 20036 | 32-0355086 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (5) | MURRAY CHILDRENS PANTRY FOUNDATION 410 EAST MEADOW ROAD SALT LAKE CITY UT 84107 | 85-1334280 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (6) | NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 NORTH FAIRFAX DRIVE, STE 100 ARLINGTON VA 22203 | 43-1201653 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (7) | OLYMPUS DEVELOPMENT FOUNDATION, INC 4055 SOUTH 2300 EAST HOLLADAY UT 84124 | 87-0477898 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (8) | PAINTER FAMILY FOUNDATION DBA SUCCE 798 REDFORD DRIVE PROVO UT 84604 | 47-3459987 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (9) | PHILIPPINES HUMANITARIAN 124 SOUTH 400 EAST, STE 400 SALT LAKE CITY UT 84111 | 45-5327723 | 501C3 | 10,000 | | | | GENERAL SUPPORT |

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

**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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OMB No. 1545-0047

2023

**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

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

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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | PITTSBURGH SYMPHONY 600 PENN AVENUE PITTSBURGH PA 15222 | 25-0986052 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (2) | RURAL UTAH PROJECT EDUCATION FUND 323 SOUTH 600 EAST, STE 130 SALT LAKE CITY UT 84102 | 84-2842840 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (3) | SALT LAKE CITY ROTARY FOUNDATION 10 WEST 100 SOUTH, STE 525 SALT LAKE CITY UT 84101 | 94-2476147 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (4) | SAVE THE ILLINOIS RIVER, INC. 24369 EAST 757 ROAD TAHLEQUAH OK 74464 | 73-1218779 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (5) | SNOW COLLEGE FOUNDATION 150 EAST COLLEGE AVENUE EPHRAIM UT 84627 | 94-2785555 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (6) | SPRINGVILLE MUSEUM OF ART 126 EAST 400 SOUTH SPRINGVILLE UT 84663 | 87-0275715 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (7) | THE PERLMAN MUSIC PROGRAM, INC. 19 WEST 69TH STREET, STE 1101 NEW YORK NY 10023 | 11-3247651 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (8) | TIDES CENTER 1014 TORNEY AVENUE SAN FRANCISCO CA 94129 | 94-3213100 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (9) | TIMPANOGOS SYMPHONY ORCHESTRA PO BOX 1103 AMERICAN FORK UT 84003 | 27-3742256 | 501C3 | 10,000 | | | | GENERAL SUPPORT |

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

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

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | TRANSCEND INTERNATIONAL 48 WEST BROADWAY, STE 2502N SALT LAKE CITY UT 84101 | 87-3960202 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (2) | TRUSTEES OF BOSTON UNIVERSITY PO BOX 22605 NEW YORK NY 10087 | 04-2103547 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (3) | UNIVERSITY OF NEW ORLEANS FOUNDATIO 2021 LAKESHORE DRIVE, STE 420 NEW ORLEANS LA 70122 | 72-1051326 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (4) | UTAH AFTERSCHOOL NETWORK 254 SOUTH 600 EAST, STE 200 SALT LAKE CITY UT 84102 | 76-0820361 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (5) | YOUTH LEADERSHIP AND SPORTS ACADEMY 6823 WEST DEER MESA COURT HERRIMAN UT 84096 | 85-2237170 | 501C3 | 10,000 | | | | GENERAL SUPPORT |
| (6) | SHARING PLACE, INC. 1695 EAST 3300 SOUTH SALT LAKE CITY UT 84106 | 87-0514353 | 501C3 | 9,786 | | | | GENERAL SUPPORT |
| (7) | REPERTORY DANCE THEATRE PO BOX 510427 SALT LAKE CITY UT 84101 | 87-0332580 | 501C3 | 9,641 | | | | GENERAL SUPPORT |
| (8) | SALT LAKE ACTING COMPANY 168 WEST 500 NORTH SALT LAKE CITY UT 84103 | 51-0196527 | 501C3 | 9,641 | | | | GENERAL SUPPORT |
| (9) | HUMANITARIAN EXPERIENCE, INC. 307 WEST 200 SOUTH, STE 5002 SALT LAKE CITY UT 84101 | 45-3117252 | 501C3 | 9,100 | | | | GENERAL SUPPORT |

