

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2024****Open to Public Inspection**

A For the 2024 calendar year, or tax year beginning , 2024 , and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE COMMUNITY FOUNDATION OF UTAH Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1245 BRICKYARD ROAD, STE 410 City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84106 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	D Employer identification number 74-3211770 E Telephone number (801) 559-3005 G Gross receipts \$ 121,500,706
J Website: UTAHCF.ORG	L Year of formation: 2007 M State of legal domicile: UT
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: WE ARE UTAH'S PARTNER IN PHILANTHROPY, PIONEERING INNOVATION AND COLLABORATION TO INVEST IN OUR COMMUNITY TODAY FOR A BRIGHTER TOMORROW.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	10
	6	Total number of volunteers (estimate if necessary)	6	15
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b		Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	100,773
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	26,168,500	56,204,702
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	387,977	314,561
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,482,185	10,077,246
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,902	116,793
	12		31,129,564	66,713,302
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	27,918,187	60,230,810
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	993,590	957,486
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) 163,405		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	899,036	5,379,361
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	29,810,813	66,567,657
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	1,318,751	145,645
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	188,525,314	190,362,820
	22	Net assets or fund balances. Subtract line 21 from line 20	42,546,488	42,119,009
			145,978,826	148,243,811

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, CHIEF EXECUTIVE OFFICER		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name RICHARD SCORESBY	Preparer's signature RICHARD SCORESBY	Date 11/10/2025	Check <input type="checkbox"/> if 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 ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:WE ARE UTAH'S PARTNER IN PHILANTHROPY, PIONEERING INNOVATION AND COLLABORATION TO INVEST IN OUR
COMMUNITY TODAY FOR 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 \$ 61,557,838 including grants of \$ 60,230,810) (Revenue \$ 314,561)
SEE SCHEDULE O.**4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

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

4e Total program service expenses 61,557,838

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	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
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	3	✓
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	4	✓
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	5	✓
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	6 ✓	
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	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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	9 ✓	
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	10 ✓	
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	11a ✓	
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	11b	✓
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	11c	✓
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	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
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	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
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	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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	14b	✓
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	15	✓
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	16	✓
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	17	✓
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	18	✓
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	19	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	3
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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	10		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓	
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		✓	
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			✓
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			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
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			✓
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			✓
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			✓
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			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
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			✓
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			✓
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			✓
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 the instructions and file Form 4720, Schedule N.	15			✓
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			✓
17	Section 501(c)(21) organizations. Did the trust, or 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 . . .	1a 10		
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.			
b Enter the number of voting members included on line 1a, above, who are independent . . .	1b 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? . . .	2		✓
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? . . .	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . .	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		✓
6 Did the organization have members or stockholders? . . .	6		✓
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? . . .	7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . .	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body? . . .	8a	✓	
b Each committee with authority to act on behalf of the governing body? . . .	8b	✓	
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 . . .	9		✓

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? . . .	10a	✓
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? . . .	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . .	11a ✓	
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 . . .	12a ✓	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . .	12b ✓	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . .	12c ✓	
13 Did the organization have a written whistleblower policy? . . .	13 ✓	
14 Did the organization have a written document retention and destruction policy? . . .	14 ✓	
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 . . .	15a ✓	
b Other officers or key employees of the organization . . .	15b	✓
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? . . .	16a	✓
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? . . .	16b	

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, SALT LAKE CITY, UT 84106, (801) 559-3005

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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 CHIEF EXECUTIVE OFFICER	40.0			✓				254,000	0	26,962
(2) YUKI NOVAK CHIEF FINANCIAL OFFICER	40.0			✓				131,000	0	9,327
(3) MICAELA WEIL DIRECTOR OF PHILANTHROPY	40.0					✓		102,000	0	11,180
(4) BRAD DICKSON VICE CHAIR	1.0 0.4	✓		✓				0	0	0
(5) DOUG HANSEN TREASURER	0.5 0.2	✓		✓				0	0	0
(6) TRISH COUGHLIN CHAIR	1.4 0.4	✓		✓				0	0	0
(7) CHRIS CONARD BOARD MEMBER	0.5 0.2	✓						0	0	0
(8) JENNIFER ROBINSON BOARD MEMBER	0.5	✓						0	0	0
(9) JENSEN WARNOCK BOARD MEMBER	0.5	✓						0	0	0
(10) JERAMY LUND BOARD MEMBER	0.5	✓						0	0	0
(11) JOSH KANTER BOARD MEMBER	0.5	✓						0	0	0
(12) MARTY TATE BOARD MEMBER	0.5 0.2	✓						0	0	0
(13) RAMEZ HALTEH BOARD MEMBER	0.5	✓						0	0	0
(14)										

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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								487,000	0	47,469
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								487,000	0	47,469

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>		✓
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>	✓	
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>		✓

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
NONE		

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 RevenueCheck 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	26,017,613			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	30,187,089			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 11,522,781			
	h	Total. Add lines 1a-1f		56,204,702			
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	Business Code	900099	314,561	314,561	
	b						
	c						
	d						
	e						
	f	All other program service revenue . .		0	0	0	0
	g	Total. Add lines 2a-2f		314,561			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,377,857			4,377,857
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)		0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	57,580,906	2,905,887		
	b	Less: cost or other basis and sales expenses . .	(ii) Other	53,217,404	1,570,000		
	c	Gain or (loss)		4,363,502	1,335,887		
	d	Net gain or (loss)		5,699,389			5,699,389
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19 . .					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	K-1 INCOME	Business Code	900099	116,793	116,793	
	b						
	c						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		116,793			
12	Total revenue. See instructions		66,713,302	314,561	116,793	10,077,246	

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	60,230,810	60,230,810		
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	0	0		
5 Compensation of current officers, directors, trustees, and key employees	421,289	179,800	177,589	63,900
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	439,900	348,128	52,991	38,781
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,454		10,454	
9 Other employee benefits	26,679		26,679	
10 Payroll taxes	59,164	39,216	13,152	6,796
11 Fees for services (nonemployees):				
a Management				
b Legal	133,103	103,068	17,152	12,883
c Accounting	46,563	388	46,126	49
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	286,445	286,445		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	353,077	246,999	78,217	27,861
12 Advertising and promotion	45,750	36,600	4,575	4,575
13 Office expenses	19,293	14,005	3,409	1,879
14 Information technology	26,651	21,321	2,665	2,665
15 Royalties				
16 Occupancy	14,560	11,648	1,456	1,456
17 Travel	952	762	95	95
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,674	11,674		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,259		9,259	
23 Insurance	13,132	10,506	1,313	1,313
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 <u>BAD DEBT EXPENSE</u>	4,404,817		4,404,817	
b <u>MEMBERSHIP DUES</u>	11,517	9,213	1,152	1,152
c <u>DONOR RELATIONS</u>	3,869	3,869		
d <u>CULTIVATION PROGRAM</u>	3,386	3,386		
e All other expenses	(4,687)	0	(4,687)	0
25 Total functional expenses. Add lines 1 through 24e	66,567,657	61,557,838	4,846,414	163,405
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	953,141	1	2,424,967
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	1,333,333
	4 Accounts receivable, net	1,383,159	4	916,959
	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	0
	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	0
	7 Notes and loans receivable, net	13,623,361	7	8,782,220
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,711,107		
	b Less: accumulated depreciation	10b 9,259		
	11 Investments—publicly traded securities	3,100,000	10c	1,701,848
	12 Investments—other securities. See Part IV, line 11	160,089,075	11	169,913,056
	13 Investments—program-related. See Part IV, line 11	7,449,408	12	3,420,352
	14 Intangible assets	1,063,083	13	628,203
	15 Other assets. See Part IV, line 11	70,000	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	794,087	15	1,241,882	
	188,525,314	16	190,362,820	
Liabilities	17 Accounts payable and accrued expenses	732,025	17	275,029
	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	41,814,463	21	41,553,529
	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	0
	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	0	25	290,451
	26 Total liabilities. Add lines 17 through 25	42,546,488	26	42,119,009
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	145,918,826	27	146,850,478
	28 Net assets with donor restrictions	60,000	28	1,393,333
	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	145,978,826	32	148,243,811
33 Total liabilities and net assets/fund balances	188,525,314	33	190,362,820	

Part XI Reconciliation of Net AssetsCheck 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	66,713,302
2	Total expenses (must equal Part IX, column (A), line 25)	2	66,567,657
3	Revenue less expenses. Subtract line 2 from line 1	3	145,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	145,978,826
5	Net unrealized gains (losses) on investments	5	2,236,133
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	(116,793)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	148,243,811

Part XII Financial Statements and ReportingCheck 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		✓
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	✓	
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.	✓	
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?		✓
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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 33¹/₃% 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 33¹/₃% 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	39,924,503	59,320,342	39,681,476	26,168,500	56,204,702	221,299,523
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	39,924,503	59,320,342	39,681,476	26,168,500	56,204,702	221,299,523
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)						7,651,747
6 Public support. Subtract line 5 from line 4						213,647,777

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	39,924,503	59,320,342	39,681,476	26,168,500	56,204,702	221,299,523
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,109,324	1,994,415	2,700,473	4,245,141	4,377,857	14,427,210
9 Net income from unrelated business activities, whether or not the business is regularly carried on	84,999	2,822,929	81,281	77,342	112,080	3,178,631
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	(72,620)	(82,229)	0	0	(154,849)
11 Total support. Add lines 7 through 10						238,750,515
12 Gross receipts from related activities, etc. (see instructions)					12	1,407,423
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	89.49 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	87.88 %
16a 33¹/₃% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33¹/₃% support tests—2024. 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		<input type="checkbox"/>
b 33¹/₃% support tests—2023. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

Section D—Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020 . . .			
b Excess from 2021 . . .			
c Excess from 2022 . . .			
d Excess from 2023 . . .			
e Excess from 2024 . . .			

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 VI

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.)

Return Reference - Identifier	Explanation					
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024
	(1) OTHER INCOME		(72,620)	(82,229)		
	Total	0	(72,620)	(82,229)	0	0

(154,849)

(154,849)

**Schedule B
(Form 990)**

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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		\$ 26,017,613	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 7,774,326	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 2,704,953	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,394,252	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,473,233	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		\$ 1,473,233	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

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
3	CLOSELY HELD STOCK	\$ 2,704,953	11/14/2024
4	PARTNERSHIP INTERESTS	\$ 756,890	09/19/2024
6	CLOSELY HELD STOCK	\$ 1,473,233	11/14/2024
7	CLOSELY HELD STOCK	\$ 1,473,233	11/14/2024
		\$	
		\$	

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
-------------------------	-------------------------

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

----- ----- -----	----- ----- -----
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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SCHEDULE D
(Form 990)

(Rev. January 2025)

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

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	228	50
2 Aggregate value of contributions to (during year)	51,062,289	4,717,771
3 Aggregate value of grants from (during year)	51,380,482	9,099,693
4 Aggregate value at end of year	128,106,742	60,317,414
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	\$
8	Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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.

