

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

Department of the Treasury
Internal Revenue Service

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

A For the **2021** calendar year, or tax year beginning , and ending

B Check if applicable:

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C Name of organization: **THE COMMUNITY FOUNDATION OF UTAH**

Doing business as: _____

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **2257 SOUTH 1100 EAST, SUITE 205**

City or town, state or province, country, and ZIP or foreign postal code: **SALT LAKE CITY UT 84106**

D Employer identification number: **74-3211770**

E Telephone number: **801-559-3005**

G Gross receipts \$: **93,532,104**

F Name and address of principal officer:
ALEXANDRA EATON
2257 SOUTH 1100 EAST, SUITE 205
SALT LAKE CITY UT 84106

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list. See instructions

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

J Website: ▶ **WWW.UTAHCF.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2007**

M State of legal domicile: **UT**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ENABLE ALL UTAHNS TO CONTRIBUTE TO OUR COMMUNITY TODAY, ENSURING A BRIGHTER TOMORROW.		
	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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	16
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,931,344
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	2,116,929	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	39,924,503	59,320,342
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	100,750	177,100
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,364,172	5,564,125
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,536,089	67,939,966
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	19,056,951	12,654,603
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	508,430	596,090
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,373		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	552,568	1,419,157
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,117,949	14,669,850	
19 Revenue less expenses. Subtract line 18 from line 12	22,418,140	53,270,116	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	90,613,858	142,492,621
	22 Net assets or fund balances. Subtract line 21 from line 20	767,732	1,471,477
		89,846,126	141,021,144

Part II Signature Block

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

Sign Here

Signature of officer: **ALEXANDRA EATON** Date: _____

Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name: **RICHARD SCORESBY, CPA** Preparer's signature: **RICHARD SCORESBY, CPA** Date: **11/15/22** Check if self-employed PTIN: **P00573067**

Firm's name: **LARSON & COMPANY, PC** Firm's EIN: **87-0516083**

Firm's address: **11240 S RIVER HEIGHTS DR SUITE 300 SOUTH JORDAN, UT 84095-5123** Phone no.: **801-313-1900**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE ENABLE ALL UTAHNS TO CONTRIBUTE TO OUR COMMUNITY TODAY, ENSURING A BRIGHTER TOMORROW.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **13,680,252** including grants of \$ **12,654,603**) (Revenue \$ **177,100**)
SEE SCHEDULE O

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

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

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

4e Total program service expenses **13,680,252**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Yes No

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEXANDRA EATON CEO	40.00 1.00			X				146,280	0	13,888
(2) BRAD DICKSON CHAIR	1.50 0.40	X		X				0	0	0
(3) MIKELLE BARBERI-WEIL BOARD MEMBER	0.50 0.00	X						0	0	0
(4) LINDSEY KNEUVEN BOARD MEMBER	1.00 0.20	X						0	0	0
(5) JERAMY LUND BOARD MEMBER	1.50 0.40	X						0	0	0
(6) MARTY TATE BOARD MEMBER	1.00 0.40	X						0	0	0
(7) JEFF MILLER BOARD MEMBER	0.50 0.00	X						0	0	0
(8) JENSEN WARNOCK BOARD MEMBER	0.50 0.00	X						0	0	0
(9) DOUG HANSEN TREASURER	0.50 0.20	X		X				0	0	0
(10) JOSH KANTER BOARD MEMBER	0.50 0.00	X						0	0	0
(11) CHRIS CONARD BOARD MEMBER	0.50 0.00	X						0	0	0

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

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

Summary rows: 1b Subtotal, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 146,280 and 13,888.

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 1

Table with 3 rows and 3 columns (Yes, No, and an unlabeled column). Rows 3, 4, and 5 contain 'X' marks in the 'No' column.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Multiple empty rows.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	59,320,342				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,498,430				
	h Total. Add lines 1a-1f		59,320,342				
	Program Service Revenue	2a OTHER PROGRAM REVENUE	Business Code	900099	177,100	177,100	
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			177,100				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,994,415			1,994,415	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	29,161,848			
			(ii) Other				
	b Less: cost or other basis and sales exps.	7b	25,592,138				
c Gain or (loss)	7c	3,569,710					
d Net gain or (loss)		3,569,710			3,569,710		
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a BG VISTA OFFICE 8 LLC	Business Code	531120	2,841,813	2,841,813		
	b 333 SOUTH STATE LLC		900099	90,492	90,492		
	c OTHER		531120	19,675	19,675		
	d All other revenue			-73,581	-961	-72,620	
	e Total. Add lines 11a-11d		2,878,399				
12 Total revenue. See instructions		67,939,966	196,775	2,931,344	5,491,505		

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

Table with 4 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Office expenses, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	1,581,388	1	5,734,977
	2	Savings and temporary cash investments	12,561,862	2	10,882,126
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	697,746	4	1,460,203
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	14,767,458	7	13,582,611
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,100,000		
	10b	Less: accumulated depreciation		10c	3,100,000
	11	Investments—publicly traded securities	48,680,806	11	104,771,384
	12	Investments—other securities. See Part IV, line 11	8,798,779	12	2,372,163
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	70,000	14	70,000
	15	Other assets. See Part IV, line 11	355,819	15	519,157
16	Total assets. Add lines 1 through 15 (must equal line 33)	90,613,858	16	142,492,621	
Liabilities	17	Accounts payable and accrued expenses	231,393	17	483,219
	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	536,339	21	988,258
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	767,732	26	1,471,477
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	89,786,126	27	140,961,144
	28	Net assets with donor restrictions	60,000	28	60,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	89,846,126	32	141,021,144
33	Total liabilities and net assets/fund balances	90,613,858	33	142,492,621	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	67,939,966
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,669,850
3	Revenue less expenses. Subtract line 2 from line 1	3	53,270,116
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89,846,126
5	Net unrealized gains (losses) on investments	5	836,246
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	-2,931,344
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	141,021,144

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24,417,104	15,213,472	11,518,721	39,924,503	59,320,342	150,394,142
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24,417,104	15,213,472	11,518,721	39,924,503	59,320,342	150,394,142
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)						12,157,470
6 Public support. Subtract line 5 from line 4						138,236,672

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	24,417,104	15,213,472	11,518,721	39,924,503	59,320,342	150,394,142
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	745,407	1,312,846	1,034,694	1,109,324	1,994,415	6,196,686
9 Net income from unrelated business activities, whether or not the business is regularly carried on	163,503	134,525	183,459	84,999	2,822,929	3,389,415
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					-72,620	-72,620
11 Total support. Add lines 7 through 10						159,907,623

12 Gross receipts from related activities, etc. (see instructions) 12 438,151

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	86.45 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	75.43 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) = 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 = 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Percentage, %. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) = 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 = 18%.

- 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

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

Table with 4 columns: Section E - Distribution Allocations, (i) Excess Distributions, (ii) Underdistributions Pre-2021, (iii) Distributable Amount for 2021. Rows 1-20 detailing allocation details.

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Inspection Copy

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ **Attach to Form 990 or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

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

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- 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).

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

Schedule B (Form 990) (2021)

Name of organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 1,473,906	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 1,597,587	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 1,597,587	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 43,552,491	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
1	COMMON STOCK	\$ 1,473,906	10/21/21
2	COMMON STOCK	\$ 1,597,587	12/31/21
3	COMMON STOCK	\$ 1,597,587	12/31/21

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

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

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

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

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year, and various questions about monitoring and expenses.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

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

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

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

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

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

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

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

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 67,939,966.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 14,669,850.

Part XIII Supplemental Information.