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

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
74-3211770

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD KANAB UT 84741 | 23-7147797 | 501C3 | 9,025 | | | | GENERAL SUPPORT |
| (2) | DANIEL'S MUSIC FOUNDATION 1595 LEXINGTON AVENUE 2ND FLOOR NEW YORK NY 10029 | 32-0156199 | 501C3 | 8,570 | | | | GENERAL SUPPORT |
| (3) | HEART & SOUL 542 EAST 1300 SOUTH SALT LAKE CITY UT 84105 | 87-0528175 | 501C3 | 8,570 | | | | GENERAL SUPPORT |
| (4) | SALT LAKE CHRISTIAN FELLOWSHIP INCO 615 EAST SEGO LILY DRIVE SANDY UT 84070 | 94-2931894 | 501C3 | 8,400 | | | | GENERAL SUPPORT |
| (5) | BRONX OPERA COMPANY, INC. 5 MINERVA PLACE, STE2J BRONX NY 10468 | 23-7170675 | 501C3 | 8,035 | | | | GENERAL SUPPORT |
| (6) | GREAT SMALL WORKS 315 WEST 86TH STREET, STE 4E NEW YORK NY 10024 | 13-3862351 | 501C3 | 8,035 | | | | GENERAL SUPPORT |
| (7) | VOICES OF ASCENSION, INC. 12 WEST 11TH STREET NEW YORK NY 10011 | 13-3668472 | 501C3 | 8,035 | | | | GENERAL SUPPORT |
| (8) | COOPERATIVE DEVELOPMENT FUND OF CDS 997 TICONDEROGA TRAIL EAGAN MN 55123 | 39-1540529 | 501C3 | 8,000 | | | | GENERAL SUPPORT |
| (9) | EPISCOPAL CHURCH OF THE RESURRECTIO 1131 SOUTH MAIN ST. CENTERVILLE UT 84014 | 87-0510106 | 501C3 | 8,000 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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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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Department of the Treasury
Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number
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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | LA ROCA FC 128 EAST SOUTH WEBER DRIVE SOUTH WEBER UT 84405 | 20-3851074 | 501C3 | 8,000 | | | | GENERAL SUPPORT |
| (2) | BOYS & GIRLS CLUBS OF WEBER-DAVIS C 2510 WASHINGTON BLVD, STE 200 OGDEN UT 84401 | 87-0660689 | 501C3 | 7,500 | | | | GENERAL SUPPORT |
| (3) | DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030 HAGERSTOWN MD 21741 | 13-3433452 | 501C3 | 7,500 | | | | GENERAL SUPPORT |
| (4) | GREATER EQUATORIA REGION ASSOCIATIO PO BOX 571521 SALT LAKE CITY UT 84157 | 84-1968033 | 501C3 | 7,500 | | | | GENERAL SUPPORT |
| (5) | PEACE HOUSE, INC. PO BOX 682141 PARK CITY UT 84068 | 87-0500067 | 501C3 | 7,200 | | | | GENERAL SUPPORT |
| (6) | UAACC CHARITABLE FOUNDATION INC. 350 EAST 400 SOUTH, STE 404 SALT LAKE CITY UT 84111 | 47-2500834 | 501C3 | 7,200 | | | | GENERAL SUPPORT |
| (7) | UTAH JUMPSTART COALITION 311 EAST MUTTON HOLLOW ROAD KAYSVILLE UT 84037 | 87-0672045 | 501C3 | 7,200 | | | | GENERAL SUPPORT |
| (8) | CENTER FOR REPRODUCTIVE RIGHTS 199 WATER STREET, 22ND FLOOR NEW YORK NY 10038 | 13-3669731 | 501C3 | 7,000 | | | | GENERAL SUPPORT |
| (9) | FIGHTING VIKINGS FOOTBALL FAMILY 8021 ABERDEEN ROAD BETHESDA MD 20814 | 52-2282014 | 501C3 | 7,000 | | | | GENERAL SUPPORT |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