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	 \$ \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	 \$ \$

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	10,434,139	8,565,933	8,130,864	5,921,599	4,270,351
b Contributions	1,216,896	1,122,043	1,497,588	1,520,078	1,363,402
c Net investment earnings, gains, and losses	776,318	969,465	(963,181)	768,520	307,594
d Grants or scholarships					
e Other expenditures for facilities and programs	244,224	223,302	99,338	79,333	19,748
f Administrative expenses					
g End of year balance	12,183,129	10,434,139	8,565,933	8,130,864	5,921,599

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 0.00 %

c Term endowment 0.00 %

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

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

(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		1,600,000		1,600,000
b Buildings				
c Leasehold improvements		111,107	9,259	101,848
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,701,848

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) LEASE LIABILITY	290,451
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	290,451

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	64,141,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,236,133
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	2,236,133
3	Subtract line 2e from line 1	3	61,905,247
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	286,445
b	Other (Describe in Part XIII.)	4b	4,521,610
c	Add lines 4a and 4b	4c	4,808,055
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	66,713,302

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	61,876,395
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	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	61,876,395
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	286,445
b	Other (Describe in Part XIII.)	4b	4,404,817
c	Add lines 4a and 4b	4c	4,691,262
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	66,567,657

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.

[SEE STATEMENT](#)

Part XIII

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.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	UNRELATED BUSINESS INCOME	116,793
	BAD DEBT EXPENSE	4,404,817
	TOTAL	4,521,610
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	BAD DEBT EXPENSE	4,404,817
	TOTAL	4,404,817

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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART IV, LINE 2B - EXPLANATION OF ESCROW AGREEMENT	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 \$41,553,529 AS OF DECEMBER 31, 2024.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) 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. MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS. GENERALLY, TAX YEARS REMAIN SUBJECT TO EXAMINATION FOR THREE YEARS FROM THE DATE FILED.

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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? [X] 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) CHURCH OF JESUS CHRIST 50 E NORTH TEMPLE, SALT LAKE CITY, UT 84150	87-0234341	501C3	18,847,593				GENERAL SUPPORT
(2) UNIVERSITY OF UTAH 332 S 1400 E, STE 160, SALT LAKE CITY, UT, 84112	87-6000525	501C3	4,983,119				GENERAL SUPPORT
(3) SCHWAB CHARITABLE 1958 SUMMIT PARK DR, #200, ORLANDO, FL, 32810	31-1640316	501C3	2,693,582				GENERAL SUPPORT
(4) TABITHA'S WAY 920 E STATE ROAD, AMERICAN FORK, UT, 84003	27-3402820	501C3	2,500,000				GENERAL SUPPORT
(5) UTAH STATE UNIVERSITY 1590 OLD MAIN HILL, LOGAN, UT, 84322	87-6000528	501C3	2,151,560				GENERAL SUPPORT
(6) RENAISSANCE CHARITABLE FOUNDATION, INC. 8910 PURDUE ROAD, INDIANAPOLIS, IN, 46268	35-2129262	501C3	1,768,818				GENERAL SUPPORT
(7) FRIENDS OF SWITCHPOINT, INC. 948 NORTH 1300 WEST, #1, ST. GEORGE, UT, 84770	76-0740457	501C3	1,596,856				GENERAL SUPPORT
(8) UTAH IMPACT PARTNERSHIP 978 E WOODOAK LANE, SALT LAKE CITY, UT, 84109	86-2357714	501C3	1,538,400				GENERAL SUPPORT
(9) THE OTHER SIDE VILLAGE 667 EAST 100 SOUTH, SALT LAKE CITY, UT, 84102	47-4495796	501C3	1,515,000				GENERAL SUPPORT
(10) AMERICAN GIFT FUND PO BOX 15627, WILMINGTON, DE, 19850	51-6506426	501C3	1,448,800				GENERAL SUPPORT
(11) INTERMOUNTAIN HEALTHCARE FOUNDATION 36 S STATE ST, #2200, SALT LAKE CITY, UT, 84111	80-0225150	501C3	1,166,000				GENERAL SUPPORT
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 299
3 Enter total number of other organizations listed in the line 1 table 0

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.
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(SEE STATEMENT)