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE ORGANIZATION HELD INVESTMENT BALANCES FOR 13 NONPROFIT ENTITIES AS WELL AS FUNDS FROM DONORS WHICH ARE DESIGNATED FOR OTHER NONPROFIT ENTITIES. THE TOTAL OF THESE AMOUNTS WAS \$988,258 AT 12/31/21.

PART X - FIN 48 FOOTNOTE

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

Part XIII Supplemental Information *(continued)*

MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS.

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

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

UNRELATED BUSINESS INCOME \$ 2,931,344

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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ELE LEMBRA FOUNDATION 187 EAST 670 SOUTH KAMAS UT 84036	45-4657134	501C3	1,600,000				GENERAL SUPPORT
(2)	THE CHURCH OF JESUS CHRIST OF LATTE 50 EAST NORTH TEMPLE, ROOM 1521 SALT LAKE CITY UT 84150	87-0234341	501C3	1,058,255				GENERAL SUPPORT
(3)	LOVE & HOPE, INC 5 WOODSTONE DRIVE CEDAR GROVE NJ 07009	27-0402115	501C3	541,124				GENERAL SUPPORT
(4)	MASSACHUSETTS INSTITUTE OF TECHNOLO MIT OFFICE OF THE RECORDING SECRETAR CAMBRIDGE MA 02139	04-2103594	501C3	500,000				GENERAL SUPPORT
(5)	REALIZE IMPACT 271 WINSLOW WAY E BAINBRIDGE WA 98110	46-3594732	501C3	482,000				GENERAL SUPPORT
(6)	CHOICE HUMANITARIAN EXECUTIVE DIRECTOR WEST JORDAN UT 84088	74-2494806	501C3	401,000				GENERAL SUPPORT
(7)	COMUNIDADES UNIDAS 1750 W RESEARCH WAY STE 102 WEST VALLEY CITY UT 84119	13-4257724	501C3	346,369				GENERAL SUPPORT
(8)	UNIVERSITY NEIGHBORHOOD PARTNERS 1060 SOUTH 900 WEST SALT LAKE CITY UT 84104	87-6000528	501C3	336,000				GENERAL SUPPORT
(9)	UNIVERSITY OF UTAH 332 SOUTH 1400 EAST #160 SALT LAKE CITY UT 84112	87-6000525	501C3	305,600				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 194
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(1)	THE OTHER SIDE ACADEMY 667 EAST 100 SOUTH SALT LAKE CITY UT 84102	47-4495796	501C3	260,674				GENERAL SUPPORT
(2)	THE CATSKILL MOUNTAIN FOUNDATION IN PO BOX 924 HUNTER NY 12442	13-3992139	501C3	187,000				GENERAL SUPPORT
(3)	PLAYWORKS EDUCATION ENERGIZED 308 EAST 4500 SOUTH SALT LAKE CITY UT 84107	94-3251867	501C3	180,000				GENERAL SUPPORT
(4)	WEBER STATE UNIVERSITY 4018 UNIVERSITY CIRCLE OGDEN UT 84408	87-6000535	501C3	168,500				GENERAL SUPPORT
(5)	UNIVERSITY OF UTAH ATHLETICS DEPART 1825 E. SOUTH CAMPUS DRIVE SALT LAKE CITY UT 84112	87-6000525	501C3	150,280				GENERAL SUPPORT
(6)	DAVID ECCLES SCHOOL OF BUSINESS 1655 CAMPUS CENTER DR SALT LAKE CITY UT 84112	23-7112869	501C3	150,000				GENERAL SUPPORT
(7)	SWITCHPOINT COMMUNITY RESOURCE CENT 948 N 1300 W ST. GEORGE UT 84770	76-0740457	501C3	143,000				GENERAL SUPPORT
(8)	SHRINERS HOSPITALS FOR CHILDREN - S 1275 E. FAIRFAX ROAD AT VIRGINIA ST SALT LAKE CITY UT 84103	36-2193608	501C3	126,900				GENERAL SUPPORT
(9)	UTAH STATE UNIVERSITY FOUNDATION 1590 OLD MAIN HILL LOGAN UT 84322	87-0627128	501C3	125,000				GENERAL SUPPORT

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(1)	DESERT SHORES COMMUNITY BAPTIST CHURCH 2625 LANDON DRIVE BULLHEAD CITY AZ 86429	86-1014252	501C3	115,000				GENERAL SUPPORT
(2)	CATHOLIC COMMUNITY SERVICES OF UTAH 224 2200 W SALT LAKE CITY UT 84116	87-0212450	501C3	109,000				GENERAL SUPPORT
(3)	HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY UT 84108	87-0541293	501C3	104,200				GENERAL SUPPORT
(4)	ST. THOMAS CHURCH, INC. 5692 NORTH KENDALL DRIVE CORAL GABLES FL 33156	59-0751930	501C3	100,000				GENERAL SUPPORT
(5)	WESTERN ASSOCIATION OF LEAVITT FAMILIES P.O. BOX 1027 CEDAR CITY UT 84721	87-0582193	501C3	100,000				GENERAL SUPPORT
(6)	SALT LAKE COMMUNITY COLLEGE FOUNDATION 4600 S REDWOOD ROAD SALT LAKE CITY UT 84123	94-2886220	501C3	92,800				GENERAL SUPPORT
(7)	BOUNTIFUL COMMUNITY FOOD PANTRY PO BOX 38 BOUNTIFUL UT 84011	84-1628459	501C3	92,100				GENERAL SUPPORT
(8)	UNIVERSITY OF UTAH COLLEGE OF ADVANCED STUDIES 332 SOUTH 1400 EAST SALT LAKE CITY UT 84112	87-6000525	501C3	85,500				GENERAL SUPPORT
(9)	UTAH FOOD BANK 3150 SOUTH 900 WEST SALT LAKE CITY UT 84119	87-0212453	501C3	83,533				GENERAL SUPPORT

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(1)	INTERNATIONAL RESCUE COMMITTEE INC. 221 S. 400 W. SALT LAKE CITY UT 84101	13-5660870	501C3	76,750				GENERAL SUPPORT
(2)	ENCIRCLE LGBTQ FAMILY AND YOUTH RES 91 WEST 200 SOUTH PROVO UT 84601	81-2938209	501C3	76,000				GENERAL SUPPORT
(3)	DAVIS TECHNICAL COLLEGE FOUNDATION 550 EAST 300 SOUTH KAYSVILLE UT 84037	87-0623859	501C3	73,000				GENERAL SUPPORT
(4)	UTAH MUSLIM CIVIC LEAGUE 46 W BROADWAY SALT LAKE CITY UT 84101	83-1137897	501C3	71,000				GENERAL SUPPORT
(5)	DAVIS DREAMERS 977 WIND RIVER WAY KAYSVILLE UT 84037	81-2887582	501C3	70,000				GENERAL SUPPORT
(6)	KENTUCKY STATE TREASURER PUBLIC PROTECTION CABINET, 500 MERC FRANKFORT KY 40601	61-0600439	501C3	70,000				GENERAL SUPPORT
(7)	MAKE A WISH FOUNDATION OF UTAH INC 771 EAST WINCHESTER MURRAY UT 84107	74-2392822	501C3	68,400				GENERAL SUPPORT
(8)	WHITMAN CREW BOOSTERS, INC. PO BOX 135 CABIN JOHN MD 20818	52-1548576	501C3	65,000				GENERAL SUPPORT
(9)	I SEE YOU! FOUNDATION 786 ASPEN EAST DRIVE LAYTON UT 84041	83-3559146	501C3	54,800				GENERAL SUPPORT