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74-3211770

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|-----|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | GROUNDSWELL FUND 548 MARKET STREET, #49734 SAN FRANCISCO CA 94104 | 47-4003615 | 501C3 | 7,000 | | | | GENERAL SUPPORT |
| (2) | HARRINGTON CENTER FOR THE ARTS PO BOX 381 AMERICAN FORK UT 84003 | 82-0725224 | 501C3 | 7,000 | | | | GENERAL SUPPORT |
| (3) | SOUTH HILLS INTERFAITH MOVEMENT (SH) 5301 PARK AVENUE BETHEL PARK PA 15102 | 25-1213332 | 501C3 | 7,000 | | | | GENERAL SUPPORT |
| (4) | CLEAN SLATE UTAH 275 EAST 200 SOUTH SALT LAKE CITY UT 84111 | 87-1471899 | 501C3 | 6,485 | | | | GENERAL SUPPORT |
| (5) | THE MUNDI PROJECT PO BOX 520696 SALT LAKE CITY UT 84152 | 38-3734621 | 501C3 | 6,427 | | | | GENERAL SUPPORT |
| (6) | JEWISH COMMUNITY FEDERATION OF RICH 5403 MONUMENT AVENUE RICHMOND VA 23226 | 54-0524512 | 501C3 | 6,100 | | | | GENERAL SUPPORT |
| (7) | GVNGORG 369 SOUTH DOHENY DRIVE, STE 250 BEVERLY HILLS CA 90211 | 81-2446261 | 501C3 | 6,000 | | | | GENERAL SUPPORT |
| (8) | NATIONAL ABILITY CENTER PO BOX 682799 PARK CITY UT 84068 | 94-3025807 | 501C3 | 6,000 | | | | GENERAL SUPPORT |
| (9) | THANKSGIVINGS HEROES, LLC 12116 S SPRING WHEAT CIRCLE RIVERTON UT 84096 | 47-5022580 | 501C3 | 6,000 | | | | GENERAL SUPPORT |

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

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

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Name of the organization

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Employer identification number

74-3211770

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|-----|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| (1) | THE COUNTRY CLUB CARES FOUNDATION 2400 EAST COUNTRY CLUB DRIVE SALT LAKE CITY UT 84109 | 85-2558665 | 501C3 | 6,000 | | | | GENERAL SUPPORT |
| (2) | USO PO BOX 96850 WASHINGTON DC 20077 | 13-1610451 | 501C3 | 5,667 | | | | GENERAL SUPPORT |
| (3) | COMMUNITY ACTION SERVICES AND FOOD 815 S FREEDOM BOULEVARD, STE 100 PROVO UT 84601 | 87-0491952 | 501C3 | 5,500 | | | | GENERAL SUPPORT |
| (4) | LAKELAND SYMPHONY SOCIETY INC. PO BOX 173 PARSIPPANY NJ 07054 | 22-2055359 | 501C3 | 5,356 | | | | GENERAL SUPPORT |
| (5) | UTAH ZOOLOGICAL SOCIETY (UTAH'S HOG) 2600 EAST SUNNYSIDE AVENUE SALT LAKE CITY UT 84108 | 87-0217405 | 501C3 | 5,356 | | | | GENERAL SUPPORT |
| (6) | JUNIOR ACHIEVEMENT OF UTAH 515 EAST 100 SOUTH, SUITE 200 SALT LAKE CITY UT 84102 | 87-0225875 | 501C3 | 5,200 | | | | GENERAL SUPPORT |
| (7) | WOMEN OF THE WORLD 415 EAST 3900 SOUTH SALT LAKE CITY UT 84107 | 27-3826125 | 501C3 | 5,200 | | | | GENERAL SUPPORT |
| (8) | BRO & TRACY ANIMAL WELFARE PO BOX 404 CORRALES NM 87408 | 85-0467886 | 501C3 | 5,175 | | | | GENERAL SUPPORT |
| (9) | | | | | | | | |

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

Part III can be duplicated if additional space is needed.

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

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

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

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

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

NECESSARY.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|----------|----------|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)–(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| ALEXANDRA EATON | (i) | 200,000 | 47,600 | 0 | 8,000 | 14,664 | 270,264 | 0 |
| 1 CEO | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 3 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 4 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 5 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 6 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 7 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 8 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 9 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 10 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 11 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 15 | (i) | | | | | | | |
| | (ii) | | | | | | | |
| 16 | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED

BONUSES ARE PAID BASED ON EMPLOYEE EVALUATIONS AND PERFORMANCE.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

**Open To Public
Inspection**

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

Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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 | X | 28 | 2,012,652 | FAIR MARKET VALUE |
| 10 Securities — Closely held stock | X | 3 | 2,154,604 | FAIR MARKET VALUE |
| 11 Securities — Partnership, LLC, or trust interests | X | 1 | 2,875,000 | FAIR MARKET VALUE |
| 12 Securities — Miscellaneous | | | | |
| 13 Qualified conservation contribution — Historic structures | | | | |
| 14 Qualified conservation contribution — Other | | | | |
| 15 Real estate — Residential | | | | |
| 16 Real estate — Commercial | | | | |
| 17 Real estate — Other | X | 1 | 2,239,949 | FAIR MARKET VALUE |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | | X |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

