DLN: 93493319116959 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 C Name of organization D Employer identification number B Check if applicable THE COMMUNITY FOUNDATION OF UTAH ☐ Address change 74-3211770 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2257 SOUTH 1100 EAST SUITE 205 ☐ Amended return ☐ Application pending (801) 559-3005 City or town, state or province, country, and ZIP or foreign postal code SALT LAKE CITY, UT  $\,$  84106  $\,$ G Gross receipts \$ 41,016,255 Name and address of principal officer H(a) Is this a group return for **BRAD DICKSON** □Yes ☑No subordinates? 2257 SOUTH 1100 EAST SUITE 205 H(b) Are all subordinates SALT LAKE CITY, UT 84106 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) □ 501(c)( ) **◄** (insert no ) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW UTAHCF ORG L Year of formation 2007 M State of legal domicile UT K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities
THE COMMUNITY FOUNDATION IS A PUBLIC, NONPROFIT FOUNDATION ESTABLISHED BY AND FOR THE PEOPLE OF UTAH OUR MISSION IS TO HARNESS UTAH'S ENTREPRENEURIAL SPIRIT IN SERVICE TO THE COMMON GOOD THROUGH SMART PHILANTHROPY Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 10 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 143,700 b Net unrelated business taxable income from Form 990-T, line 34 7b 134,525 **Current Year** 24,417,104 15,213,472 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . . 104,120 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 1,349,563 1,990,303 173,317 147,355 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26,044,104 17,351,130 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3). 12,592,082 10,618,995 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 263,461 347,030 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶66,694 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 604,360 493,523 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 13,459,903 11,459,548 19 Revenue less expenses Subtract line 18 from line 12 . 12,584,201 5,891,582 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 52,684,147 54,891,555 261,897 21 Total liabilities (Part X, line 26) . 405,005 22 Net assets or fund balances Subtract line 21 from line 20 . 54,629,658 52,279,142 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 2019-11-15 Signature of officer Sign Here ALEXANDRA EATON CEO Type or print name and title Print/Type preparer's name Preparer's signature Date Check | If 2019-11-15 P00573067 Paid self-employed Firm's name LARSON & COMPANY PC Firm's EIN > 87-0516083 **Preparer** Use Only Firm's address ▶ 11240 S RIVER HEIGHTS DR SUITE 300 Phone no (801) 313-1900 SOUTH JORDAN, UT 840955123 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2018)					Page <b>2</b>
Pa	rt III Statem	ent of Program Servic	e Accomplis	hments		
	Check if S	Schedule O contains a respo	nse or note to	any line in this Part III .		🗹
1		the organization's mission				
					AND FOR THE PEOPLE OF UTAH C JGH SMART PHILANTHROPY	OUR MISSION IS TO
2	Did the organiza	tion undertake any significa	nt program ser	vices during the year wh	ich were not listed on	
	the prior Form 9	90 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe	e these new services on Sch	edule O			
3	Did the organiza	tion cease conducting, or m	ake significant	changes in how it condu	cts, any program	
		e these changes on Schedul				☐ Yes ☑ No
4	Describe the org Section 501(c)(3	janization's program service	accomplishmer	to report the amount of	argest program services, as measu f grants and allocations to others, ti	
4a	(Code	) (Expenses \$	11.105.502	including grants of \$	10,618,995 ) (Revenue \$	)
	See Additional Data		,,		,, ( +	,
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other program s	services (Describe in Schedu	lle O )			
	(Expenses \$	•	uding grants of	\$	) (Revenue \$	)
4e	Total program	service expenses ▶	11,105,5	02		

Form	990 (2018)			Page <b>3</b>
Par	Checklist of Required Schedules			
_	7 11 12 14 14 14 14 14 14 14 14 14 14 14 14 14	-	Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I "	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛂	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII	11b	Yes	
	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 3	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

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Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,  Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>28</b> c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

Yes

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0

1c

1a

1b

No

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part  $V\$ .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Part V

12b

13b

13c

13a

14a

14b

15

No

No

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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section A. Governing Body and Management