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(1)	DESERET TRUST COMPANY PO BOX 11558 SALT LAKE CITY UT 84147	87-0291656	501C3	53,700				GENERAL SUPPORT
(2)	FRIENDS OF GREAT SALT LAKE 150 SOUTH 600 EAST STE 5D SALT LAKE CITY UT 84102	87-0527602	501C3	50,750				GENERAL SUPPORT
(3)	ALZHEIMER'S ASSOCIATION UTAH CHAPTE 12894 S PONY EXPRESS RD SUITE 300 DRAPER UT 84020	13-3039601	501C3	50,500				GENERAL SUPPORT
(4)	SEATTLE OPERA 363 MERCER ST SEATTLE WA 98109	91-0760426	501C3	50,000				GENERAL SUPPORT
(5)	SHELTER THE HOMELESS 310 S. MAIN STREET, SUITE M2 SALT LAKE CITY UT 84101	74-2548948	501C3	50,000				GENERAL SUPPORT
(6)	UC DAVIS FOUNDATION ONE SHIELDS AVENUE DAVIS CA 95616	94-6081352	501C3	50,000				GENERAL SUPPORT
(7)	JEWISH FAMILY SERVICE 495 E. 4500 S., SUITE 100 SALT LAKE CITY UT 84107	87-0227089	501C3	49,150				GENERAL SUPPORT
(8)	UNIVERSITY OF UTAH COLLEGE OF HUMAN LANGUAGES & COMMUNICATIONS BLDG SALT LAKE CITY UT 84112	87-6000525	501C3	48,000				GENERAL SUPPORT
(9)	CAMBRIDGE IN AMERICA PO BOX 9123 JAF BLG NEW YORK NY 10087	52-6071299	501C3	40,000				GENERAL SUPPORT

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

Schedule I (Form 990) (2021)

**SCHEDULE I
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(1)	GLOBAL GREENGRANTS FUND 2840 WILDERNESS PLACE, SUITE A BOULDER CO 80301	84-1612422	501C3	40,000				GENERAL SUPPORT
(2)	ABILITY FOUNDATION 2324 S CONSTITUTION BLVD SALT LAKE CITY UT 84119	87-0504354	501C3	39,800				GENERAL SUPPORT
(3)	CAMP KOSTOPULOS 4180 E EMIGRATION CANYON RD SALT LAKE CITY UT 84108	87-6125177	501C3	39,800				GENERAL SUPPORT
(4)	GOOD TIME GOLF 13236 BENCH COVE DRAPER UT 84020	82-1989549	501C4	36,000				GENERAL SUPPORT
(5)	BRIDLE UP HOPE 1141 EAST WATKINS LANE ALPINE UT 84004	46-1791738	501C3	35,000				GENERAL SUPPORT
(6)	HIGH COUNTRY NEWS PO BOX 1090 PAONIA CO 81428	23-7015336	501C3	35,000				GENERAL SUPPORT
(7)	LADIES OF CHARITY- CENTER OF HOPE 1077 FAIRWAY PLACE NORTH SALT LAKE UT 84054	61-1561623	501C3	33,500				GENERAL SUPPORT
(8)	HELLENIC COMMUNITY FOUNDATION PO BOX 521686 SALT LAKE CITY UT 84152	26-2876976	501C3	33,333				GENERAL SUPPORT
(9)	ALAMEDA COUNTY COMMUNITY FOOD BANK P.O. BOX 2599 OAKLAND CA 94614	94-2960297	501C3	33,333				GENERAL SUPPORT

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(1)	GIVEWELL 1714 FRANKLIN STREET #10033 OAKLAND CA 94612	20-8625442	501C3	33,333				GENERAL SUPPORT
(2)	INTERMOUNTAIN HEALTHCARE FOUNDATION 36 S STATE ST., SUITE 2200 SALT LAKE CITY UT 84111	80-0225150	501C3	33,333				GENERAL SUPPORT
(3)	RONALD MCDONALD HOUSE CHARITIES OF 935 EAST SOUTH TEMPLE SALT LAKE CITY UT 84102	74-2386043	501C3	33,000				GENERAL SUPPORT
(4)	FRIENDS OF UTAH AVALANCHE FORECAST PO BOX 521353 SALT LAKE CITY UT 84152	87-0481453	501C3	32,000				GENERAL SUPPORT
(5)	CATAPULT OPERA, LLC 75 BROAD ST NEW YORK NY 10004	13-3082845	501C3	31,000				GENERAL SUPPORT
(6)	UNITED JEWISH FEDERATION OF UTAH 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0282380	501C3	30,500				GENERAL SUPPORT
(7)	180 MINISTRIES FOR GIRLS 180 MINISTRIES FOR GIRLS TOOELE UT 84074	84-1185635	501C3	30,000				GENERAL SUPPORT
(8)	ENTRADA INSTITUTE INC PO BOX 750217 TORREY UT 84775	87-0514231	501C3	30,000				GENERAL SUPPORT
(9)	GREATER WASHINGTON EDUCATIONAL TELE 3939 CAMPBELL AVENUE ARLINGTON VA 22206	53-0242992	501C3	30,000				GENERAL SUPPORT

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(1)	HALE CENTRE THEATRE 9900 S MONROE ST SANDY UT 84070	84-1420029	501C3	30,000				GENERAL SUPPORT
(2)	HOPE FUNDS FOR CANCER RESEARCH 174 BELLEVUE AVE SUITE 208 NEWPORT RI 02840	20-5799367	501C3	30,000				GENERAL SUPPORT
(3)	MOSAIC MENTAL HEALTH (FORMERLY RIVERDALE) 5676 RIVERDALE AVENUE, SUITE 202 BRONX NY 10471	13-1930700	501C3	30,000				GENERAL SUPPORT
(4)	UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL PO BOX 309 CHAPEL HILL NC 27514	59-1711424	501C3	30,000				GENERAL SUPPORT
(5)	RIRIE-WOODBURY DANCE COMPANY 138 WEST BROADWAY SALT LAKE CITY UT 84101	87-0294341	501C3	29,000				GENERAL SUPPORT
(6)	WASATCH COMMUNITY GARDENS 824 SOUTH 400 WEST, STE 127 SALT LAKE CITY UT 84101	74-2550359	501C3	29,000				GENERAL SUPPORT
(7)	FICTION COLLECTIVE TWO 1409 E FEDERAL WAY SALT LAKE CITY UT 84102	13-2957841	501C3	28,000				GENERAL SUPPORT
(8)	PERSPECTIVES ENSEMBLE, INC. 870 WEST 181ST ST. #22 NEW YORK NY 10033	13-4128819	501C3	28,000				GENERAL SUPPORT
(9)	BUILDERS WITHOUT BORDERS, INC. 927 EAST 110 SOUTH LINDON UT 84042	26-0779236	501C3	25,000				GENERAL SUPPORT