SCHEDULE M - SUPPLEMENTAL INFORMATION

SCHEDULE M, PART I, COLUMN B: THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

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**SCHEDULE O
(Form 990)**

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

THE COMMUNITY FOUNDATION OF UTAH (CFU) IS UTAH'S PARTNER IN PHILANTHROPY,
PIONEERING INNOVATION AND COLLABORATION TO INVEST IN OUR COMMUNITY TODAY
FOR A BRIGHTER TOMORROW. CFU SEEKS THE BEST EMERGING IDEAS IN PHILANTHROPY
AND PARTNERS WITH INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS TO HELP
COMMUNITIES PROGRESS. THE FUTURE NEEDS OF THE COMMUNITY ARE UNCLEAR;
HOWEVER, CFU HAS A UNIQUE OPPORTUNITY TO POSITIVELY INFLUENCE THE FUTURE OF
GIVING BY ACTIVELY ENGAGING ALL STAKEHOLDERS IN STRATEGIC PHILANTHROPY. BY
FOSTERING A COLLABORATIVE MINDSET AND EDUCATING FUNDERS AND NONPROFITS ON
THE VALUE OF LONG-TERM INVESTMENTS AND COLLECTIVE FUNDING, WE SEEK TO
DECREASE THE DISPARITY AND GAPS IN UTAH'S SOCIAL SECTOR TO MEET COMMUNITY
NEEDS.

SINCE OUR ESTABLISHMENT IN 2008, CFU HAS FACILITATED OVER \$550 MILLION IN
GRANTS TO OVER 11,000 NONPROFIT ORGANIZATIONS IN AREAS AS DIVERSE AS OUR
FUNDHOLDERS - FROM ARTS AND CULTURE TO ANIMAL WELFARE, AND FROM EDUCATION
TO THE ENVIRONMENT - ALL TO SUPPORT UTAH'S SOCIAL SECTOR. CFU IS ALSO
A CRITICAL PARTNER IN COMMUNITY INITIATIVES TO STRENGTHEN OUR SOCIAL IMPACT
SECTOR. THESE INCLUDE GRANTMAKING AND DONOR ENGAGEMENT INITIATIVES,
COMMUNITY LEADERSHIP PROGRAMS, AND COMMUNITY IMPACT FUNDS.

COMMUNITY PROGRAMS

GRANTMAKING AND DONOR ENGAGEMENT - CFU PROVIDES DONOR FACILITATIONS

CENTERED ON IDENTIFYING CORE MOTIVATIONAL VALUES AND ENGAGING DONORS IN

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

MEANINGFUL GRANTMAKING. CUSTOMIZED SERVICES HELP CLARIFY GUIDING PRINCIPLES, DEVELOP GIVING OBJECTIVES, AND CREATE EVALUATION RUBRICS FOR GIVING.

UTAH GRANTMAKERS ALLIANCE - CFU FACILITATES THE UTAH GRANTMAKERS ALLIANCE, WHICH PROVIDES OPPORTUNITIES FOR GRANTMAKERS, PRIVATE FOUNDATIONS, AND DONOR-ADVISED FUNDHOLDERS TO CONNECT WITH PEERS AND EXPLORE STRATEGIES FOR MORE EFFECTIVE, MEANINGFUL, AND ENGAGED PHILANTHROPY.

GIVE FOR GOOD - THROUGH THE GIVE FOR GOOD INITIATIVE, CFU CULTIVATES OPPORTUNITIES FOR NEXT-GENERATION PHILANTHROPISTS TO DEEPEN THEIR KNOWLEDGE AND NETWORKS WITHIN PHILANTHROPY, FOSTER STRATEGIC FRAMEWORKS FOR GRANTMAKING, ALIGN SHARED VALUES AND GIVING STYLES, AND ENGAGE IN COLLECTIVE PHILANTHROPY.