Part VI

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 $\checkmark$ 

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b  10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			

8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

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

Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b   		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		

12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 12c Yes Did the organization have a written whistleblower policy? . 13 Yes 13

Did the organization have a written document retention and destruction policy? 14 Yes Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Yes Other officers or key employees of the organization . . . 15b No If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) taxable entity during the year? 16a Nο

a The organization's CEO, Executive Director, or top management official . . . 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt 16b Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶ Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s

only) available for public inspection. Indicate how you made these available. Check all that apply ☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 20 ►ALEXANDRA EATON 2257 SOUTH 1100 EAST STE 205 SALT LAKE CITY, UT 84106 (801) 559-3005

(A)

Name and Title

Part VII

(F)

Estimated

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

Position (do not check more

(D)

Reportable

(E)

Reportable

- year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations • List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

compensated employees, and former sach persons			
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	related organization compensated any o	urrent officer, director	, or trustee

Name and Title	hours per week (list any hours for related			ox, i n of or/t	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and				
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	MISC)	related organizations
(1) JERAMY LUND	1 50	Х						0	0	0
BOARD MEMBER	0 50 1 50									
(2) BRAD DICKSON CHAIR	0 50	х		х				o	0	0
(3) DIANA GEORGE	1 00	.,		,,						
VICE CHAIR	0 50	Х		X				0	0	0
(4) MIKELLE BARBERI-WEIL BOARD MEMBER	0 50	Х						0	0	0
(5) LINDSEY KNEUVEN BOARD MEMBER	1 00 0 50	Х						0	0	0
(6) KYM MCCLELLAND BOARD MEMBER	0 50	Х						О	0	0
(7) ADAM SLOVIK BOARD MEMBER	0 50	Х						0	0	0
(8) MARTY TATE BOARD MEMBER	1 00	Х						0	0	0
(9) BRENT THOMSON BOARD MEMBER	1 00 0 50	х						0	0	0
(10) DEVIN THORPE BOARD MEMBER	0 50	Х						0	0	0
(11) ALEXANDRA EATON CEO	40 00 1 00			х				117,882	0	11,054
						•				Form <b>990</b> (2018)

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Part VII Section A. Officers, Direct	tors, Trustees	, Key E	Empl	oyee	s, and	Higl	hest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	than o	ne bo oth ar	x, un n offic	12.5	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

	นธษะ	Trustee	ė	npensated		

	Sub-Total						<b>&gt;</b>			•		
d.	otal (add lines 1b and 1c)						•		117,882			11,054
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bove	e) who	rece	eived more than \$	100,000		
											Yes	No
3	Did the organization list any former	officer, director	or trust	ee, k	ey e	mplo	oyee, c	r hi	ghest compensate	d employee on		

1b Sub-Total											
c Total from continuation sheets to Pa	rt VII <b>, Section</b>	Α				▶					
d Total (add lines 1b and 1c)						•		117,882			11,054
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											
										Yes	No

line 1a? If "Yes," complete Schedule J for such individual . . . . . . . .

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

4

5

Section B. Independent Contractors

compensation from the organization >

1b :	1b Sub-Total										
c ·	Total from continuation sheets to Pa	art VII <b>, Section</b>	Α				▶[				
d ·	「otal (add lines 1b and 1c)						•		117,882		11,054
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	oove	e) who	rece	eived more than :	\$100,000	

1b Sub-Total												
c Total from continuation sheets to Pa	rt VII <b>, Section</b>	Α				▶						
d Total (add lines 1b and 1c)												
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												

1b :	1b Sub-Total											
c.	c Total from continuation sheets to Part VII, Section A											
d.	otal (add lines 1b and 1c)						▶		117,882		11,054	
2	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											

3

4

5

(B)

Description of services

Nο

Nο

Nο

(C)

Compensation

Form 990 (2018)