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

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(1)	GREAT BASIN WATER NETWORK PO BOX 75 BAKER NV 89311	35-2278153	501C3	25,000				GENERAL SUPPORT
(2)	INTERMOUNTAIN ATHLETE DEVELOPMENT F 1171 WINTERGREEN COURT ALPINE UT 84004	85-3368401	501C3	25,000				GENERAL SUPPORT
(3)	KAYENTA ARTS FOUNDATION 881 COYOTE GULCH COURT IVINS UT 84738	90-0642659	501C3	25,000				GENERAL SUPPORT
(4)	NURTURE THE CREATIVE MIND 2501 WALL AVE OGDEN UT 84401	01-0925001	501C3	25,000				GENERAL SUPPORT
(5)	SAINT ALPHONSUS REGIONAL MEDICAL CE 1055 N. CURTIS RD BOISE ID 83706	82-0200895	501C3	25,000				GENERAL SUPPORT
(6)	SANPETE PANTRY 1080 BLACKHAWK RD MT PLEASANT UT 84647	46-3617416	501C3	25,000				GENERAL SUPPORT
(7)	SOUTHWEST LOUISIANA AIDS COUNCIL 425 KINGSLEY STREET LAKE CHARLES LA 70601	72-1115522	501C3	25,000				GENERAL SUPPORT
(8)	UTAH AVALANCHE/AFC APEX SOCCER CLUB C/O JOANNA BARNEY 1020 W 3265 S SALT LAKE CITY UT 84119	87-0679173	501C3	25,000				GENERAL SUPPORT
(9)	WILFORD WOODRUFF PAPERS FOUNDATION 549 N 1030 E PLEASANT GROVE UT 84062	84-4318803	501C3	25,000				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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(1)	SMALL STEPS FOR COMPASSION PO BOX 190 SAN CLEMENTE CA 92674	81-2115167	501C3	24,000				GENERAL SUPPORT
(2)	DOCTORS WITHOUT BORDERS USA INC PO BOX 5030 HAGERSTOWN MD 21741	13-3433452	501C3	23,450				GENERAL SUPPORT
(3)	COOPERATIVE FOR ASSISTANCE AND RELI P.O. BOX 1870 MERRIFIELD VA 22116	13-1685039	501C3	22,000				GENERAL SUPPORT
(4)	SAVE THE CHILDREN FEDERATION INC. PO BOX 97132 WASHINGTON DC 20090	06-0726487	501C3	22,000				GENERAL SUPPORT
(5)	SHRINERS HOSPITALS FOR CHILDREN 2900 ROCKY POINT DR. TAMPA FL 33607	36-2193608	501C3	22,000				GENERAL SUPPORT
(6)	PLANNED PARENTHOOD ASSOCIATION OF U 654 SOUTH 900 EAST SALT LAKE CITY UT 84102	87-0288909	501C3	21,250				GENERAL SUPPORT
(7)	BAD DOG ARTS 824 SOUTH 400 WEST, SUITE B129 SALT LAKE CITY UT 84101	87-0568289	501C3	21,000				GENERAL SUPPORT
(8)	ACLU OF UTAH FOUNDATION 355 NORTH 300 WEST, SUITE 1 SALT LAKE CITY UT 84103	87-0439810	501C3	20,750				GENERAL SUPPORT
(9)	THE CHILDREN'S CENTER 350 SOUTH 400 EAST SALT LAKE CITY UT 84111	87-6114073	501C3	20,750				GENERAL SUPPORT

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(1)	AMERICAN CIVIL LIBERTIES UNION FOUNDATION 125 BROAD ST, 18TH FLOOR NEW YORK NY 10004	13-6213516	501C4	20,000				GENERAL SUPPORT
(2)	CANCER WELLNESS HOUSE (DBA SURVIVOR) 59 SOUTH 1100 EAST SALT LAKE CITY UT 84102	87-0568405	501C3	20,000				GENERAL SUPPORT
(3)	CENTER FOR WOMEN & CHILDREN IN CRISIS 1073 E 1200 N OREM UT 84097	87-0405229	501C3	20,000				GENERAL SUPPORT
(4)	COSECHA AQUAPONICS 1201 E WILMINGTON AVE SALT LAKE CITY UT 84106	85-2895125	501C3	20,000				GENERAL SUPPORT
(5)	FRIENDS FOR SIGHT 6715 SOUTH 1300 EAST, SUITE 250 SALT LAKE CITY UT 84121	87-6126811	501C3	20,000				GENERAL SUPPORT
(6)	INTERMOUNTAIN THERAPY ANIMALS P.O. BOX 17201 SALT LAKE CITY UT 84117	87-0517629	501C3	20,000				GENERAL SUPPORT
(7)	PBS UTAH 101 S. WASATCH DR. SALT LAKE CITY UT 84112	87-6000525	501C3	20,000				GENERAL SUPPORT
(8)	RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0308785	501C3	20,000				GENERAL SUPPORT
(9)	SALT LAKE CITY VA FISHER HOUSE GEORGE E. WAHLEN VA MED CTR - ATTN: SALT LAKE CITY UT 84148	11-3158401	501C3	20,000				GENERAL SUPPORT

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(Form 990)**

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(1)	SUPERIOR LIBRARY FOUNDATION 449 NORTH KANSAS STREET SUPERIOR NE 68978	47-0627136	501C3	20,000				GENERAL SUPPORT
(2)	THE TODD AND JENNIFER CUSICK FOUNDATION 515 SHEFFIELD DR. PROVO UT 84604	11-3650005	501C3	20,000				GENERAL SUPPORT
(3)	TIMPANOGOS SYMPHONY ORCHESTRA PO BOX 1103 AMERICAN FORK UT 84003	27-3742256	501C3	20,000				GENERAL SUPPORT
(4)	WEBER SCHOOL DISTRICT FOUNDATION 5320 S ADAMS AVE OGDEN UT 84405	87-6164318	501C3	20,000				GENERAL SUPPORT
(5)	ART ACCESS 230 SOUTH 500 WEST, SUITE 125 SALT LAKE CITY UT 84101	87-0413445	501C3	19,000				GENERAL SUPPORT
(6)	UTAH COMMUNITY FOREST COUNCIL PO BOX 95663 SOUTH JORDAN UT 84095	87-0489762	501C3	18,085				GENERAL SUPPORT
(7)	SEARCH AND CARE, INC. 1844 SECOND AVE NEW YORK NY 10128	23-7444790	501C3	18,000				GENERAL SUPPORT
(8)	THE CHRISTMAS BOX INTERNATIONAL 3660 SOUTH WEST TEMPLE SALT LAKE CITY UT 84115	31-1617816	501C3	18,000				GENERAL SUPPORT
(9)	COUNCIL SCHOOL DISTRICT 101 E BLEEKER STR BOX 468 COUNCIL ID 83612	82-6004153	501C3	17,419				GENERAL SUPPORT

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(1)	BALLET WEST 50 WEST 200 SOUTH SALT LAKE CITY UT 84101	87-0264274	501C3	16,000				GENERAL SUPPORT
(2)	I J & JEANNE WAGNER JEWISH COMMUNITY 2 N MEDICAL DR SALT LAKE CITY UT 84113	87-0238425	501C3	15,600				GENERAL SUPPORT
(3)	ROWLAND HALL 720 S. GUARDSMAN WAY SALT LAKE CITY UT 84108	87-0212477	501C3	15,500				GENERAL SUPPORT
(4)	ROCKY MOUNTAIN INNOCENCE CENTER 358 SOUTH 700 EAST, SUITE B235 SALT LAKE CITY UT 84102	87-0647979	501C3	15,250				GENERAL SUPPORT
(5)	BOYS & GIRLS CLUB OF GREATER SALT LAKE CITY PO BOX 57071 MURRAY UT 84157	87-0304654	501C3	15,000				GENERAL SUPPORT
(6)	CLASSICAL THEATRE OF HARLEM, INC. 8 WEST 126TH ST. NEW YORK NY 10027	13-4046782	501C3	15,000				GENERAL SUPPORT
(7)	CORNELL UNIVERSITY 341 PINE TREE ROAD ITHACA NY 14850	15-0532082	501C3	15,000				GENERAL SUPPORT
(8)	EARLY MUSIC FOUNDATION 10 WEST 68TH STREET NEW YORK NY 10023	51-0185930	501C3	15,000				GENERAL SUPPORT
(9)	NATIONAL JAZZ MUSEUM IN HARLEM 58 WEST 129TH STREET, GROUND FLOOR NEW YORK NY 10027	13-3853627	501C3	15,000				GENERAL SUPPORT