INVEST IN SUCCESS - EACH YEAR, CFU HOSTS INVEST IN SUCCESS, A WEEK-LONG LEADERSHIP DEVELOPMENT INITIATIVE FOR EXECUTIVE DIRECTORS AND EMERGING NONPROFIT LEADERS. SINCE 2012, THIS PROGRAM HAS PROVIDED CAPACITY-BUILDING SUPPORT FOR NONPROFIT ORGANIZATIONS ACROSS UTAH. QUALIFIED ORGANIZATIONS OFTEN SERVE LOW-INCOME POPULATIONS AND FACE SIGNIFICANT BARRIERS OF TIME OR DISCRETIONARY FUNDS TO ACCESS LEADERSHIP DEVELOPMENT OPPORTUNITIES. CFU PROVIDES AN INTENSE AND IMMERSIVE EXPERIENCE INCLUDING TRAINING ON ORGANIZATIONAL STRATEGY, PERSONNEL MANAGEMENT, ORGANIZATIONAL FINANCE AND SUSTAINABILITY, AND CHANGE MANAGEMENT.

SOCIAL SECTOR SABBATICAL - CFU BELIEVES AN ORGANIZATION'S ABILITY TO ATTRACT, DEVELOP, AND RETAIN EXCEPTIONAL TALENT IS INSTRUMENTAL IN DRIVING

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

IMPACT. TO STRENGTHEN AND INVEST IN SOCIAL SECTOR LEADERSHIP, CFU DEVELOPED A SABBATICAL PROGRAM FOR NONPROFIT LEADERS. THE SABBATICAL PROGRAM IS AN IMMERSIVE EXPERIENCE OFFERING LEADERS TIME AWAY FROM THEIR DAILY RESPONSIBILITIES TO RESET, CONSIDER BOLD SOLUTIONS TO PERSISTENT CHALLENGES, AND BUILD COLLABORATIVE PEER RELATIONSHIPS.

MORGAN STANLEY COMMUNITY DEVELOPMENT GRADUATE FELLOWSHIP - AS PART OF CFU'S BROADER STRATEGY TO ATTRACT, DEVELOP, AND RETAIN TOP TALENT IN UTAH'S NONPROFIT SECTOR, CFU COORDINATES THE MORGAN STANLEY COMMUNITY DEVELOPMENT GRADUATE FELLOWSHIP. IN PARTNERSHIP WITH MORGAN STANLEY, CFU PAIRS SIX UTAH GRADUATE STUDENTS WITH LOCAL NONPROFIT ORGANIZATIONS FOR A 10-MONTH FELLOWSHIP TO DEVELOP SKILLS, BUILD NETWORKS, AND RECEIVE HANDS-ON EXPERIENCE IN COMMUNITY DEVELOPMENT WORK.

PAY FOR SUCCESS - CFU SERVES AN INTEGRAL ROLE IN AN INNOVATIVE FUNDING MODEL THAT DRIVES GOVERNMENT RESOURCES TOWARD SOCIAL PROGRAMS THAT PROVIDE MEASURABLE RESULTS. MISSION-DRIVEN INVESTORS COVER THE UPFRONT PROGRAMMING COSTS, AND IF THE PREDETERMINED GOALS ARE ACHIEVED, THE GOVERNMENT REPAYS THE INVESTORS.

COMMUNITY IMPACT FUNDS

GREAT SALT LAKE WATERSHED ENHANCEMENT TRUST - THE GREAT SALT LAKE WATERSHED ENHANCEMENT TRUST WAS FORMED IN RESPONSE TO THE WATER LEVEL OF THE GREAT SALT LAKE HITTING A HISTORIC LOW IN 2022, THREATENING THE ECONOMIC, ENVIRONMENTAL, AND PUBLIC HEALTH OF UTAH. AS PART OF A MULTIFACETED EFFORT TO PROTECT THE LAKE, THE UTAH STATE LEGISLATURE UNANIMOUSLY PASSED HB 410,

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

AUTHORIZING THE ESTABLISHMENT OF A \$40 MILLION WATER TRUST TO ENHANCE WATER QUANTITY AND QUALITY IN THE GREAT SALT LAKE AND CREATE LASTING INFRASTRUCTURE TO PRESERVE AN ICONIC AND INVALUABLE PART OF OUR STATE. CFU SERVES AS THE FISCAL STEWARD FOR THE GREAT SALT LAKE WATERSHED ENHANCEMENT TRUST AND PARTNERS WITH THE NATIONAL AUDUBON SOCIETY AND THE NATURE CONSERVANCY—THE CO-MANAGERS OF THE TRUST—TO SUPPORT THIS INSTRUMENTAL, STRATEGIC EFFORT TO SUSTAIN THE GREAT SALT LAKE.