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) FIDELITY INVESTMENTS CHARITABLE GIFT FUND 245 SUMMER STREET, BOSTON, MA, 02210	11-0303001	501C3	1,164,012				GENERAL SUPPORT
(13) HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY, SALT LAKE CITY, UT, 84108	87-0541293	501C3	1,131,000				GENERAL SUPPORT
(14) UNIVERSITY OF UTAH GROWTH CAPITAL PARTNERS FOUNDATION PO BOX 684250, PARK CITY, UT, 84068	93-4329010	501C3	1,100,000				GENERAL SUPPORT
(15) COLUMBIA UNIVERSITY 622 WEST 113TH STREET, NEW YORK, NY, 10025	13-5598093	501C3	1,020,000				GENERAL SUPPORT
(16) SHELTER THE HOMELESS 242 WEST PARAMOUNT AVENUE, SALT LAKE CITY, UT, 84115	74-2548948	501C3	1,000,000				GENERAL SUPPORT
(17) TREE OF LIFE FOUNDATION 12568 N ANGELS GATE, HIGHLAND, UT, 84003	85-3767062	501C3	1,000,000				GENERAL SUPPORT
(18) ROWLAND HALL 720 SOUTH GUARDSMAN WAY, SALT LAKE CITY, UT, 84108	87-0212477	501C3	626,000				GENERAL SUPPORT
(19) TRANSCEND INTERNATIONAL 48 WEST BROADWAY, SALT LAKE CITY, UT, 84101	87-3960202	501C3	600,000				GENERAL SUPPORT
(20) PARKINSON'S FOUNDATION, INC. 1359 BROADWAY, NEW YORK, NY, 10018	13-1866796	501C3	500,000				GENERAL SUPPORT
(21) LEWY BODY DEMENTIA ASSOCIATION, INC. 912 KILLIAN HILL ROAD, LILBURN, GA, 30047	05-0577683	501C3	500,000				GENERAL SUPPORT
(22) THE CHILDREN'S CENTER 3725 WEST 4100 SOUTH, WEST VALLEY CITY, UT, 84120	87-6114073	501C3	366,612				GENERAL SUPPORT
(23) MASS GENERAL BRIGHAM 116 HUNTINGTON AVE, 3RD FLOOR, BOSTON, MA, 02116	04-2312909	501C3	350,000				GENERAL SUPPORT
(24) LDS PHILANTHROPIES 1450 N UNIVERSITY AVENUE, PROVO, UT, 84604	47-5664511	501C3	318,216				GENERAL SUPPORT
(25) ELE LEMBRA FOUNDATION 187 EAST 670 SOUTH, KAMAS, UT, 84036	45-4657134	501C3	300,000				GENERAL SUPPORT
(26) THE OTHER SIDE ACADEMY 667 EAST 100 SOUTH, SALT LAKE CITY, UT, 84102	47-4495796	501C3	262,056				GENERAL SUPPORT
(27) NEIGHBORHOOD HOUSE 1050 WEST 500 SOUTH, SALT LAKE CITY, UT, 84104	87-0212462	501C3	260,520				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) CHOICE HUMANITARIAN - GUATEMALA PROJECT PO BOX 409, DRAPER, UT, 84020	74-2494806	501C3	250,000				GENERAL SUPPORT
(29) UNIVERSITY OF CALIFORNIA BERKELEY FOUNDATION 1995 UNIVERSITY AVE, BERKELEY, CA, 94704	94-6090626	501C3	250,000				GENERAL SUPPORT
(30) FRIENDS OF SCOUTING FOUNDATION 334 MILLCREEK ROAD, PLEASANT GROVE, UT, 84062	83-4614935	501C3	247,243				GENERAL SUPPORT
(31) STENA FOUNDATION 48 W BROADWAY, APT 2502, SALT LAKE CITY, UT, 84101	85-0690259	501C3	225,000				GENERAL SUPPORT
(32) GOLDEN SPIKE FOUNDATION 60 SOUTH 600 EAST, SALT LAKE CITY, UT, 84102	82-5492836	501C3	200,000				GENERAL SUPPORT
(33) PROVIDENCE MONTANA HEALTH FOUNDATION PO BOX 4587, MISSOULA, MT, 59806	23-7056976	501C3	200,000				GENERAL SUPPORT
(34) THE CATSKILL MOUNTAIN FOUNDATION, INC. PO BOX 924, HUNTER, NY, 12442	13-3992139	501C3	185,682				GENERAL SUPPORT
(35) GRANITE EDUCATION FOUNDATION, INC. 2500 S STATE STREET, D-108, SALT LAKE CITY, UT, 84115	94-2951639	501C3	140,000				GENERAL SUPPORT
(36) HOPEWELL FUND 1828 L STREET NW, WASHINGTON, DC, 20036	47-3681860	501C3	135,000				GENERAL SUPPORT
(37) THE SALT LAKE TRIBUNE 90 SOUTH 400 WEST, STE 700, SALT LAKE CITY, UT, 84101	84-1878709	501C3	129,500				GENERAL SUPPORT
(38) FIGHT AGAINST DOMESTIC VIOLENCE 7588 UNION PARK AVENUE, STE 200,, SANDY, UT, 84047	81-5091342	501C3	122,178				GENERAL SUPPORT
(39) UTAH NONPROFITS ASSOCIATION, INC. 4900 S HIGHLAND DRIVE, STE B, SALT LAKE CITY, UT, 84117	87-0481455	501C3	121,612				GENERAL SUPPORT
(40) UTAH FOOD BANK 3150 SOUTH 900 WEST, SALT LAKE CITY, UT, 84119	87-0212453	501C3	118,500				GENERAL SUPPORT
(41) STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BOULEVARD, STATEN ISLAND, NY, 10306	02-0554654	501C3	117,000				GENERAL SUPPORT
(42) DAVIS DREAMERS 977 WIND RIVER WAY, KAYSVILLE, UT, 84037	81-2887582	501C3	104,038				GENERAL SUPPORT
(43) FRIENDS OF GREAT SALT LAKE 150 SOUTH 600 EAST, STE 5D, SALT LAKE CITY, UT, 84102	87-0527602	501C3	102,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(44) UNITED WAY OF SALT LAKE 257 EAST 200 SOUTH, STE 300, SALT LAKE CITY, UT, 84111	93-2854627	501C3	101,250				GENERAL SUPPORT
(45) BREAKTHROUGH T1D (FKA JUVENILE DIABETES RESEARCH FOUNDATION) 200 VESEY STREET, 28TH FLOOR, NEW YORK, NY, 10281	23-1907729	501C3	101,000				GENERAL SUPPORT
(46) UNITUS LABS 435 SOUTH 660 WEST, OREM, UT, 84058	87-0621367	501C3	100,000				GENERAL SUPPORT
(47) UC SAN DIEGO FOUNDATION 9500 GILMAN DRIVE, MC 0083, LA JOLLA, CA, 92093	95-2872494	501C3	100,000				GENERAL SUPPORT
(48) CHARITYVISION INTERNATIONAL 3210 N CANYON ROAD, STE 107, PROVO, UT, 84604	77-0222786	501C3	100,000				GENERAL SUPPORT
(49) COOPERRIIS, INC. 101 HEALING FARM LANE, MILL SPRING, NC, 28756	56-2195372	501C3	100,000				GENERAL SUPPORT
(50) SHERRY BLACK FOUNDATION 9350 SOUTH 150 EAST, #1000, SANDY, UT, 84070	81-4809759	501C3	100,000				GENERAL SUPPORT
(51) HALFTHESTORY 3954 GARDEN AVENUE, WESTERN SPRINGS, IL, 60558	82-5231180	501C3	100,000				GENERAL SUPPORT
(52) BANDERAS BAY CHARITIES, INC. 135 N LOTUS BEACH DRIVE, PORTLAND, UT, 97217	47-4752247	501C3	100,000				GENERAL SUPPORT
(53) CONSERVE UTAH VALLEY 462 EAST 800 NORTH, OREM, UT, 84097	85-4361441	501C3	100,000				GENERAL SUPPORT
(54) T BIRDS WITH A PURPOSE, INC. PO BOX 1027, CEDAR CITY, UT, 84721	88-3217639	501C3	100,000				GENERAL SUPPORT
(55) ROBIN MERGER CORPORATION, INC. 2800 S SHIRLINGTON ROAD, STE 1001, ARLINGTON, VA, 22206	52-6078980	501C3	92,546				GENERAL SUPPORT
(56) VOLUNTEERS OF AMERICA OF UTAH, INC. 1875 SOUTH REDWOOD ROAD, SALT LAKE CITY, UT, 84104	94-3008720	501C3	92,000				GENERAL SUPPORT
(57) DREAMFLIGHT USA, INC. PO BOX 252, GOLDENROD, FL, 32733	59-3649342	501C3	85,500				GENERAL SUPPORT
(58) SPECIAL FORCES SPORTS FOUNDATION (INCLUSIVE SPORTS FOUNDATION) 3570 AMBROSE CIRCLE, CORONA, CA, 92882	85-1770316	501C3	85,000				GENERAL SUPPORT
(59) FOS FEMINISTA 125 MAIDEN LANE, NEW YORK, NY, 10038	13-1845455	501C3	82,500				GENERAL SUPPORT
(60) RONALD MCDONALD HOUSE CHARITIES OF THE INTERMOUNTAIN AREA, INC. 935 EAST SOUTH TEMPLE, SALT LAKE CITY, UT, 84102	74-2386043	501C3	80,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(61) REALIZE IMPACT 271 WINSLOW WAY E, BAINBRIDGE, WA, 98110	46-3594732	501C3	79,536				GENERAL SUPPORT
(62) PLANNED PARENTHOOD ASSOCIATION OF UTAH 654 SOUTH 900 EAST, SALT LAKE CITY, UT, 84102	87-0288909	501C3	73,700				GENERAL SUPPORT
(63) INTERNATIONAL VISITORS UTAH COUNCIL 151 EAST 5600 SOUTH, STE 206, MURRAY, UT, 84107	87-6128308	501C3	71,799				GENERAL SUPPORT
(64) THE ROAD HOME 1415 S MAIN STREET, SALT LAKE CITY, UT, 84115	87-0212465	501C3	69,250				GENERAL SUPPORT
(65) JEWISH FAMILY SERVICE 495 EAST 4500 SOUTH, STE 100, SALT LAKE CITY, UT, 84107	87-0227089	501C3	61,675				GENERAL SUPPORT
(66) WASATCH HOMELESS HEALTH CARE DBA. FOURTH STREET CLINIC 409 WEST 400 SOUTH, SALT LAKE CITY, UT, 84101	87-0569356	501C3	60,000				GENERAL SUPPORT
(67) CHAINBREAKER FOUNDATION 984 SUNBURST LANE, ALPINE, UT, 84004	36-4500357	501C3	60,000				GENERAL SUPPORT
(68) UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DRIVE, SALT LAKE CITY, UT, 84113	87-0282380	501C3	52,350				GENERAL SUPPORT
(69) THE MADELEINE CHOIR SCHOOL 205 FIRST AVENUE, SALT LAKE CITY, UT, 84103	87-6000098	501C3	51,000				GENERAL SUPPORT
(70) RESCUE MISSION OF SALT LAKE 463 SOUTH 400 WEST, SALT LAKE CITY, UT, 84101	23-7177264	501C3	51,000				GENERAL SUPPORT
(71) PLANNED PARENTHOOD FEDERATION OF AMERICA PO BOX 97166, WASHINGTON, DC, 20090	13-1644147	501C3	51,000				GENERAL SUPPORT
(72) HALE CENTRE THEATRE 9900 SOUTH MONROE STREET, SANDY, UT, 84070	84-1420029	501C3	50,000				GENERAL SUPPORT
(73) SEATTLE OPERA 363 MERCER STREET, SEATTLE, WA, 98109	91-0760426	501C3	50,000				GENERAL SUPPORT
(74) OCEARCH 1790 BONANZA DRIVE, PARK CITY, UT, 84060	80-0708997	501C3	50,000				GENERAL SUPPORT
(75) RON MCBRIDE FOUNDATION, INC. PO BOX 71381, SLC, UT, 84121	81-5060359	501C3	50,000				GENERAL SUPPORT
(76) UTAH PREP KOKUA FOUNDATION 13964 S EMMELINE DRIVE, HERRIMAN, UT, 84096	93-3724071	501C3	50,000				GENERAL SUPPORT
(77) PROJECT HEAL - HELP TO EAT ACCEPT & LIVE PO BOX 8423, PARKVILLE, MD, 21234	26-2614278	501C3	50,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(78) ZION NATURAL HISTORY ASSOCIATION DBA ZION NATL PARK FOREVER PROJECT 1 ZION NATIONAL PARK, SPRINGDALE, UT, 84767	87-0256961	501C3	49,000				GENERAL SUPPORT
(79) THE TODD AND JENNIFER CUSICK FOUNDATION 515 SHEFFIELD DRIVE, PROVO, UT, 84604	11-3650005	501C3	45,000				GENERAL SUPPORT
(80) GREEK ORTHODOX CHURCH OF GREATER SALT LAKE 279 SOUTH 300 WEST, SALT LAKE CITY, UT, 84101	87-0214888	501C3	45,000				GENERAL SUPPORT
(81) KIDS IN CONCERT PO BOX 11623, BAINBRIDGE IS, WA, 98110	80-0652894	501C3	45,000				GENERAL SUPPORT
(82) MAKE A WISH FOUNDATION OF UTAH, INC. 771 EAST WINCHESTER, MURRAY, UT, 84107	74-2392822	501C3	42,000				GENERAL SUPPORT
(83) JORDAN EDUCATION FOUNDATION 7387 SOUTH CAMPUS VIEW DRIVE, WEST JORDAN, UT, 84084	74-6356280	501C3	41,368				GENERAL SUPPORT
(84) FRIENDS OF UTAH AVALANCHE FORECAST CENTER, INC. PO BOX 521353, SALT LAKE CITY, UT, 84152	87-0481453	501C3	40,000				GENERAL SUPPORT
(85) HOPE FUNDS FOR CANCER RESEARCH 174 BELLEVUE AVENUE, STE 208, NEWPORT, RI, 02840	20-5799367	501C3	40,000				GENERAL SUPPORT
(86) CAMBRIDGE IN AMERICA PO BOX 9123 JAF BLG, NEW YORK, NY, 10087	52-6071299	501C3	40,000				GENERAL SUPPORT
(87) WEBER SCHOOL DISTRICT FOUNDATION 5320 S ADAMS AVENUE, OGDEN, UT, 84405	87-6164318	501C3	40,000				GENERAL SUPPORT
(88) MASSACHUSETTS INSTITUTE OF TECHNOLOGY MIT OFFICE OF THE RECORDING SECRETARY, CAMBRIDGE, MA, 02139	04-2103594	501C3	40,000				GENERAL SUPPORT
(89) LIVING MATRIX EDUCATION INC DBA ANOTHER WAY SCHOOL 6587 MOUNTAIN VIEW DRIVE, PARK CITY, UT, 84098	13-4284694	501C3	40,000				GENERAL SUPPORT
(90) SOUTHERN UTAH UNIVERSITY 01-65 351 W UNIVERSITY BOULEVARD, CEDAR CITY, UT, 84720	87-6000481	501C3	40,000				GENERAL SUPPORT
(91) BLAINE H AND LOA M JOHNSON COMMUNITY ARTS AND EDUCATION CENTER PO BOX 1027, CEDAR CITY, UT, 84721	86-1933136	501C3	40,000				GENERAL SUPPORT
(92) UTAH MUSEUM OF CONTEMPORARY ART 20 SOUTH WEST TEMPLE, SALR LAKE CITY, UT, 84101	87-0221537	501C3	39,692				GENERAL SUPPORT