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(1)	OGDEN SCHOOL FOUNDATION 1950 MONROE BOULEVARD, ROOM #107 OGDEN UT 84401	94-2685413	501C3	15,000				GENERAL SUPPORT
(2)	PITCH HER PRODUCTIONS, INC 401 E 89TH ST APT 10C NEW YORK NY 10128	47-2294609	501C3	15,000				GENERAL SUPPORT
(3)	SAGELAND COLLABORATIVE 824 SOUTH 400 WEST SALT LAKE CITY UT 84101	83-0468561	501C3	15,000				GENERAL SUPPORT
(4)	THEATER BREAKING THROUGH BARRIERS 400 W. 43RD ST., APT. 43R NEW YORK NY 10036	13-3193376	501C3	15,000				GENERAL SUPPORT
(5)	WESTERN WILDLIFE CONSERVANCY 1021 DOWNINGTON AVENUE SALT LAKE CITY UT 84105	87-0566531	501C3	15,000				GENERAL SUPPORT
(6)	CONGREGATION KOL AMI 2425 HERITAGE WAY SALT LAKE CITY UT 84109	87-0293863	501C3	13,690				GENERAL SUPPORT
(7)	ARTISTS OF UTAH PO BOX 526292 SALT LAKE CITY UT 84152	87-0685214	501C3	13,000				GENERAL SUPPORT
(8)	BLOOMINGDALE SCHOOL OF MUSIC INC 323 WEST 108TH STREET NEW YORK NY 10025	13-2562192	501C3	13,000				GENERAL SUPPORT
(9)	SPY HOP PRODUCTIONS INC 669 SOUTH WEST TEMPLE, SUITE 202 SALT LAKE CITY UT 84101	87-0642304	501C3	13,000				GENERAL SUPPORT

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(1)	UTAH DEVELOPMENT ACADEMY 231 E 400 S SALT LAKE CITY UT 84111	45-5238431	501C3	13,000				GENERAL SUPPORT
(2)	YOUNG PEOPLE'S CHORUS 37 WEST 65TH STREET, SECOND FLOOR NEW YORK NY 10023	11-3372980	501C3	13,000				GENERAL SUPPORT
(3)	WEST VALLEY ARTS (UTAH CULTURAL CELEBRATION) 3600 CONSTITUTION BLVD WEST VALLEY CITY UT 84119	80-0783246	501C3	12,625				GENERAL SUPPORT
(4)	COURAGE REINS 5870 W. 10400 N. HIGHLAND UT 84003	87-0618601	501C3	12,500				GENERAL SUPPORT
(5)	NATURAL HISTORY MUSEUM OF UTAH UNIVERSITY OF UTAH SALT LAKE CITY UT 84108	87-6000525	501C3	12,500				GENERAL SUPPORT
(6)	DANCE THEATRE OF HARLEM, INC 466 WEST 152ND ST NEW YORK NY 10031	13-2642091	501C3	12,000				GENERAL SUPPORT
(7)	FAMILY PROMISE SALT LAKE 814 W 800 S SALT LAKE CITY UT 84104	87-0547916	501C3	12,000				GENERAL SUPPORT
(8)	LEHMAN COLLEGE ART GALLERY INC 250 BEDFORD PARK BLVD W BRONX NY 10468	13-3391212	501C3	12,000				GENERAL SUPPORT
(9)	THE ORCHESTRA OF THE BRONX 5 MINERVA PLACE, 2J BRONX NY 10468	13-3940188	501C3	12,000				GENERAL SUPPORT

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(1)	UNIVERSITY OF UTAH COLLEGE OF EDUCATION 1721 CAMPUS CENTER DRIVE, SAEC 3202 SALT LAKE CITY UT 84112	87-6000525	501C3	12,000				GENERAL SUPPORT
(2)	WEBER ST BONNEVILLE CHAMBER FESTIVAL 3850 DIXON PARKWAY OGDEN UT 84408	87-6000535	501C3	12,000				GENERAL SUPPORT
(3)	YOUTHLINE 1166 BRICKYARD RD. SALT LAKE CITY UT 84106	87-0678393	501C3	12,000				GENERAL SUPPORT
(4)	UTAH AIDS FOUNDATION 1408 1100 E SALT LAKE CITY UT 84105	87-0455172	501C3	11,000				GENERAL SUPPORT
(5)	YOUNG WOMENS CHRISTIAN ASSN OF UTAH 322 EAST 300 SOUTH SALT LAKE CITY UT 84111	87-0212467	501C3	10,500				GENERAL SUPPORT
(6)	AMERICAN SNOWSPORTS EDUCATION FOUNDATION 7105 HIGHLAND DR SALT LAKE CITY UT 84121	23-7191019	501C3	10,460				GENERAL SUPPORT
(7)	UNIVERSITY OF UTAH SCHOOL OF MUSIC 1375 E. PRESIDENTS CIRCLE, RM. 204 SALT LAKE CITY UT 84112	87-6000525	501C3	10,200				GENERAL SUPPORT
(8)	AMERICAN JEWISH WORLD SERVICE 45 WEST 36TH STREET NEW YORK NY 10018	22-2584370	501C3	10,000				GENERAL SUPPORT
(9)	AMERICAN MODERN ENSEMBLE (A DIVISION) 400 WEST 43RD STREET, SUITE 39S NEW YORK NY 10036	20-3563472	501C3	10,000				GENERAL SUPPORT

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ART TRUCK @ UMOCA 20 SOUTH WEST TEMPLE SALT LAKE CITY UT 84101	87-0221537	501C3	10,000				GENERAL SUPPORT
(2)	BEAR RIVER LAND CONSERVANCY PO BOX 4565 LOGAN UT 84323	27-4698179	501C3	10,000				GENERAL SUPPORT
(3)	BOYS & GIRLS CLUBS OF WEBER-DAVIS C 2302 WASHINGTON BLVD., SUITE 201 OGDEN UT 84401	87-0660689	501C3	10,000				GENERAL SUPPORT
(4)	GLOBAL IMPACT 1199 NORTH FAIRFAX ST. ALEXANDRIA VA 22314	52-1273585	501C3	10,000				GENERAL SUPPORT
(5)	GOLDEN SPIKE FOUNDATION 60 SOUTH 600 EAST SALT LAKE CITY UT 84102	82-5492836	501C3	10,000				GENERAL SUPPORT
(6)	GREATER EQUATORIA REGION ASSOCIATIO P.O BOX 571521 SALT LAKE CITY UT 84157	84-1968033	501C3	10,000				GENERAL SUPPORT
(7)	GROUNDSWELL FUND 548 MARKET STREET #49734 SAN FRANCISCO CA 94104	47-4003615	501C3	10,000				GENERAL SUPPORT
(8)	HAWKWATCH INTERNATIONAL INC 2240 SOUTH 900 EAST SALT LAKE CITY UT 84106	85-0358519	501C3	10,000				GENERAL SUPPORT
(9)	HOLY ANGELS CHURCH 370 CAMPUS DRIVE ARCADIA CA 91007	95-2875879	501C3	10,000				GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Department of the Treasury
Internal Revenue Service