SILICON SLOPES COMPUTER SCIENCE FUND - THE SILICON SLOPES COMPUTER SCIENCE FUND WAS CREATED TO HELP ENSURE THAT EVERY CHILD IN UTAH HAS THE OPPORTUNITY TO LEARN CRITICAL COMPUTER SCIENCE SKILLS NEEDED TO UNLOCK THEIR FULL POTENTIAL. IN RESPONSE TO THE NEEDS OF OUR COMMUNITY, CFU DEVELOPED THE SILICON SLOPES COMPUTER SCIENCE FUND TO PROVIDE FUNDING FOR QUANTIFIABLE AND LASTING K-12 COMPUTER SCIENCE OUTCOMES FOR EDUCATORS AND LEARNERS ACROSS THE STATE. THE SILICON SLOPES COMPUTER SCIENCE FUND ENABLES INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS TO CONTRIBUTE DONATIONS TO INVEST IN A COLLECTIVE STRATEGY THAT BENEFITS STUDENTS, TEACHERS, AND UTAH LONG-TERM.

UTAH IMPACT PARTNERSHIP FUND - THE UTAH IMPACT PARTNERSHIP FUND WAS FORMED AS AN EXTENSION OF THE UTAH IMPACT PARTNERSHIP TO SYSTEMICALLY ADDRESS HOMELESSNESS STATEWIDE THROUGH INNOVATIVE, STRATEGIC, AND COLLECTIVE EFFORTS. THE UTAH IMPACT PARTNERSHIP FUND PLAYS A KEY ROLE IN UTAH'S UNITED RESPONSE TO HOMELESSNESS, WORKING IN CLOSE COORDINATION WITH THE UTAH HOMELESSNESS COUNCIL TO IDENTIFY IMPACTFUL AND TIMELY PROJECTS THAT WILL HELP ADDRESS HOMELESSNESS ACROSS THE STATE.

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE ORGANIZATION AND BOARD MEMBERS RETAIN AN INDEPENDENT CPA TO PREPARE THE FORM 990. THE FORM 990 IS REVIEWED BY THE CEO AND CFO, AND

SHARED WITH BOARD MEMBERS AND THE FINANCE COMMITTEE. ONCE BOARD MEMBERS AND THE FINANCE COMMITTEE HAVE SUFFICIENT OPPORTUNITY TO REVIEW THE COMPLETED RETURN PREPARED BY THE ORGANIZATION'S INDEPENDENT CPA, THE CEO AND CFO AUTHORIZE THE OUTSIDE CPA TO ELECTRONICALLY FILE THE 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS AND THE CEO ROUTINELY REVIEW, IN THE COURSE OF REGULAR BOARD MEETINGS, ANY NEW RELATIONSHIP AND EXPLORE ANY POTENTIAL CONFLICTS ANNUALLY, ALL BOARD MEMBERS AND STAFF REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE REVIEWS COMPETITIVE SALARY INFORMATION AND RECOMMENDS A SALARY FOR THE CEO. THE EXECUTIVE COMMITTEE, WITH THE INPUT OF ALL DIRECTORS, CONDUCTS AN ANNUAL REVIEW AND THEN MAKES ANY RECOMMENDATIONS FOR CHANGES TO CEO SALARY TO THE ENTIRE BOARD. THE BOARD APPROVES CEO SALARY RECOMMENDATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

OUR WEBSITE PROVIDES OUR BYLAWS, ARTICLES OF INCORPORATION, INVESTMENT POLICY, FINANCIAL STATEMENTS, ANNUAL REPORT, FORM 990, AND OTHER GOVERNING DOCUMENTS. INDIVIDUALS MAY ALSO REQUEST ADDITIONAL INFORMATION.

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

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

UNRELATED BUSINESS INCOME

\$ -90,902

Public Inspection Copy

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) CANDIDE CHARITABLE ENTERPRISE, LLC 1245 BRICKYARD ROAD, STE 410 81-0804587 SALT LAKE CITY UT 84106 | INACTIVE | UT | | | CFU |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| (1) SLCO PFS 1, INC. 1245 BRICKYARD ROAD, STE 410 47-3854619 SALT LAKE CITY UT 84106 | SUPPORT | UT | 501C3 | 12A | CFU | | X |
| (2) COMMUNITY TRUST OF UTAH 1245 BRICKYARD ROAD, STE 410 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 |
|----|-----|----|
| 1a | | X |
| 1b | | X |
| 1c | X | |
| 1d | | X |
| 1e | | X |
| 1f | | X |
| 1g | | X |
| 1h | | X |
| 1i | | X |
| 1j | | X |
| 1k | | X |
| 1l | | X |
| 1m | X | |
| 1n | X | |
| 1o | X | |
| 1p | | X |
| 1q | X | |
| 1r | | X |
| 1s | | X |

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

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

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

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

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

Part VII

Supplemental Information.