	VIII Statement of	Povonuo					Page <b>9</b>
Part			sponse or note to any	line in this Part VIII			🗆
	Check ii Scheduk	e o contains a re	sponse of note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(6	1a Federated campaign	ns 1	a	I	revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	<b>b</b> Membership dues .	. 1	ь				
noi noi	<b>c</b> Fundraising events	1	c				
., ⊈	d Related organization		d				
<u>₹</u>	e Government grants (co	ontributions) 1	e				
ä. Ä.	<b>f</b> All other contributions,		<u>-                                    </u>				
	and similar amounts no above	st included	<b>f</b> 15,213,472				
	g Noncash contributio						
12 J			12,308,007				
<u>ة ك</u>	h Total. Add lines 1a-	1f	•	15,213,472			
пе			Business	Code			
ven	2a 						
υ α <u>γ</u>	b						+
, MC	с ———						+
§.	d						
ranı	e f All other program ser	cvice revenue					
Program Service Revenue	, -		_				
_	gTotal. Add lines 2a-2f			1	1		<u> </u>
	<b>3</b> Investment income (in similar amounts) .		s, interest, and other	1,312,846			1,312,846
	4 Income from investme						
	<b>5</b> Royalties			•			
	<b>6a</b> Gross rents	(ı) Real	(II) Personal	-			
	Va Gross rents	143,	781				
	<b>b</b> Less rental expenses						
	c Rental income or	143,	781	-			
	(loss)						
	<b>d</b> Net rental income or Γ			143,781		143,781	
	<b>7a</b> Gross amount	(ı) Securities	(II) Other	-			
	from sales of assets other	24,342,	582				
	than inventory						
	<b>b</b> Less cost or other basis and	23,665,	125	1			
	sales expenses			_			
	C Gain or (loss)  d Net gain or (loss)	677,					677,457
	<b>8a</b> Gross income from fu		<u>▶</u>	377,137			0,,,,,,,,,,,
a r	(not including \$	of					
en l	contributions reported See Part IV, line 18		a				
Other Revenue	<b>b</b> Less direct expenses	5	ь	1			
er	<b>c</b> Net income or (loss)	from fundraising	events				
oth	9a Gross income from ga See Part IV, line 19	amıng actıvıtıes					
_	See Fairty, inte 15		a				
	<b>b</b> Less direct expenses	5	ь	1			
	<b>c</b> Net income or (loss)	from gamıng act	ivities •	_			
	10aGross sales of inventor returns and allowance	ory, less es					
			a				
	<b>b</b> Less cost of goods se	old	b	]			
	<b>c</b> Net income or (loss)						
	Miscellaneous	Revenue	Business Code	3 655	3 655		
	11aOTHER INCOME		90009	3,655	3,655		
	h		53112	0 164		164	
	<b>b</b> LAS BRISAS PREMIEI	R	531126	164		164	
	C OHAREST ARE THE		900099	9 -245		-245	
	c QUADEX LABS, INC		900099	-245		-245	
	<b>d</b> All other revenue .						
	e Total. Add lines 11a-						
				3,574			
	12 Total revenue. See	instructions .	• • • • •	17,351,130	3,655	143,700	
							Form <b>990</b> (2018)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	inizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .			🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	10,618,995	10,618,995	g	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	128,935	58,941	40,524	29,470
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	181,427	87,235	73,843	20,349
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,457		6,457	
9 Other employee benefits	3,565		3,565	
<b>10</b> Payroll taxes	26,646	14,932	7,903	3,811
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	50,816	19,099	29,330	2,387
c Accounting	40,664		40,664	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	151,708	151,708		
g Other (If line 11g amount exceeds 10% of line 25, column	54,936	19,391	33,121	2,424
(A) amount, list line 11g expenses on Schedule O)				
<b>12</b> Advertising and promotion	1,959	1,567	196	196
13 Office expenses	13,851	10,128	2,338	1,385
14 Information technology	10,439	8,351	1,044	1,044
15 Royalties				
<b>16</b> Occupancy	32,169	25,735	3,217	3,217
<b>17</b> Travel	7,782	6,226	778	778
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	61,548	61,548		
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,758	4,606	576	576
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UBIT INCOME TAXES	42,739		42,739	
b MEMBERSHIP DUES	7,592	6,074	759	759
c CULTIVATION PROGRAM	5,331	5,331		
d DONOR RELATIONS	3,248	3,248		
e All other expenses	2,983	2,387	298	298
25 Total functional expenses. Add lines 1 through 24e	11,459,548	11,105,502	287,352	66,694
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental solutions.				