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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HONOR ROLL 4611 S FERDINAND AVE. TAMPA FL 33611	83-0811643	501C3	10,000				GENERAL SUPPORT
(2)	JAYHAWKS PROGRAM 445 N. 1300 W. SALT LAKE CITY UT 84116	82-1340357	501C3	10,000				GENERAL SUPPORT
(3)	JOHN TRACY CENTER 2160 W ADAMS BLVD LOS ANGELES CA 90018	95-1642393	501C3	10,000				GENERAL SUPPORT
(4)	KINGSBRIDGE RIVERDALE-MARBLE HILL F PO BOX 251 BRONX NY 10471	13-3486918	501C3	10,000				GENERAL SUPPORT
(5)	MONO LAKE COMMITTEE P.O. BOX 29 LEE VINING CA 93541		501C3	10,000				GENERAL SUPPORT
(6)	NATIONAL ALLIANCE ON MENTAL ILLNESS 3803 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON VA 22203	43-1201653	501C3	10,000				GENERAL SUPPORT
(7)	NEW YORK GILBERT & SULLIVAN PLAYERS 225 W 99TH ST. NEW YORK NY 10025	13-2862043	501C3	10,000				GENERAL SUPPORT
(8)	OPERATION UNDERGROUND RAILROAD 755 SOUTH MAIN STREET CEDAR CITY UT 84720	46-3614979	501C3	10,000				GENERAL SUPPORT
(9)	QUINTET OF THE AMERICAS INC 15 CIRCLE RD DOUGLASTON NY 11363	13-3143311	501C3	10,000				GENERAL SUPPORT

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

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

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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAVE OUR CANYONS 3690 E. FORTUNION BLVD., SUITE 101 COTTONWOOD HEIGHTS UT 84121	74-2443535	501C3	10,000				GENERAL SUPPORT
(2)	SNAKE RIVER ELEMENTARY SCHOOL 500 STAMPEDE DR NAMPAA ID 83687	82-6000727	501C3	10,000				GENERAL SUPPORT
(3)	THEATER 2020, INC. 57 MONTAGUE STREET, APT 7-I BROOKLYN NY 11201	11-3193180	501C3	10,000				GENERAL SUPPORT
(4)	TOPAZ JAPANESE AMERICAN INTERNMENT PO BOX 241 DELTA UT 84624	84-1385894	501C3	10,000				GENERAL SUPPORT
(5)	UNIVERSITY OF UTAH FIRST STAR ACADEMY 1901 E. SOUTH CAMPUS DRIVE #1215 SALT LAKE CITY UT 84112	31-1719436	501C3	10,000				GENERAL SUPPORT
(6)	UTAH PRIDE CENTER 1380 S MAIN STREET SALT LAKE CITY UT 84115	87-0504077	501C3	10,000				GENERAL SUPPORT
(7)	YOUTH GARDEN PROJECT 530 SOUTH 400 EAST STREET MOAB UT 84532	87-0568051	501C3	10,000				GENERAL SUPPORT
(8)	ZION CANYON MESA 2568 ELIZABETH STREET #8 SALT LAKE CITY UT 84106	87-0509262	501C3	10,000				GENERAL SUPPORT
(9)	REPERTORY DANCE THEATRE PO BOX 510427 SALT LAKE CITY UT 84101	87-0332580	501C3	9,000				GENERAL SUPPORT

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

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

Schedule I (Form 990) (2021)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2021

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Internal Revenue Service

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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SALT LAKE ACTING COMPANY 168 WEST 500 NORTH SALT LAKE CITY UT 84103	51-0196527	501C3	9,000				GENERAL SUPPORT
(2)	WESTMINSTER COLLEGE 1840 SOUTH 1300 EAST SALT LAKE CITY UT 84105	87-0212470	501C3	8,100				GENERAL SUPPORT
(3)	CANYON CREEK WOMEN'S CRISIS CENTER 95 N MAIN STREET, SUITE 22 CEDAR CITY UT 84720	87-0540825	501C3	8,000				GENERAL SUPPORT
(4)	CREEK VALLEY HEALTH CLINIC 20 S COLVIN ST COLORADO CITY AZ 86021	83-3039533	501C3	8,000				GENERAL SUPPORT
(5)	DANIEL'S MUSIC FUND 1595 LEXINGTON AVENUE NEW YORK NY 10029	32-0156199	501C3	8,000				GENERAL SUPPORT
(6)	HEART & SOUL 542 E 1300 S SALT LAKE CITY UT 84105	87-0528175	501C3	8,000				GENERAL SUPPORT
(7)	HIGH COUNTRY JUNIOR VOLLEYBALL CLUB 7105 S. SWAN HILL DR. WEST JORDAN UT 84084	87-0668199	501C3	8,000				GENERAL SUPPORT
(8)	MCGILLIS SCHOOL 668 SOUTH 1300 EAST SALT LAKE CITY UT 84102	75-3048375	501C3	8,000				GENERAL SUPPORT
(9)	GIRLS ON THE RUN SOUTHERN UTAH PO BOX 1372 ST.GEORGE UT 84770	47-2246689	501C3	7,725				GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ANGELES CHORALE 2335 E. COLORADO BLVD., #115-375 PASADENA CA 91107	95-3016137	501C3	7,500				GENERAL SUPPORT
(2)	BRONX OPERA COMPANY INC 5 MINERVA PLACE, SUITE 2J BRONX NY 10468	23-7170675	501C3	7,500				GENERAL SUPPORT
(3)	GREAT SMALL WORKS 315 WEST 86TH ST, SUITE 4E NEW YORK NY 10024	13-3862351	501C3	7,500				GENERAL SUPPORT
(4)	KANE EDUCATION FOUNDATION 746 SOUTH 175 EAST KANAB UT 84741	75-3134344	501C3	7,500				GENERAL SUPPORT
(5)	OPERATION KIDS FOUNDATION 1245 BRICKYARD ROAD, SUITE 269 SALT LAKE CITY UT 84106	87-0643214	501C3	7,500				GENERAL SUPPORT
(6)	VOICES OF ASCENSION 12 WEST 11TH STREET NEW YORK NY 10011	13-3668472	501C3	7,500				GENERAL SUPPORT
(7)	CUMORAH ACADEMY 2105 TUSCANY WAY, PLEASANT GROVE UT 84062	85-0617150	501C3	7,000				GENERAL SUPPORT
(8)	COMMUNITY ACTION SERVICES AND FOOD 815 SOUTH FREEDOM BLVD., SUITE 100 PROVO UT 84601	87-0491952	501C3	6,250				GENERAL SUPPORT
(9)	CLEVER OCTOPUS INC. 2250 S WEST TEMPLE SOUTH SALT LAKE UT 84115	47-3829287	501C3	6,000				GENERAL SUPPORT

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE MUNDI PROJECT PO BOX 520696 SALT LAKE CITY UT 84152	38-3734621	501C3	6,000				GENERAL SUPPORT
(2)	THE ROSECRANCE FOUNDATION 1021 NORTH MULFORD ROAD ROCKFORD IL 61107	36-4167891	501C3	5,992				GENERAL SUPPORT
(3)	UTAH RIVERS COUNCIL 1270 EAST 8600 SOUTH SANDY UT 84094	87-0538450	501C3	5,800				GENERAL SUPPORT
(4)	MOAB FREE CLINIC PO BOX 788 MOAB UT 84532	26-2082745	501C3	5,600				GENERAL SUPPORT
(5)	HUMANE SOCIETY OF UTAH PO BOX 573659 SALT LAKE CITY UT 84157	87-0256350	501C3	5,250				GENERAL SUPPORT
(6)	NEIGHBORHOOD HOUSE 1050 WEST 500 SOUTH SALT LAKE CITY UT 84104	87-0212462	501C3	5,250				GENERAL SUPPORT
(7)	THE ROAD HOME PO BOX 2788 SALT LAKE CITY UT 84110	87-0212465	501C3	5,250				GENERAL SUPPORT
(8)								
(9)								

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

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

Part III can be duplicated if additional space is needed.