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(93) SOUTHERN UTAH UNIVERSITY FOUNDATION 351 W UNIVERSITY BOULEVARD, CEDAR CITY, UT, 84720	87-0564444	501C3	39,000				GENERAL SUPPORT
(94) CHOICE HUMANITARIAN PO BOX 409, DRAPER, UT, 84020	74-2494806	501C3	39,000				GENERAL SUPPORT
(95) WEBER STATE UNIVERSITY 4018 UNIVERSITY CIRCLE, OGDEN, UT, 84408	87-6000535	501C3	37,855				GENERAL SUPPORT
(96) WORLD CENTRAL KITCHEN 200 MASSACHUSETTS AVE NW, 7TH FLOOR, WASHINGTON, DC, 20001	27-3521132	501C3	37,519				GENERAL SUPPORT
(97) AMERICAN NATIONAL RED CROSS PO BOX 37839, BOONE, IA, 50037	53-0196605	501C3	37,500				GENERAL SUPPORT
(98) SOUTH SUMMIT TRAILS FOUNDATION PO BOX 336, OAKLEY, UT, 84055	47-5114216	501C3	37,500				GENERAL SUPPORT
(99) DESERET TRUST COMPANY PO BOX 11558, SALT LAKE CITY, UT, 84147	87-0291656	501C3	36,600				GENERAL SUPPORT
(100) SALT LAKE COUNTY AGING & ADULT SERVICES 2001 S STATE STREET, STE SI-600, SALT LAKE CITY, UT, 84114	87-6000316	501C3	35,000				GENERAL SUPPORT
(101) WESTMINSTER UNIVERSITY 1840 SOUTH 1300 EAST, SALT LAKE CITY, UT, 84105	87-0212470	501C3	34,400				GENERAL SUPPORT
(102) BALLET WEST 52 WEST 200 SOUTH, SALT LAKE CITY, UT, 84101	87-0264274	501C3	33,000				GENERAL SUPPORT
(103) HOPE ARISING 3760 EAST LEAH LANE, GILBERT, AZ, 85234	26-1756280	501C3	32,300				GENERAL SUPPORT
(104) ENTRADA INSTITUTE INC PO BOX 750217, TORREY, UT, 84775	87-0514231	501C3	32,137				GENERAL SUPPORT
(105) CUMORAH ACADEMY 2105 TUSCANY WAY, PLEASANT GROVE, UT, 84062	85-0617150	501C3	32,000				GENERAL SUPPORT
(106) ACLU OF UTAH FOUNDATION 311 S STATE STREET, STE 310, SALT LAKE CITY, UT, 84111	87-0439810	501C3	31,000				GENERAL SUPPORT
(107) MOSAIC MENTAL HEALTH (FORMERLY RIVERDALE MENTAL HEALTH ASSOCIATION) 5676 RIVERDALE AVENUE, STE 202, BRONX, NY, 10471	13-1930700	501C3	30,000				GENERAL SUPPORT
(108) KAYENTA ARTS FOUNDATION 881 COYOTE GULCH COURT, IVINS, UT, 84738	90-0642659	501C3	30,000				GENERAL SUPPORT
(109) ACADEMY FOR CREATING ENTERPRISE PO BOX 299, LEHI, UT, 84043	87-0641040	501C3	30,000				GENERAL SUPPORT
(110) GUTTMACHER INSTITUTE 125 MAIDEN LANE, NEW YORK, NY, 10038	13-2890727	501C3	30,000				GENERAL SUPPORT

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(111) SOCIAL GOOD FUND 12651 SAN PABLO AVENUE, #5473, RICHMOND, CA, 94805	46-1323531	501C3	30,000				GENERAL SUPPORT
(112) OGDEN CITY 2549 WASHINGTON BOULEVARD, OGDEN, UT, 84401	87-6000527	501C3	30,000				GENERAL SUPPORT
(113) HISTORIC 25TH STREET FOUNDATION PO BOX 1776, OGDEN, UT, 84402	46-4726155	501C3	30,000				GENERAL SUPPORT
(114) PERSPECTIVES ENSEMBLE, INC. 870 WEST 181ST STREET, #22, NEW YORK, NY, 10033	13-4128819	501C3	29,994				GENERAL SUPPORT
(115) BOOK OF MORMON CENTRAL PO BOX 1538, AMERICAN FORK, UT, 84003	20-5294264	501C3	29,000				GENERAL SUPPORT
(116) PROJECT READ UTAH 550 NORTH UNIVERSITY AVENUE, STE 215, PROVO, UT, 84601	87-0511408	501C3	28,000				GENERAL SUPPORT
(117) FICTION COLLECTIVE TWO 1409 EAST FEDERAL WAY, SALT LAKE CITY, UT, 84102	13-2957841	501C3	28,000				GENERAL SUPPORT
(118) INCLUSION CENTER FOR COMMUNITY AND JUSTICE 90 WEST 500 SOUTH, #333, BOUNTIFUL, UT, 84010	20-3211006	501C3	28,000				GENERAL SUPPORT
(119) UNIVERSITY OF COLORADO FOUNDATION PO BOX 17126, DENVER, CO, 80217	84-6049811	501C3	27,500				GENERAL SUPPORT
(120) ELEVATUS FOUNDATION 1621 CAPITOL TRAIL, NEWARK, DE, 19711	27-3552571	501C3	26,546				GENERAL SUPPORT
(121) I J & JEANNE WAGNER JEWISH COMMUNITY CENTER 2 N MEDICAL DRIVE, SALT LAKE CITY, UT, 84113	87-0238425	501C3	26,500				GENERAL SUPPORT
(122) ROCKY MOUNTAIN INNOCENCE CENTER 358 SOUTH 700 EAST, STE B235, SALT LAKE CITY, UT, 84102	87-0647979	501C3	26,068				GENERAL SUPPORT
(123) CHAPMAN UNIVERSITY ONE UNIVERSITY DRIVE, ORANGE, CA, 92866	95-1643992	501C3	26,000				GENERAL SUPPORT
(124) OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD, RM #107, OGDEN, UT, 84401	94-2685413	501C3	25,000				GENERAL SUPPORT
(125) INTERPRETER FOUNDATION 152 WESTVIEW DRIVE, OREM, UT, 84058	46-0869962	501C3	25,000				GENERAL SUPPORT
(126) SALT LAKE EDUCATION FOUNDATION 440 EAST 100 SOUTH, STE 118, SALT LAKE CITY, UT, 84111	74-2563849	501C3	25,000				GENERAL SUPPORT
(127) GREEN URBAN LUNCH BOX PO BOX 651098, SOUTH SALT LAKE CITY, UT, 84165	45-4320152	501C3	25,000				GENERAL SUPPORT

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(128) THE FRANCES CLARK CENTER FOR KEYBOARD PEDAGOGY PO BOX 651, KINGSTON, NJ, 08528	22-1843506	501C3	25,000				GENERAL SUPPORT
(129) PLANNED PARENTHOOD GULF COAST, INC. 4600 GULF FREEWAY, HOUSTON, TX, 77023	74-1100163	501C3	25,000				GENERAL SUPPORT
(130) PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC. 7155 E 38TH AVENUE, DENVER, CO, 80207	84-0404253	501C3	25,000				GENERAL SUPPORT
(131) EAST HAMPTON HEALTHCARE FOUNDATION 200 PANTIGO PLACE, EAST HAMPTON, NY, 11937	31-1633699	501C3	25,000				GENERAL SUPPORT
(132) THE BRIGID ALLIANCE PO BOX 58, NEW YORK, NY, 10024	82-3843989	501C3	25,000				GENERAL SUPPORT
(133) ABORTION COALITION FOR TELEMEDICINE, INC. 224 W 35TH STREET, STE 500, NEW YORK, NY, 10001	93-3340045	501C3	25,000				GENERAL SUPPORT
(134) EATING DISORDERS CAMPAIGN 10700 HIGHWAY 55 WEST, PLYMOUTH, MN, 55441	04-3514357	501C3	25,000				GENERAL SUPPORT
(135) CONGREGATION KOL AMI 2425 HERITAGE WAY, SALT LAKE CITY, UT, 84109	87-0293863	501C3	24,613				GENERAL SUPPORT
(136) ABORTION FREEDOM PARTNERSHIP (FOR UTAH ABORTION FUND) 14435 C BIG BASIN WAY, STE 106, SARATOGA, CA, 95070	84-3867470	501C3	24,500				GENERAL SUPPORT
(137) WASATCH COMMUNITY GARDENS 629 EAST 800 SOUTH, SALT LAKE CITY, UT, 84102	74-2550359	501C3	24,000				GENERAL SUPPORT
(138) SMALL STEPS FOR COMPASSION PO BOX 190, SAN CLEMENTE, CA, 92674	81-2115167	501C3	24,000				GENERAL SUPPORT
(139) THE INN BETWEEN 1216 EAST 1300 SOUTH, SALT LAKE CITY, UT, 84105	47-2329595	501C3	23,400				GENERAL SUPPORT
(140) NEIGHBORWORKS SALT LAKE 622 WEST 500 NORTH, SALT LAKE CITY, UT, 84116	94-2481205	501C3	23,400				GENERAL SUPPORT
(141) BAD DOG ARTS 824 SOUTH 400 WEST, STE B129, SALT LAKE CITY, UT, 84101	87-0568289	501C3	22,996				GENERAL SUPPORT
(142) RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST, SALT LAKE CITY, UT, 84105	87-0308785	501C3	21,425				GENERAL SUPPORT
(143) UTAH AIDS FOUNDATION 1408 SOUTH 1100 EAST, SALT LAKE CITY, UT, 84105	87-0455172	501C3	21,425				GENERAL SUPPORT
(144) THE CENTER FOR WOMEN AND CHILDREN IN CRISIS 1433 EAST 840 NORTH, OREM, UT, 84097	87-0405229	501C3	21,425				GENERAL SUPPORT