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

Public Inspection Copy

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

2023

Department of the Treasury Internal Revenue Service

For calendar year 2023 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Header section A-F: Name of organization (THE COMMUNITY FOUNDATION OF UTAH), Employer identification number (74-3211770), Exempt under section (501(C)(3)), Address (1245 BRICKYARD ROAD, STE 410, SALT LAKE CITY UT 84106), Book value of all assets at end of year (188,525,314).

Section G: Check organization type (501(c) corporation checked).

Section H: Check if filing only to claim (Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800).

Section I: Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation.

Section J: Enter the number of attached Schedules A (Form 990-T) (1).

Section K: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes No checked).

Section L: The books are in care of (ALEXANDRA EATON), Telephone number (801-559-3005).

Part I: Total Unrelated Business Taxable Income table with 11 rows and 3 columns (line number, description, amount).

Part II: Tax Computation table with 7 rows and 3 columns (line number, description, amount).

Part III: Tax and Payments table with 5 main rows and sub-rows (1a-1d, 3a-3e) and 3 columns (line number, description, amount).

Part III Tax and Payments (continued)

Table with 11 rows and 3 columns. Rows include: 6a Payments: Preceding year's overpayment credited to the current year (1,228); 6b Current year's estimated tax payments (40,508); 6c Tax deposited with Form 8868; 6d Foreign organizations: Tax paid or withheld at source; 6e Backup withholding; 6f Credit for small employer health insurance premiums; 6g Elective payment election amount from Form 3800; 6h Payment from Form 2439; 6i Credit from Form 4136; 6j Other; 7 Total payments (41,736); 8 Estimated tax penalty; 9 Tax due (0); 10 Overpayment (27,139); 11 Enter the amount of line 10 you want: Credited to 2024 estimated tax (27,139) and Refunded (27,139).

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

Table with 5 main rows and 2 columns (Yes/No). Row 1: At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country? (Yes/No: X). Row 2: During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? (Yes/No: X). Row 3: Enter the amount of tax-exempt interest received or accrued during the tax year. Row 4: Enter available pre-2018 NOL carryovers here. Row 5: Post-2017 NOL carryovers. Includes sub-table for Business Activity Code and Available post-2017 NOL carryover.

Part V Supplemental Information

Provide any additional information. See instructions.

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: Signature of officer: RICHARD SCORESBY, CPA; Date: 11/12/24; Title: CEO.

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

Table with 4 rows and 4 columns. Row 1: Print/Type preparer's name (RICHARD SCORESBY, CPA), Preparer's signature (RICHARD SCORESBY, CPA), Date (11/12/24), Check self-employed (checked), PTIN (P00573067). Row 2: Firm's name (LARSON & COMPANY, PC), Firm's EIN (87-0516083). Row 3: Firm's address (11240 S RIVER HEIGHTS DR STE 300 SOUTH JORDAN, UT 84095-5123), Phone no. (801-313-1900).

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

| | |
|--|--|
| A Name of the organization THE COMMUNITY FOUNDATION OF UTAH | B Employer identification number 74-3211770 |
| C Unrelated business activity code (see instructions) 531120 | D Sequence: 1 of 1 |

E Describe the unrelated trade or business UNRELATED BUSINESS ACTIVITY

| Part I Unrelated Trade or Business Income | (A) Income | (B) Expenses | (C) Net |
|--|------------------|--------------|---------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances c Balance | 1c | | |
| 2 Cost of goods sold (Part III, line 8) | 2 | | |
| 3 Gross profit. Subtract line 2 from line 1c | 3 | | |
| 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions | 4a | | |
| b Net gain (loss) (Form 4797) (attach Form 4797). See instructions | 4b | | |
| c Capital loss deduction for trusts | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1 | 5 90,902 | | 90,902 |
| 6 Rent income (Part IV) | 6 | | |
| 7 Unrelated debt-financed income (Part V) | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) | 8 | | |
| 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) | 9 | | |
| 10 Exploited exempt activity income (Part VIII) | 10 | | |
| 11 Advertising income (Part IX) | 11 | | |
| 12 Other income (see instructions; attach statement) | 12 | | |
| 13 Total. Combine lines 3 through 12 | 13 90,902 | | 90,902 |