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

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

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

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

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

NECESSARY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

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THE COMMUNITY FOUNDATION OF UTAH

Employer identification number

74-3211770

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a** **Yes** **No**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** **Yes** **No**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** **Yes** **No**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a** **Yes** **No**
- b** Any related organization? **5b** **Yes** **No**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a** **Yes** **No**
- b** Any related organization? **6b** **Yes** **No**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALEXANDRA EATON	(i) 120,120	26,160	0	3,604	10,284	160,168	0
1 CEO	(ii) 0	0	0	0	0	0	0
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

PART I, LINE 7 - NON-FIXED PAYMENTS PROVIDED

A BONUS WAS PAID TO THE CEO BASED ON PERFORMANCE DURING THE YEAR.

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0074

2021

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Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded	X	36	5,303,255	FMV
10 Securities — Closely held stock	X	2	3,195,175	FMV
11 Securities — Partnership, LLC, or trust interests				
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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
- b 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?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 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.

	Yes	No
30a		X
31		X
32a		X

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

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

Name of the organization

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Employer identification number

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

THE COMMUNITY FOUNDATION OF UTAH (CFU) IS UTAH'S PARTNER IN PHILANTHROPY. CFU IS THE HUB WHERE DONORS AND MISSION-DRIVEN ORGANIZATIONS BUILD A THRIVING COMMUNITY, TOGETHER. WHATEVER YOUR GIFT, WE HELP YOU MAXIMIZE THE IMPACT. WHATEVER YOUR MISSION, WE CONNECT YOU TO THE TOOLS, RESOURCES AND NETWORKS TO ACHIEVE IT. SINCE ESTABLISHMENT IN 2008, CFU HAS FACILITATED OVER \$110 MILLION IN GRANTS TO NONPROFIT ORGANIZATIONS. IN 2021, CFU GRANTED OVER \$12 MILLION TO OVER 400 ORGANIZATIONS IN AREAS AS DIVERSE AS OUR FUNDHOLDERS - FROM ARTS AND CULTURE TO ANIMAL WELFARE, TO EDUCATION AND ENVIRONMENT. CFU IS ALSO A CRITICAL PARTNER IN NUMEROUS INITIATIVES TO STRENGTHEN OUR SOCIAL IMPACT SECTORS. THESE EFFORTS INCLUDE GRANT AND EDUCATION INITIATIVES, COMMUNITY LEADERSHIP AND COMMUNITY IMPACT FUNDS.

INITIATIVES

INVEST IN SUCCESS (IIS) - IIS IS AN ANNUAL WEEK-LONG LEADERSHIP DEVELOPMENT INITIATIVE FOR EMERGING NONPROFIT LEADERS. SINCE 2013, IIS HAS PROVIDED CAPACITY-BUILDING SUPPORT FOR NONPROFIT ORGANIZATIONS ACROSS UTAH. QUALIFIED ORGANIZATIONS SERVE LOW-INCOME POPULATIONS AND FACE SIGNIFICANT BARRIERS OF TIME OR DISCRETIONARY FUNDS TO ACCESS LEADERSHIP DEVELOPMENT OPPORTUNITIES. IIS PROVIDES AN INTENSE AND IMMERSIVE EXPERIENCE INCLUDING TRAINING ON ORGANIZATIONAL STRATEGY, PERSONAL LEADERSHIP, ORGANIZATIONAL FINANCE AND SUSTAINABILITY, AND CHANGE MANAGEMENT.

PAY FOR SUCCESS (PFS) - PFS IS AN INNOVATIVE FUNDING MODEL THAT DRIVES GOVERNMENT RESOURCES TOWARD SOCIAL PROGRAMS THAT PROVIDE MEASURABLE

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

RESULTS. MISSION-DRIVEN INVESTORS COVER THE UPFRONT COSTS OF PROGRAMMING,
AND IF THE PREDETERMINED GOALS ARE ACHIEVED, THE GOVERNMENT REPAYS THE
INVESTORS.

SOCIAL INVESTORS FORUM (SIF) - SIF PROVIDES A CATALYTIC OPPORTUNITY FOR
ORGANIZATIONS TO PITCH INNOVATIVE IDEAS FOR SOLVING SOCIAL PROBLEMS TO A
PANEL OF INVESTORS. SINCE 2014, OVER \$600,000 IN CATALYTIC SEED FUNDS HAVE
BEEN AWARDED TO ORGANIZATIONS THROUGH THIS INITIATIVE.

YOUTH ATHLETIC GRANT (YAG) - A PARTNERSHIP WITH SALT LAKE CITY TO SUPPORT
NONPROFIT YOUTH ATHLETIC ORGANIZATIONS IN PROVIDING ACCESSIBLE COMPETITIVE
ATHLETIC OPPORTUNITIES TO LOW-INCOME YOUTH ATHLETES RESIDING IN SALT LAKE
CITY.

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

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

COMMUNITY IMPACT FUNDS

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

RAISEUP SALT LAKE - RAISEUP SALT LAKE AWARDED GRANT FUNDING TO ORGANIZATIONS SUPPORTING SALT LAKE CITY RESIDENTS EXPERIENCING SIGNIFICANT ECONOMIC HARDSHIPS AS A RESULT OF THE COVID-19 PANDEMIC. SPECIFICALLY, THIS FUND PROVIDED OVER \$1.4 MILLION IN CASH ASSISTANCE IN THE FORM OF PRE-PAID DEBIT CARDS TO RESIDENTS ORIGINALLY EXCLUDED FROM FEDERAL COVID-19 FINANCIAL ASSISTANCE.

SILICON SLOPES COMPUTER SCIENCE FUND (SSCSF) IN RESPONSE TO THE NEEDS OF OUR COMMUNITY, THE COMMUNITY FOUNDATION OF UTAH, IN PARTNERSHIP WITH THE SILICON SLOPES COMMUNITY, LAUNCHED SSCSF TO SUPPORT QUANTIFIABLE, LASTING K-12 COMPUTER SCIENCE OUTCOMES FOR EDUCATORS AND LEARNERS ACROSS THE STATE. SSCSF ENABLES INDIVIDUALS, CORPORATIONS, AND FOUNDATIONS TO CONTRIBUTE DONATIONS OF ANY SIZE AND POOL DIVERSE ASSETS TO INVEST IN A COLLECTIVE STRATEGY THAT BENEFITS STUDENTS, TEACHERS, AND OUR STATE IN THE LONG-TERM. IN 2021, PLAYWORKS UTAH WAS AWARDED \$300,000 TO SUPPORT UTAH COMPUTER SCIENCE TEACHERS IN IMPROVING SOCIAL AND EMOTIONAL LEARNING CONDITIONS IN THEIR CLASSROOMS.

VIRTUAL ROAD TRIP - CFU MET VIRTUALLY WITH ALMOST 100 NONPROFIT ORGANIZATIONS ACROSS THE STATE IN 2021 TO BETTER UNDERSTAND THE NEEDS, OPPORTUNITIES AND TRENDS WITHIN OUR COMMUNITY. WE HAVE BEEN IMPRESSED WITH HOW ADAPTABLE AND RESILIENT NONPROFITS HAVE BEEN AS THEY WEATHER ONGOING CHALLENGES. WHAT WE LEARNED ON THIS JOURNEY WILL BE CRITICAL IN DRIVING OUR COMMUNITY WORK GOING FORWARD.