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(145) CANCER WELLNESS HOUSE (DBA SURVIVOR WELLNESS) 59 SOUTH 1100 EAST, SALT LAKE CITY, UT, 84102	87-0568405	501C3	21,425				GENERAL SUPPORT
(146) COMMUNITY ACTION SERVICES AND FOOD BANK 815 SOUTH FREEDOM BLVD, STE 100, PROVO, UT, 84601	87-0491952	501C3	20,500				GENERAL SUPPORT
(147) ALZHEIMER'S ASSOCIATION 6975 UNION PARK AVENUE, STE 600, COTTONWOOD HEIGHTS, UT, 84047	13-3039601	501C3	20,500				GENERAL SUPPORT
(148) ART ACCESS 230 SOUTH 500 WEST, STE 125, SALT LAKE CITY, UT, 84101	87-0413445	501C3	20,353				GENERAL SUPPORT
(149) UTAH COMMUNITY ACTION 764 SOUTH 200 WEST, SALT LAKE CITY, UT, 84101	87-0269683	501C3	20,300				GENERAL SUPPORT
(150) PROVO SCHOOL DISTRICT FOUNDATION 280 WEST 940 NORTH, PROVO, UT, 84604	87-0489739	501C3	20,000				GENERAL SUPPORT
(151) CATHOLIC COMMUNITY SERVICES OF UTAH 224 2200 WEST, SALT LAKE CITY, UT, 84116	87-0212450	501C3	20,000				GENERAL SUPPORT
(152) YOUTH GARDEN PROJECT 530 SOUTH 400 EAST STREET, MOAB, UT, 84532	87-0568051	501C3	20,000				GENERAL SUPPORT
(153) GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, STE A, BOULDER, CO, 80301	84-1612422	501C3	20,000				GENERAL SUPPORT
(154) FRIENDS FOR SIGHT 6715 SOUTH 1300 EAST, STE 250, SALT LAKE CITY, UT, 84121	87-6126811	501C3	20,000				GENERAL SUPPORT
(155) COSECHA AQUAPONICS 1201 E WILMINGTON AVENUE, SALT LAKE CITY, UT, 84106	85-2895125	501C3	20,000				GENERAL SUPPORT
(156) GLOBAL IMPACT 1199 NORTH FAIRFAX STREET, ALEXANDRIA, VA, 22314	52-1273585	501C3	20,000				GENERAL SUPPORT
(157) THE FOUNDATION FOR BARNES-JEWISH HOSPITAL 1001 HIGHLANDS PLAZA DR W, STE 140, SAINT LOUIS, MO, 63110	43-1648435	501C3	20,000				GENERAL SUPPORT
(158) TIDES CENTER 1012 TORNEY AVENUE, SAN FRANCISCO, CA, 94129	94-3213100	501C3	20,000				GENERAL SUPPORT
(159) THE POLICY PROJECT 1607 EAST YALECREST AVENUE, SALT LAKE CITY, UT, 84105	87-3544416	501C3	20,000				GENERAL SUPPORT
(160) PLANNED PARENTHOOD HUDSON PECONIC, INC. 570 TAXTER ROAD, ELMSFORD, NY, 10523	11-2454790	501C3	20,000				GENERAL SUPPORT
(161) SUPERMAJORITY EDUCATION FUND PO BOX 1014, NEW YORK, NY, 10272	84-3745987	501C3	20,000				GENERAL SUPPORT

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(162) UNITED SOCCER FOUNDATION, INC. 933 EAST 200 SOUTH, HEBER CITY, UT, 84032	46-5248583	501C3	20,000				GENERAL SUPPORT
(163) REPRODUCTIVE FREEDOM FOR ALL (FKA NARAL PRO-CHOICE AMERICA FOUNDATION) 1725 EYE STREET NW, WASHINGTON, DC, 20006	52-1100361	501C3	20,000				GENERAL SUPPORT
(164) PUBLIC RADIO INC 3050 VALLEY CREEK DRIVE, BATON ROUGE, LA, 70808	72-0776781	501C3	20,000				GENERAL SUPPORT
(165) HOMELANDS RESEARCH GROUP 122 JUDD FALLS ROAD, ITHACA, NY, 14850	74-2543648	501C3	20,000				GENERAL SUPPORT
(166) NATURAL HISTORY MUSEUM OF UTAH 301 WAKARA WAY, SALT LAKE CITY, UT, 84108	87-6000525	501C3	19,831				GENERAL SUPPORT
(167) LEGACY GLOBAL FOUNDATION, INC. 4435 E HOLMES AVENUE, MESA, AZ, 85206	37-1440662	501C3	19,679				GENERAL SUPPORT
(168) MCGILLIS SCHOOL 668 SOUTH 1300 EAST, SALT LAKE CITY, UT, 84102	75-3048375	501C3	19,100				GENERAL SUPPORT
(169) NUZZLES & CO. PET RESCUE AND ADOPTION 6466 N HIGHVIEW ROAD, PEOA, UT, 84061	87-0482464	501C3	19,000				GENERAL SUPPORT
(170) SEARCH AND CARE, INC. 1844 SECOND AVENUE, NEW YORK, NY, 10128	23-7444790	501C3	18,630				GENERAL SUPPORT
(171) VALLEY BEHAVIORAL HEALTH 1020 S MAIN STREET, SALT LAKE CITY, UT, 84101	94-2938348	501C3	18,500				GENERAL SUPPORT
(172) THE NATURE CONSERVANCY OF UTAH 559 E SOUTH TEMPLE, SALT LAKE CITY, UT, 84102	53-0242652	501C3	17,700				GENERAL SUPPORT
(173) BEST FRIENDS ANIMAL SOCIETY 5001 ANGEL CANYON ROAD, KANAB, UT, 84741	23-7147797	501C3	17,500				GENERAL SUPPORT
(174) CATAPULT OPERA, LLC 75 BROAD STREET, NEW YORK, NY, 10004	13-3082845	501C3	17,140				GENERAL SUPPORT
(175) PRE-BORN PO BOX 78221, INDIANAPOLIS, IN, 46278	20-8755673	501C3	17,000				GENERAL SUPPORT
(176) EARLY MUSIC FOUNDATION 10 WEST 68TH STREET, NEW YORK, NY, 10023	51-0185930	501C3	16,068				GENERAL SUPPORT
(177) THEATER BREAKING THROUGH BARRIERS 400 W. 43RD STREET, APT 43R, NEW YORK, NY, 10036	13-3193376	501C3	16,068				GENERAL SUPPORT
(178) CLASSICAL THEATRE OF HARLEM, INC. 8 WEST 126TH STREET, NEW YORK, NY, 10027	13-4046782	501C3	16,068				GENERAL SUPPORT

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(179) NATIONAL JAZZ MUSEUM IN HARLEM 58 WEST 129TH STREET, GROUND FLOOR, NEW YORK, NY, 10027	13-3853627	501C3	16,068				GENERAL SUPPORT
(180) THE CACHE COMMUNITY FOOD PANTRY 359 S MAIN STREET, LOGAN, UT, 84321	87-0512889	501C3	16,000				GENERAL SUPPORT
(181) PARK CITY TOTS 1850 SIDEWINDER DR, STE 410, PARK CITY, UT, 84060	47-2876497	501C3	16,000				GENERAL SUPPORT
(182) USANA KIDS EAT 3838 W PARKWAY BOULEVARD, SALT LAKE CITY, UT, 84120	86-3057706	501C3	16,000				GENERAL SUPPORT
(183) THE ALPINE SCHOOL DISTRICT FOUNDATION 575 NORTH 100 EAST, AMERICAN FORK, UT, 84003	74-2368936	501C3	15,500				GENERAL SUPPORT
(184) YCC FAMILY CRISIS CENTER 2261 ADAMS AVENUE, OGDEN, UT, 84401	87-0213074	501C3	15,500				GENERAL SUPPORT
(185) RURAL UTAH PROJECT EDUCATION FUND 68 EAST 2700 SOUTH, SOUTH SALT LAKE, UT, 84115	84-2842840	501C3	15,000				GENERAL SUPPORT
(186) WESTERN WILDLIFE CONSERVANCY 1021 DOWNINGTON AVENUE, SALT LAKE CITY, UT, 84105	87-0566531	501C3	15,000				GENERAL SUPPORT
(187) FIRST STEP HOUSE 411 NORTH GRANT STREET, SALT LAKE CITY, UT, 84116	87-0290963	501C3	15,000				GENERAL SUPPORT
(188) UNIVERSITY OF CONNECTICUT FOUNDATION, INC. 2390 ALUMNI DRIVE, UNIT 3206, STORRS, CT, 06269	06-6070722	501C3	15,000				GENERAL SUPPORT
(189) PAINTER FAMILY FOUNDATION DBA SUCCESS AND MONEY FOUNDATION 798 REDFORD DRIVE, PROVO, UT, 84604	47-3459987	501C3	15,000				GENERAL SUPPORT
(190) WOMEN DONORS NETWORK PO BOX 2930, SAN FRANCISCO, CA, 94126	05-0542397	501C3	15,000				GENERAL SUPPORT
(191) WAY TO RISE 1825 K STREET NW, STE 315, WASHINGTON, DC, 20006	88-3300694	501C3	15,000				GENERAL SUPPORT
(192) PROJECT SUCCESS COALITION 2411 KIESEL AVENUE, OGDEN, UT, 84401	75-3069033	501C3	15,000				GENERAL SUPPORT
(193) SPY HOP PRODUCTIONS, INC. 208 W HARVEY MILK BLVD., SALT LAKE CITY, UT, 84101	87-0642304	501C3	14,926				GENERAL SUPPORT
(194) HUMANE SOCIETY OF UTAH 4242 SOUTH 300 WEST, MURRAY, UT, 84107	87-0256350	501C3	14,550				GENERAL SUPPORT
(195) UTAH OPEN LANDS CONSERVATION ASSOCIATION 1488 S MAIN STREET, SALT LAKE CITY, UT, 84115	87-0480542	501C3	14,000				GENERAL SUPPORT

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(196) ARTISTS OF UTAH PO BOX 526292, SALT LAKE CITY, UT, 84152	87-0685214	501C3	13,926				GENERAL SUPPORT
(197) BLOOMINGDALE SCHOOL OF MUSIC, INC. 323 WEST 108TH STREET, NEW YORK, NY, 10025	13-2562192	501C3	13,926				GENERAL SUPPORT
(198) YOUNG PEOPLE'S CHORUS 37 WEST 65TH STREET, 2ND FLOOR, NEW YORK, NY, 10023	11-3372980	501C3	13,926				GENERAL SUPPORT
(199) GRAND CANYON TRUST PO BOX 1236, FLAGSTAFF, AZ, 86002	86-0512633	501C3	13,500				GENERAL SUPPORT
(200) BOUNTIFUL COMMUNITY FOOD PANTRY PO BOX 38, BOUNTIFUL, UT, 84011	84-1628459	501C3	13,475				GENERAL SUPPORT
(201) LEHMAN COLLEGE ART GALLERY, INC. 250 BEDFORD PARK BLVD W, BRONX, NY, 10468	13-3391212	501C3	12,855				GENERAL SUPPORT
(202) THE ORCHESTRA OF THE BRONX 5 MINERVA PLACE, 2J, BRONX, NY, 10468	13-3940188	501C3	12,855				GENERAL SUPPORT
(203) DANCE THEATRE OF HARLEM, INC. 466 WEST 152ND STREET, NEW YORK, NY, 10031	13-2642091	501C3	12,855				GENERAL SUPPORT
(204) INTERMOUNTAIN THERAPY ANIMALS PO BOX 17201, SALT LAKE CITY, UT, 84117	87-0517629	501C3	12,712				GENERAL SUPPORT
(205) PETE SUAZO BUSINESS CENTER 960 WEST 1700 SOUTH, SALT LAKE CITY, UT, 84043	04-3693364	501C3	12,400				GENERAL SUPPORT
(206) SUMMIT COUNTY CLUBHOUSE 6304 HIGHLAND DRIVE, PARK CITY, UT, 84098	83-3917769	501C3	12,400				GENERAL SUPPORT
(207) UTAH SYMPHONY AND OPERA 123 WEST SOUTH TEMPLE, SALT LAKE CITY, UT, 84101	51-0145980	501C3	12,000				GENERAL SUPPORT
(208) SAGELAND COLLABORATIVE 824 SOUTH 400 WEST, SALT LAKE CITY, UT, 84101	83-0468561	501C3	12,000				GENERAL SUPPORT
(209) TABITHA'S WAY PO BOX 254, SPANISH FORK, UT, 84660	27-3402820	501C3	12,000				GENERAL SUPPORT
(210) LADIES OF CHARITY- CENTER OF HOPE 1077 FAIRWAY PLACE, NORTH SALT LAKE, UT, 84054	61-1561623	501C3	12,000				GENERAL SUPPORT
(211) SUCCESS IN EDUCATION FOUNDATION 111 EAST BROADWAY, STE 900, SALT LAKE CITY, UT, 84111	45-3567196	501C3	12,000				GENERAL SUPPORT
(212) PRADER WILLI UTAH ASSOCIATION, INC. 2652 E NOTTINGHAM WAY, SALT LAKE CTY, UT, 84108	87-0468350	501C3	12,000				GENERAL SUPPORT