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

| | | | |
|--|-----------|--|-------------|
| 1 Compensation of officers, directors, and trustees (Part X) | 1 | | |
| 2 Salaries and wages | 2 | | |
| 3 Repairs and maintenance | 3 | | |
| 4 Bad debts | 4 | | |
| 5 Interest (attach statement). See instructions | 5 | | |
| 6 Taxes and licenses | 6 | | 8,970 |
| 7 Depreciation (attach Form 4562). See instructions | 7 | | |
| 8 Less depreciation claimed in Part III and elsewhere on return | 8a | | 8b 0 |
| 9 Depletion | 9 | | |
| 10 Contributions to deferred compensation plans | 10 | | |
| 11 Employee benefit programs | 11 | | |
| 12 Excess exempt expenses (Part VIII) | 12 | | |
| 13 Excess readership costs (Part IX) | 13 | | |
| 14 Other deductions (attach statement) SEE STATEMENT 2 | 14 | | 3,590 |
| 15 Total deductions. Add lines 1 through 14 | 15 | | 12,560 |
| 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | 16 | | 78,342 |
| 17 Deduction for net operating loss. See instructions | 17 | | |
| 18 Unrelated business taxable income. Subtract line 17 from line 16 | 18 | | 78,342 |

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold. Includes Yes/No checkboxes for section 263A rules.

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued (a, b, c). Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-4: Gross income from or allocable to debt-financed property (a, b, c). Row 4: Amount of average acquisition debt. Row 5: Average adjusted basis. Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends — received deductions.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organization | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 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) | | | | | |
| (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 Part I, line 8, column (A).

Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

Part VII 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 statement) | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add columns 3 and 4) |
|--------------------------|---------------------|---|----------------------------------|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Add amounts in column 2. Enter here and on Part I, line 9, column (A).

Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| | |
|--|----------|
| 1 Description of exploited activity: _____ | |
| 2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) | 2 |
| 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) | 3 |
| 4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 | 4 |
| 5 Gross income from activity that is not unrelated business income | 5 |
| 6 Expenses attributable to income entered on line 5 | 6 |
| 7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 | 7 |

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

Grid for reporting periodicals with columns A, B, C, D.

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) for Gross advertising income.

a Add columns A through D. Enter here and on Part I, line 11, column (A)

Table with 4 columns (A, B, C, D) for Direct advertising costs by periodical.

a Add columns A through D. Enter here and on Part I, line 11, column (B)

Table with 4 columns (A, B, C, D) for Advertising gain (loss).

Table with 4 columns (A, B, C, D) for Readership costs.

Table with 4 columns (A, B, C, D) for Circulation income.

Table with 4 columns (A, B, C, D) for Excess readership costs.

Table with 4 columns (A, B, C, D) for Excess readership costs allowed as a deduction.

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or -0- here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business.

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

Statement 1 - Form 990-T, Part I, Line 4 - Charitable Contributions

| <u>Description</u> | <u>Amount</u> |
|--------------------------------|---------------|
| CURRENT YEAR CONTRIBUTIONS | \$ 27,918,187 |
| PRIOR YEAR CONTRIBUTIONS | 60,347,365 |
| TOTAL CONTRIBUTIONS AVAILABLE | 88,265,552 |
| LESS: CONTRIBUTIONS DISALLOWED | 88,257,718 |
| TOTAL DEDUCTION ALLOWED | <u>7,834</u> |

Federal Statements

Unrelated Business Activity

Statement 1 - Schedule A (990T), 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 |
|-------------------------------|--------------|--------------------------------|------------|
| K-1 REVENUE | \$ 90,902 | \$ | \$ 90,902 |
| TOTAL | \$ 90,902 | \$ 0 | \$ 90,902 |

Unrelated Business Activity

Statement 2 - Schedule A (990T), Part II, Line 14 - Other Deductions

| Deduction Description | Deduction Amount |
|-----------------------|------------------|
| ACCOUNTING FEES | \$ 3,590 |
| TOTAL | \$ 3,590 |