WOMEN'S GIVING CIRCLES - THE UTAH WOMEN'S GIVING CIRCLE, OGDEN CIRCLE OF GIVING AND THREE CORNERS WOMEN'S GIVING CIRCLE LEVERAGE MODEST, INDIVIDUAL

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

DONATIONS INTO POWERFUL INVESTMENTS FOR PROGRAMS THAT EMPOWER WOMEN AND GIRLS IN UTAH. THESE CIRCLES HOST EDUCATIONAL EVENTS AND HOLD ANNUAL GRANT CYCLES.

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 BOARD MEMBERS AND THE CEO ROUTINELY REVIEW, IN THE COURSE OF REGULAR BOARD MEETINGS, ANY NEW RELATIONSHIP AND EXPLORE ANY POTENTIAL CONFLICTS ANNUALLY, ALL BOARD MEMBERS AND STAFF REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 THE EXECUTIVE COMMITTEE REVIEWS COMPETITIVE SALARY INFORMATION AND RECOMMENDS A SALARY FOR THE CEO. THE BOARD APPROVES SALARY AMOUNTS. THE EXECUTIVE COMMITTEE, WITH THE INPUT OF ALL DIRECTORS, CONDUCTS AN ANNUAL REVIEW AND THEN MAKES ANY RECOMMENDATIONS FOR CHANGES TO SALARY TO THE ENTIRE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 OUR WEBSITE PROVIDES OUR BYLAWS, ARTICLES OF INCORPORATION, INVESTMENT

Name of the organization

Employer identification number

THE COMMUNITY FOUNDATION OF UTAH

74-3211770

POLICY, FINANCIAL STATEMENTS, ANNUAL REPORT, FORM 990, AND OTHER GOVERNING DOCUMENTS. INDIVIDUALS MAY ALSO REQUEST ADDITIONAL INFORMATION.

Public Inspection Copy

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

UNRELATED BUSINESS INCOME \$ -2,931,344

SCHEDULE R
(Form 990)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021
**Open to Public
Inspection**

Employer identification number

74-3211770

THE COMMUNITY FOUNDATION OF UTAH

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

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

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

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

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

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

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

Part VII

Supplemental Information.

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

Public Inspection Copy

Form **990-T**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

▶ 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).

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

A <input type="checkbox"/> Check box if address changed.	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
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	Print or Type THE COMMUNITY FOUNDATION OF UTAH Number, street, and room or suite no. If a P.O. box, see instructions. 2257 SOUTH 1100 EAST, SUITE 205 City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY UT 84106	74-3211770 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year ▶ 142,492,621		

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

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

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? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of ▶ **ALEXANDRA EATON** 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	2,823,929
2 Reserved	2	
3 Add lines 1 and 2	3	2,823,929
4 Charitable contributions (see instructions for limitation rules) SEE STMT 1	4	706,000
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	2,117,929
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	2,117,929
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9 Trusts. Section 199A deduction. See instructions	9	
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	2,116,929

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	444,555
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	0
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	444,555

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1a Foreign tax credit... 1b Other credits... 1c General business credit... 1d Credit for prior year minimum tax... 1e Total credits... 2 Subtract line 1e from Part II, line 7... 3 Other amounts due... 4 Total tax... 5 Current net 965 tax liability... 6a Payments... 6b 2021 estimated tax payments... 6c Tax deposited with Form 8868... 6d Foreign organizations... 6e Backup withholding... 6f Credit for small employer health insurance... 6g Other credits, adjustments, and payments... 7 Total payments... 8 Estimated tax penalty... 9 Tax due... 10 Overpayment... 11 Enter the amount of line 10 you want...

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

1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?... 3 Enter the amount of tax-exempt interest received or accrued during the tax year... 4 Enter available pre-2018 NOL carryovers here... 5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers... 6a Did the organization change its method of accounting?... 6b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228?...

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: RICHARD SCORESBY, CPA, Title: CEO... Preparer: RICHARD SCORESBY, CPA, Date: 11/15/22... Firm's name: LARSON & COMPANY, PC, Firm's address: 11240 S RIVER HEIGHTS DR SUITE 300 SOUTH JORDAN, UT 84095-5123... Firm's EIN: 87-0516083, Phone no.: 801-313-1900

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

**SCHEDULE A
(Form 990-T)****Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service▶ 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).

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			
b	Less returns and allowances			
c	Balance			
1c				
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions			
4a				
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions			
4b				
4c	Capital loss deduction for trusts			
4c				
5	Income (loss) from a partnership or an S corporation (attach statement) SEE STMT 1	2,931,344		2,931,344
5				
6	Rent income (Part IV)			
6				
7	Unrelated debt-financed income (Part V)			
7				
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
8				
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
9				
10	Exploited exempt activity income (Part VIII)			
10				
11	Advertising income (Part IX)			
11				
12	Other income (see instructions; attach statement)			
12				
13	Total. Combine lines 3 through 12	2,931,344		2,931,344
13				

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

1	Compensation of officers, directors, and trustees (Part X)		1	
2	Salaries and wages		2	
3	Repairs and maintenance		3	
4	Bad debts		4	
5	Interest (attach statement). See instructions		5	
6	Taxes and licenses		6	104,955
7	Depreciation (attach Form 4562). See instructions	7		
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b	0
9	Depletion		9	
10	Contributions to deferred compensation plans		10	
11	Employee benefit programs		11	
12	Excess exempt expenses (Part VIII)		12	
13	Excess readership costs (Part IX)		13	
14	Other deductions (attach statement) SEE STATEMENT 2		14	2,460
15	Total deductions. Add lines 1 through 14		15	107,415
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		16	2,823,929
17	Deduction for net operating loss. See instructions		17	
18	Unrelated business taxable income. Subtract line 17 from line 16		18	2,823,929

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ▶

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

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

Table for Rent Income. Includes description of property (A-D), columns for rent received (a, b, c), and total deductions. Includes instructions for dual-use and percentage of rent.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Includes description of debt-financed property (A-D), columns for gross income (2), deductions (3a, 3b, 3c), average acquisition debt (4), average adjusted basis (5), and gross income reportable (7). Includes instructions for dual-use and percentage calculations.

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

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on Part I, line 8, column (A)

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

Totals

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				

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

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

Totals

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

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

Part IX Advertising Income

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

Form with checkboxes A, B, C, D for reporting multiple periodicals.

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

Table with 4 columns labeled A, B, C, D for entering advertising income amounts.

2 Gross advertising income

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

3 Direct advertising costs by periodical

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

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 zero 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 zero

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 zero here and on Part II, line 13

Main table for advertising income with 4 columns (A, B, C, D) and 8 rows (4-8).

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

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

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

Series of horizontal dotted lines for supplemental information.

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

<u>Description</u>	<u>Amount</u>
CURRENT YEAR CONTRIBUTIONS	\$ 706,000
PRIOR YEAR CONTRIBUTIONS	
TOTAL CONTRIBUTIONS AVAILABLE	<u>706,000</u>
LESS: CONTRIBUTIONS DISALLOWED	
TOTAL DEDUCTION ALLOWED	<u><u>706,000</u></u>

Federal Statements**Unrelated Business Activity****Statement 1 - Schedule A (990T), Part I, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
333 SOUTH STATE LLC	\$ 90,492	\$	\$ 90,492
BG VISTA OFFICE 8 LLC	2,841,813		2,841,813
MEDMOUNTAIN VENTURES I LLC	-961		-961
TOTAL	\$ 2,931,344	\$ 0	\$ 2,931,344

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

<u>Deduction Description</u>	<u>Deduction Amount</u>
PROFESSIONAL FEES	\$ 1,475
PROFESSIONAL FEES	985
TOTAL	\$ 2,460