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(213) AMERICA GIVES, INC. 228 PARK AVENUE S, #71410, NEW YORK, NY, 10003	26-3383926	501C3	12,000				GENERAL SUPPORT
(214) MAAK IMPACT, INC. 21 EAST 100 NORTH, STE 203, AMERICAN FORK, UT, 84003	86-1254991	501C3	12,000				GENERAL SUPPORT
(215) GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE NW, STE 500, WASHINGTON, DC, 20007	53-0196603	501C3	11,500				GENERAL SUPPORT
(216) HEALTHY ENVIRONMENT ALLIANCE OF UTAH 824 SOUTH 400 WEST, STE B-111, SALT LAKE CITY, UT, 84101	84-1409393	501C3	11,000				GENERAL SUPPORT
(217) KINGSBRIDGE RIVERDALE-MARBLE HILL FOOD & HUNGER PROJECT, INC. PO BOX 251, BRONX, NY, 10471	13-3486918	501C3	10,712				GENERAL SUPPORT
(218) SOUTHWEST LOUISIANA AIDS COUNCIL 425 KINGSLEY STREET, LAKE CHARLES, LA, 70601	72-1115522	501C3	10,712				GENERAL SUPPORT
(219) THEATER 2020, INC. 57 MONTAGUE STREET, APT 7-I, BROOKLYN, NY, 11201	11-3193180	501C3	10,712				GENERAL SUPPORT
(220) QUINTET OF THE AMERICAS, INC. 15 CIRCLE ROAD, DOUGLSTON, NY, 11363	13-3143311	501C3	10,712				GENERAL SUPPORT
(221) NEW YORK GILBERT & SULLIVAN PLAYERS, INC. 225 W 99TH STREET, NEW YORK, NY, 10025	13-2862043	501C3	10,712				GENERAL SUPPORT
(222) REPERTORY DANCE THEATRE PO BOX 510427, SALT LAKE CITY, UT, 84101	87-0332580	501C3	10,641				GENERAL SUPPORT
(223) AND JUSTICE FOR ALL 205 NORTH 400 WEST, SALT LAKE CITY, UT, 84103	87-0659915	501C3	10,500				GENERAL SUPPORT
(224) GLOBALGIVING 1 THOMAS CIRCLE NW, WASHINGTON, DC, 20005	30-0108263	501C3	10,500				GENERAL SUPPORT
(225) RIRIE-WOODBURY DANCE COMPANY 138 WEST BROADWAY, SALT LAKE CITY, UT, 84101	87-0294341	501C3	10,141				GENERAL SUPPORT
(226) AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET, NEW YORK, NY, 10018	22-2584370	501C3	10,000				GENERAL SUPPORT
(227) HOLY ANGELS CHURCH 370 CAMPUS DRIVE, ARCADIA, CA, 91007	95-2875879	501C3	10,000				GENERAL SUPPORT
(228) NATIONAL ABILITY CENTER PO BOX 682799, PARK CITY, UT, 84068	94-3025807	501C3	10,000				GENERAL SUPPORT
(229) SNOW COLLEGE FOUNDATION 150 E. COLLEGE AVENUE, EPHRAIM, UT, 84627	94-2785555	501C3	10,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(230) SALT LAKE CITY MISSION PO BOX 142, SALT LAKE CITY, UT, 84110	87-0431443	501C3	10,000				GENERAL SUPPORT
(231) HONOR ROLL 4611 S FERDINAND AVENUE, TAMPA, FL, 33611	83-0811643	501C3	10,000				GENERAL SUPPORT
(232) HAWKWATCH INTERNATIONAL, INC. 2240 SOUTH 900 EAST, SALT LAKE CITY, UT, 84106	85-0358519	501C3	10,000				GENERAL SUPPORT
(233) UTAH YOUTH VILLAGE 5800 SOUTH HIGHLAND DRIVE, SALT LAKE CITY, UT, 84121	87-0301014	501C3	10,000				GENERAL SUPPORT
(234) GREAT BASIN WATER NETWORK PO BOX 75, BAKER, NV, 89311	35-2278153	501C3	10,000				GENERAL SUPPORT
(235) SNOWBIRD SPORTS EDUCATION FOUNDATION 3165 E MILLROCK DRIVE, STE 190, HOLLADAY, UT, 84121	94-2583281	501C3	10,000				GENERAL SUPPORT
(236) OFFA INC 6062 S HIDDEN PLACE, SALT LAKE CITY, UT, 84123	83-3280158	501C3	10,000				GENERAL SUPPORT
(237) PHILIPPINES HUMANITARIAN 124 SOUTH 400 EAST, SALT LAKE CITY, UT, 84111	45-5327723	501C3	10,000				GENERAL SUPPORT
(238) NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 NORTH FAIRFAX DRIVE, STE 100, ARLINGTON, VA, 22203	43-1201653	501C3	10,000				GENERAL SUPPORT
(239) SPRINGVILLE MUSEUM OF ART 126 EAST 400 SOUTH, SPRINGVILLE, UT, 84663	87-0275715	501C3	10,000				GENERAL SUPPORT
(240) MONO LAKE COMMITTEE PO BOX 29, LEE VINING, CA, 93541	77-0051124	501C3	10,000				GENERAL SUPPORT
(241) AEROSPACE HERITAGE FOUNDATION OF UTAH, INC. PO BOX 612, ROY, UT, 84067	87-0393645	501C3	10,000				GENERAL SUPPORT
(242) SAINT JOHN'S EPISCOPAL CHURCH 6701 WISCONSIN AVENUE, CHEVY CHASE, MD, 20815	52-0607889	501C3	10,000				GENERAL SUPPORT
(243) THE PERLMAN MUSIC PROGRAM, INC. 19 WEST 69TH STREET, NEW YORK, NY, 10023	11-3247651	501C3	10,000				GENERAL SUPPORT
(244) TRUSTEES OF BOSTON UNIVERSITY 1 SILBER WAY, BOSTON, MA, 02215	04-2103547	501C3	10,000				GENERAL SUPPORT
(245) CLIMATE EMERGENCY FUND 8383 WILSHIRE BLVD, STE 400, BEVERLY HILLS, CA, 90211	84-2151545	501C3	10,000				GENERAL SUPPORT
(246) RAD HERO FOUNDATION 953 SIMORON DRIVE, OGDEN, UT, 84404	85-2400017	501C3	10,000				GENERAL SUPPORT
(247) DO GOOD TODAY, INC. 3030 NORTH 425 EAST, NORTH OGDEN, UT, 84414	88-0897243	501C3	10,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(248) WASTE LESS SOLUTIONS 999 EAST MURRAY HOLLADAY ROAD, SALT LAKE CITY, UT, 84117	83-0573953	501C3	10,000				GENERAL SUPPORT
(249) CIRCLE OF HOPE HEALTH CARE SERVICES 712 H STREET NE PMB 1825, WASHINGTON, DC, 20002	87-1195144	501C3	10,000				GENERAL SUPPORT
(250) LOUISIANA ABORTION FUND 3014 DAUPHINE STREET, STE A, NEW ORLEANS, LA, 70117	46-0950114	501C3	10,000				GENERAL SUPPORT
(251) PROG HOLDINGS FOUNDATION, INC. 256 W DATA DRIVE, DRAPER, UT, 84020	87-3802324	501C3	10,000				GENERAL SUPPORT
(252) ARI J ARTEAGA FOUNDATION, INC. 11767 S DIXIE HIGHWAY, #153, PINECREST, FL, 33156	83-1519367	501C3	10,000				GENERAL SUPPORT
(253) THE 19TH NEWS 3571 FAR WEST BOULEVARD, AUSTIN, TX, 78731	84-2627202	501C3	10,000				GENERAL SUPPORT
(254) WAGSTAFF LEGACY FOUNDATION 3115 WEST 2100 SOUTH, WEST VALLEY CITH, UT, 84119	99-3485875	501C3	10,000				GENERAL SUPPORT
(255) LEHI YOUTH FOOTBALL 2078 NORTH 1550 EAST, LEHI, UT, 84043	38-3836693	501C3	10,000				GENERAL SUPPORT
(256) LIBERTY SANCTUARY PO BOX 158, HEBER, UT, 84032	88-4326467	501C3	10,000				GENERAL SUPPORT
(257) FAITH MATTERS FOUNDATION, INC. 2929 W NAVIGATOR DRIVE, STE 400, MERIDIAN, ID, 83642	85-2759608	501C3	10,000				GENERAL SUPPORT
(258) SALT LAKE ACTING COMPANY 168 WEST 500 NORTH, SALT LAKE CITY, UT, 84103	51-0196527	501C3	9,641				GENERAL SUPPORT
(259) DAVIS TECHNICAL COLLEGE FOUNDATION 550 EAST 300 SOUTH, KAYSVILLE, UT, 84037	87-0623859	501C3	9,000				GENERAL SUPPORT
(260) OGDEN WEBER APPLIED TECHNOLOGY COLLEGE FOUNDATION 200 N WASHINGTON BLVD, OGDEN, UT, 84404	74-2371963	501C3	9,000				GENERAL SUPPORT
(261) HEART & SOUL 542 EAST 1300 SOUTH, SALT LAKE CITY, UT, 84105	87-0528175	501C3	8,570				GENERAL SUPPORT
(262) DANIEL'S MUSIC FOUNDATION 1595 LEXINGTON AVENUE, 2ND FLOOR, NEW YORK, NY, 10029	32-0156199	501C3	8,570				GENERAL SUPPORT
(263) PEREGRINE FUND 5668 WEST FLYING HAWK LANE, BOISE, ID, 83709	23-1969973	501C3	8,553				GENERAL SUPPORT
(264) BRONX OPERA COMPANY, INC. 5 MINERVA PLACE, STE 2J, BRONX, NY, 10468	23-7170675	501C3	8,035				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(265) GREAT SMALL WORKS 315 WEST 86TH STREET, STE 4E, NEW YORK, NY, 10024	13-3862351	501C3	8,035				GENERAL SUPPORT
(266) VOICES OF ASCENSION 12 WEST 11TH STREET, NEW YORK, NY, 10011	13-3668472	501C3	8,035				GENERAL SUPPORT
(267) BEAR RIVER LAND CONSERVANCY PO BOX 4565, LOGAN, UT, 84323	27-4698179	501C3	8,000				GENERAL SUPPORT
(268) BOYS & GIRLS CLUBS OF WEBER-DAVIS COUNTY 2510 WASHINGTON BLVD, STE 200, OGDEN, UT, 84401	87-0660689	501C3	7,500				GENERAL SUPPORT
(269) FIGHTING VIKINGS FOOTBALL FAMILY 8021 ABERDEEN ROAD, BETHESDA, MD, 20814	52-2282014	501C3	7,500				GENERAL SUPPORT
(270) UNIVERSITY OF EXETER, US FOUNDATION 244 FIFTH AVENUE, STE S298, NEW YORK, NY, 10001	47-1604216	501C3	7,500				GENERAL SUPPORT
(271) INDO AMERICAN CENTER, INC. 6328 N CALIFORNIA AVENUE, CHICAGO, IL, 60659	36-3689665	501C3	7,500				GENERAL SUPPORT
(272) YOUTH FUTURES 2760 ADAMS STREET, OGDEN, UT, 84403	45-3245622	501C3	7,400				GENERAL SUPPORT
(273) COMMUNITY DEVELOPMENT CORPORATION OF UTAH 501 EAST 1700 SOUTH, SALT LAKE CITY, UT, 84105	87-0476889	501C3	7,400				GENERAL SUPPORT
(274) SALT LAKE CHRISTIAN FELLOWSHIP INCORPORATED 615 E SEGO LILY DRIVE, SANDY, UT, 84070	94-2931894	501C3	7,200				GENERAL SUPPORT
(275) SOUTHERN UTAH WILDERNESS ALLIANCE 425 EAST 100 SOUTH, SALT LAKE CITY, UT, 84111	94-2936961	501C3	7,200				GENERAL SUPPORT
(276) GOOD TIME GOLF 13236 BENCH COVE, DRAPER, UT, 84020	82-1989549	501C3	7,000				GENERAL SUPPORT
(277) TWO ARROWS ZEN 341 SOUTH MAIN STREET, SALT LAKE CITY, UT, 84111	26-1477103	501C3	7,000				GENERAL SUPPORT
(278) CHARLEY'S ANGELS FOUNDATION 1232 NORTHERN HILLS DRIVE, BOUNTIFUL, UT, 84010	92-0653978	501C3	7,000				GENERAL SUPPORT
(279) IDAHO ADAPTIVE CENTER 260 SOUTH 4000 WEST, REXBURG, ID, 83440	33-1376860	501C3	7,000				GENERAL SUPPORT
(280) YOUTH ON FIRE FEARLESSLY INSPIRED TO REIMAGINE EDUCATION PO BOX 6608, KINGWOOD, TX, 77325	99-3579078	501C3	6,826				GENERAL SUPPORT
(281) THE MUNDI PROJECT PO BOX 520696, SALT LAKE CITY, UT, 84152	38-3734621	501C3	6,427				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(282) AMERICAN SNOWSPORTS EDUCATION FOUNDATION 7105 HIGHLAND DRIVE, SALT LAKE CITY, UT, 84121	23-7191019	501C3	6,240				GENERAL SUPPORT
(283) SALT LAKE CITY ROTARY FOUNDATION 10 WEST 100 SOUTH, STE 525, SALT LAKE CITY, UT, 84101	94-2476147	501C3	6,060				GENERAL SUPPORT
(284) AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC. 125 BROAD ST, 18TH FLOOR, NEW YORK, NY, 10004	13-6213516	501C3	6,000				GENERAL SUPPORT
(285) INTERNATIONAL RESCUE COMMITTEE, INC. 122 EAST 42ND STREET, NEW YORK, NY, 10168	13-5660870	501C3	6,000				GENERAL SUPPORT
(286) PAWS FOR LIFE PO BOX 70, HEBER CITY, UT, 84032	45-5358361	501C3	6,000				GENERAL SUPPORT
(287) CHABAD LUBAVITCH OF UTAH 1760 SOUTH 1100 EAST, SALT LAKE CITY, UT, 84105	87-0500798	501C3	6,000				GENERAL SUPPORT
(288) DOCTORS WITHOUT BORDERS USA, INC. PO BOX 5030, HAGERSTOWN, MD, 21741	13-3433452	501C3	6,000				GENERAL SUPPORT
(289) HOUSING CONNECT FUND 3595 SOUTH MAIN STREET, SALT LAKE CITY, UT, 84115	84-3929104	501C3	6,000				GENERAL SUPPORT
(290) WESTMINSTER PRESBYTERIAN CHURCH 2701 CAMERON MILLS ROAD, ALEXANDRIA, VA, 22302	54-0613947	501C3	6,000				GENERAL SUPPORT
(291) SAVE THE CHILDREN FEDERATION, INC. PO BOX 97132, WASHINGTON, DC, 20090	06-0726487	501C3	5,519				GENERAL SUPPORT
(292) YOUNG WOMENS CHRISTIAN ASSN OF UTAH 322 EAST 300 SOUTH, SALT LAKE CITY, UT, 84111	87-0212467	501C3	5,500				GENERAL SUPPORT
(293) SHRINERS HOSPITALS FOR CHILDREN - SALT LAKE CITY 1275 EAST FAIRFAX ROAD, SALT LAKE CITY, UT, 84103	36-2193608	501C3	5,500				GENERAL SUPPORT
(294) WOMEN OF THE WORLD 415 EAST 3900 SOUTH, SALT LAKE CITY, UT, 84107	27-3826125	501C3	5,400				GENERAL SUPPORT
(295) HABITAT FOR HUMANITY OF SUMMIT & WASATCH COUNTIES PO BOX 682704, PARK CITY, UT, 84068	87-0539094	501C3	5,400				GENERAL SUPPORT
(296) JUNIOR ACHIEVEMENT OF UTAH 515 SOUTH 700 EAST, STE 1C, SALT LAKE CITY, UT, 84102	87-0225875	501C3	5,400				GENERAL SUPPORT
(297) LAKELAND SYMPHONY SOCIETY, INC. PO BOX 173, PARSIPPANY, NJ, 07054	22-2055359	501C3	5,356				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(298) UTAH ZOOLOGICAL SOCIETY (UTAH'S HOGLE ZOO) 2600 E SUNNYSIDE AVENUE, SALT LAKE CITY, UT, 84108	87-0217405	501C3	5,356				GENERAL SUPPORT
(299) HUMANITARIAN EXPERIENCE, INC. 307 WEST 200 SOUTH, STE 5002, SALT LAKE CITY, UT, 84101	45-3117252	501C3	5,280				GENERAL SUPPORT

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING 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)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I Questions Regarding Compensation

	Yes	No
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. <div><input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div>		
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	1b	
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?	2	
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. <div><input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
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? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	 <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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	7	<input checked="" type="checkbox"/>
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	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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				
1	ALEXANDRA EATON	211,000	43,000	0	8,440	18,522	280,962	0
	CHIEF EXECUTIVE OFFICER	0	0	0	0	0	0	0
2								
3								
4								
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16								

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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	BONUSES ARE PAID BASED ON EMPLOYEE EVALUATIONS AND PERFORMANCE.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	21	2,627,750	MARKET VALUE
10 Securities—Closely held stock	✓	4	6,424,263	MARKET VALUE
11 Securities—Partnership, LLC, or trust interests	✓	4	2,470,768	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				
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	0
30a During the year, did the organization receive by contribution any property reported on 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?				Yes No 30a ✓
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?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - COLUMN B	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Community Foundation of Utah

Employer identification number

74-3211770

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT	<p>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.</p> <p>SINCE OUR ESTABLISHMENT IN 2008, CFU HAS FACILITATED OVER \$600 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.</p> <p>COMMUNITY PROGRAMS:</p> <p>GRANTMAKING AND DONOR ENGAGEMENT - CFU PROVIDES DONOR FACILITATIONS CENTERED ON IDENTIFYING CORE MOTIVATIONAL VALUES AND ENGAGING DONORS IN MEANINGFUL GRANTMAKING. CUSTOMIZED SERVICES HELP CLARIFY GUIDING PRINCIPLES, DEVELOP GIVING OBJECTIVES, AND CREATE EVALUATION RUBRICS FOR GIVING.</p> <p>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.</p> <p>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 IMMERSIVE EXPERIENCE THAT ENGAGES LEADERSHIP COHORTS ON ORGANIZATIONAL STRATEGY, PERSONNEL MANAGEMENT, ORGANIZATIONAL FINANCE AND SUSTAINABILITY, AND CHANGE MANAGEMENT.</p> <p>SOCIAL SECTOR SABBATICAL - CFU BELIEVES AN ORGANIZATION'S ABILITY TO ATTRACT, DEVELOP, AND RETAIN EXCEPTIONAL TALENT IS INSTRUMENTAL IN DRIVING 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.</p> <p>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.</p> <p>COMMUNITY IMPACT FUNDS:</p> <p>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, 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.</p> <p>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. THE SILICON SLOPES COMPUTER SCIENCE FUND PROVIDES FUNDING FOR QUANTIFIABLE AND LASTING K-12 COMPUTER SCIENCE OUTCOMES FOR EDUCATORS AND LEARNERS ACROSS UTAH.</p>

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.****Attach to Form 990 or Form 990-EZ.****Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

The Community Foundation of Utah

Employer identification number

74-3211770

Return Reference - Identifier	Explanation						
	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.						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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 FORM 990.						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST 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 - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT 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 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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 OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>UNRELATED BUSINESS INCOME</td><td>- 116,793</td></tr><tr><td>TOTAL</td><td>- 116,793</td></tr></table>	(a) Description	(b) Amount	UNRELATED BUSINESS INCOME	- 116,793	TOTAL	- 116,793
(a) Description	(b) Amount						
UNRELATED BUSINESS INCOME	- 116,793						
TOTAL	- 116,793						

SCHEDULE R
(Form 990)

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CANDIDE CHARITABLE ENTERPRISE, LLC (81-0804587) 1245 BRICKYARD ROAD, STE 410, SALT LAKE CITY, UT 84106	INACTIVE	UT			CFU
(2)					
(3)					
(4)					
(5)					
(6)					

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) COMMUNITY TRUST OF UTAH (82-3365355) 1245 BRICKYARD ROAD, STE 410, SALT LAKE CITY, UT 84106	SUPPORT	UT	501(C)(3)	7	CFU		✓
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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 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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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)													
(12)													
(13)													
(14)													
(15)													
(16)													

PUBLIC DISCLOSURE COPY

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue Service

For calendar year 2024 or other tax year beginning _____, 2024, and ending _____, 20____

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

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

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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE COMMUNITY FOUNDATION OF UTAH	D Employer identification number 74-3211770
B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 1245 BRICKYARD ROAD, STE 410	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT 84106	
		C Book value of all assets at end of year 190,362,820	
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of (SEE STATEMENT)		Telephone number (801) 559-3005	

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	113,080
2	Reserved	2	
3	Add lines 1 and 2	3	113,080
4	Charitable contributions (see instructions for limitation rules)	4	11,307
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	101,773
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	101,773
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	0
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	100,773

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	21,162
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	0
4a	Amount from Form 4255, Part I, line 3, column (q)	4a	0
b	Other tax amounts. See instructions	4b	0
5	Alternative minimum tax	5	0
6	Tax on noncompliant facility income. See instructions	6	0
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	21,162

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	0	
b	Other credits (see instructions)	1b	0	
c	General business credit. Attach Form 3800 (see instructions)	1c	0	
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e	0	
2	Subtract line 1e from Part II, line 7	2	21,162	
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e	0	
f	Total amounts due. Add lines 3a through 3e	3f	0	
4	Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	21,162	

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0
6a	Payments: Preceding year's overpayment credited to the current year	6a	0	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	21,954	
c	Tax deposited with Form 8868	6c	0	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	0	
e	Backup withholding (see instructions)	6e	0	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	0	
g	Elective payment election amount from Form 3800	6g	0	
h	Payment from Form 2439	6h	0	
i	Credit from Form 4136	6i	0	
j	Other (see instructions)	6j	0	
7	Total payments. Add lines 6a through 6j	7	21,954	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	8	0	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	0	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	792	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax 0 Refunded	11	792	

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

1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		✓
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
		\$	
		\$	
6a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RICHARD SCORESBY	RICHARD SCORESBY	11/10/2025		P00573067
	Firm's name	Firm's EIN			
	LARSON & COMPANY, PC	87-0516083			
	Firm's address	Phone no.			
	11240 S RIVER HEIGHTS DR STE 300, SOUTH JORDAN, UT 84095-5123	(801) 313-1900			

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2024

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

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 0			
b	Less returns and allowances 0 c Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		0
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		0
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		0
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5	116,793	116,793
6	Rent income (Part IV)	6	0	0
7	Unrelated debt-financed income (Part V)	7	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0
10	Exploited exempt activity income (Part VIII)	10	0	0
11	Advertising income (Part IX)	11	0	0
12	Other income (see instructions; attach statement)	12	0	0
13	Total. Combine lines 3 through 12	13	116,793	116,793

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	0
2	Salaries and wages	2	0
3	Repairs and maintenance	3	0
4	Bad debts	4	0
5	Interest (attach statement). See instructions	5	0
6	Taxes and licenses	6	303
7	Depreciation (attach Form 4562). See instructions	7	0
8	Less depreciation claimed in Part III and elsewhere on return	8a	0
9	Depletion	9	0
10	Contributions to deferred compensation plans	10	0
11	Employee benefit programs	11	0
12	Excess exempt expenses (Part VIII)	12	0
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	3,410
15	Total deductions. Add lines 1 through 14	15	3,713
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	113,080
17	Deduction for net operating loss. See instructions	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	113,080

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	0
2	Purchases	2	0
3	Cost of labor	3	0
4	Additional section 263A costs (attach statement)	4	0
5	Other costs (attach statement)	5	0
6	Total. Add lines 1 through 5	6	0
7	Inventory at end of year	7	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	0
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				0
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				0

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0
11 Total dividends — received deductions included in line 10				0

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

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

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			0	0

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	0			0

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
		0

Part IX Advertising Income

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

A ☐

B ☐

C ☐

D ☐

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

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				0
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
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				0

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			0

Part XI Supplemental Information (see instructions)

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	ALEXANDRA EATON, 1245 BRICKYARD ROAD, STE 410, SALT LAKE CITY, UT 84106

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2020	18,953,115	743,561	11,307		18,198,247	
2021	12,654,603				12,654,603	
2022	29,475,375				29,475,375	
2023	27,918,187				27,918,187	
2024	60,230,810				60,230,810	
Totals	149,232,090	743,561	11,307	0	148,477,222	

Date	Amount
04/12/2024	8,825
06/17/2024	3,282
09/13/2024	4,923
12/13/2024	4,924
Totals	21,954

Schedule A - Part I, Line 5

Income (loss) from Partnership and S Corporations

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
(1) K-1 INCOME	116,793		116,793
Total	116,793	0	116,793

Description	Amount
(1) STATE INCOME TAX	303

Description	Amount
(1) PROFESSIONAL FEES	3,410

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2024

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name THE COMMUNITY FOUNDATION OF UTAH	Employer identification number 74-3211770
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	21,162
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	0
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	21,162
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	14,597
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	14,597

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

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

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9 04/15/2024	06/15/2024	09/15/2024	12/15/2024
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10 3,649	3,649	3,649	3,649
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11 8,825	3,282	4,923	4,924
Complete lines 12 through 18 of one column before going to the next column.				
12 Enter amount, if any, from line 18 of the preceding column	12	5,176	4,809	6,083
13 Add lines 11 and 12	13	8,458	9,732	11,007
14 Add amounts on lines 16 and 17 of the preceding column	14	0	0	0
15 Subtract line 14 from line 13. If zero or less, enter -0-	15 8,825	8,458	9,732	11,007
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16	0	0	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17			
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18 5,176	4,809	6,083	

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

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11746L

Form **2220** (2024)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19 (SEE STMT)			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 $\times \frac{\text{Number of days on line 21}}{366} \times 8\% (0.08)$	22 \$	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 $\times \frac{\text{Number of days on line 23}}{366} \times 8\% (0.08)$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 $\times \frac{\text{Number of days on line 25}}{366} \times 8\% (0.08)$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27			
28 Underpayment on line 17 $\times \frac{\text{Number of days on line 27}}{365} \times 7\% (0.07)$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 $\times \frac{\text{Number of days on line 29}}{365} \times *%$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 $\times \frac{\text{Number of days on line 31}}{365} \times *%$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 $\times \frac{\text{Number of days on line 33}}{365} \times *%$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 $\times \frac{\text{Number of days on line 35}}{365} \times *%$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		0

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

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.**Part I Adjusted Seasonal Installment Method****Caution:** Use this method only if the base period percentage for any 6 consecutive months is at least 70%.
See instructions.

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
1	Enter taxable income for the following periods.				
a	Tax year beginning in 2021	1a			
b	Tax year beginning in 2022	1b			
c	Tax year beginning in 2023	1c			
2	Enter taxable income for each period for the tax year beginning in 2024. See the instructions for the treatment of extraordinary items	2			
3	Enter taxable income for the following periods.	First 4 months	First 6 months	First 9 months	Entire year
a	Tax year beginning in 2021	3a			
b	Tax year beginning in 2022	3b			
c	Tax year beginning in 2023	3c			
4	Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4			
5	Divide the amount in each column on line 1b by the amount in column (d) on line 3b	5			
6	Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6			
7	Add lines 4 through 6	7			
8	Divide line 7 by 3.0	8			
9a	Divide line 2 by line 8	9a			
b	Extraordinary items (see instructions)	9b			
c	Add lines 9a and 9b	9c			
10	Figure the tax on the amount on line 9c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return	10			
11a	Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a			
b	Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b			
c	Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c			
12	Add lines 11a through 11c	12			
13	Divide line 12 by 3.0	13			
14	Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14			
15	Enter any alternative minimum tax for each payment period. See instructions	15			
16	Enter any other taxes for each payment period. See instructions	16			
17	Add lines 14 through 16	17			
18	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	18			
19	Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	19			

Part II Annualized Income Installment Method

		(a)	(b)	(c)	(d)
		First _____ months	First _____ months	First _____ months	First _____ months
20	Annualization periods (see instructions)	20			
21	Enter taxable income for each annualization period. See instructions for the treatment of extraordinary items	21			
22	Annualization amounts (see instructions)	22			
23a	Annualized taxable income. Multiply line 21 by line 22	23a			
b	Extraordinary items (see instructions)	23b			
c	Add lines 23a and 23b	23c			
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 1, or comparable line of corporation's return	24			
25	Enter any alternative minimum tax for each payment period. See instructions	25			
26	Enter any other taxes for each payment period. See instructions	26			
27	Total tax. Add lines 24 through 26	27			
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions	28			
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29			
30	Applicable percentage	30	25%	50%	75%
31	Multiply line 29 by line 30	31			

Part III Required Installments

		1st installment	2nd installment	3rd installment	4th installment
	Note: Complete lines 32 through 38 of one column before completing the next column.				
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32			
33	Add the amounts in all preceding columns of line 38. See instructions	33			
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34			
35	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35			
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36			
37	Add lines 35 and 36	37			
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions	38			

Name(s) The Community Foundation of Utah				Identifying Number 74-3211770	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
04/12/2024	(8,825)	(8,825)	0	0.000218579	0
04/15/2024	3,649	(5,176)	0	0.000218579	0
06/15/2024	3,649	(1,527)	0	0.000218579	0
06/17/2024	(3,282)	(4,809)	0	0.000218579	0
06/30/2024	0	(4,809)	0	0.000218579	0
09/13/2024	(4,923)	(9,732)	0	0.000218579	0
09/15/2024	3,649	(6,083)	0	0.000218579	0
09/30/2024	0	(6,083)	0	0.000218579	0
12/13/2024	(4,924)	(11,007)	0	0.000218579	0
12/15/2024	3,649	(7,358)	0	0.000218579	0
12/31/2024	0	(7,358)	0	0.000191781	0
03/31/2025	0	(7,358)	0	0.000191781	0
Penalty Due (Sum of Column F)					0

* Date of estimated tax payment, withholding
credit date or installment due date.