Check here ► ☐ if following SOP 98-2 (ASC 958-720) Form **990** (2018)

Forr	n 990	(2018)				Page <b>11</b>
Р	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		1,652,806	1	486,388
	2	Savings and temporary cash investments .	[	7,236,725	2	4,749,098
Assets	3	Pledges and grants receivable, net		529,359	3	
	4	Accounts receivable, net	[		4	
	5	Loans and other receivables from current and for trustees, key employees, and highest compensate Part II of Schedule L	ated employees Complete		5	
	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organization voluntary employees' beneficiary organizations Part II of Schedule L	fied persons (as defined under n 4958(c)(3)(B), and itions of section 501(c)(9) (see instructions) Complete	10.302.781	6	9,603,828
	8	Inventories for sale or use	-	10,002,707	8	3,000,020
	9	Prepaid expenses and deferred charges	· · · ·		9	
	-	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,100,000		9	
	Ь	Less accumulated depreciation	10b		<b>10</b> c	3,100,000
	11	Investments—publicly traded securities .	<u> </u>	29,310,084	11	31,917,959
	12	Investments—other securities See Part IV, line	11	3,388,334	12	4,096,907
	13	Investments—program-related See Part IV, line	: 11		13	
	14	Intangible assets			14	70,000
	15	Other assets See Part IV, line 11		264,058	15	867,375
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	52,684,147	16	54,891,555
	17	Accounts payable and accrued expenses		139,139	17	17,897
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
(A	21	Escrow or custodial account liability Complete F	Part IV of Schedule D	265,866	21	244,000
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
ge		persons Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties		24	
	25	Other liabilities (including federal income tax, pland other liabilities not included on lines 17 - 24 Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		405,005	26	261,897
es		Organizations that follow SFAS 117 (ASC 9		<u> </u>		· ·
Balance	27	complete lines 27 through 29, and lines 33 Unrestricted net assets	and 34.	52,279,142	27	54,559,658
ä	28	Temporarily restricted net assets			28	70,000
Ē	29	Permanently restricted net assets	(466.050)		29	
ets or Fund		Organizations that do not follow SFAS 117				
	30	check here ► □ and complete lines 30 th Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or ed	<u> </u>		31	
Assets	32	Retained earnings, endowment, accumulated in	· ·		32	
	33	Total net assets or fund balances		52,279,142	33	54,629,658
Net	1.4	Total habitana and not anota (found)	· · · · · · · · · · · · · · · · · · ·	52,504,147	24	E4 904 555

34

54,891,555 Form **990** (2018)

52,684,147

Total liabilities and net assets/fund balances

34

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

## Additional Data

Software ID:

**Software Version:** 

**EIN:** 74-3211770

Name: THE COMMUNITY FOUNDATION OF UTAH

Form 990 (2018)

### Form 990, Part III, Line 4a:

SEE SCHEDULE O THE COMMUNITY FOUNDATION OF UTAH (CFU) IS A 501(C)(3) NONPROFIT ORGANIZATION COMMITTED TO ENRICHING OUR COMMUNITY BY GIVING WELL, TEACHING OTHERS TO GIVE WELL, AND UNITING PHILANTHROPY TO IMPROVE THE QUALITY OF LIFE IN UTAH CFU SERVES AS UTAH'S CATALYST FOR PHILANTHROPY THROUGH INNOVATIVE. SUSTAINABLE, AND IMPACTFUL GRANTMAKING AND WORKS WITH NONPROFIT ORGANIZATIONS. BUSINESSES, AND INDIVIDUALS TO TARGET THE MOST PRESSING NEEDS IN OUR COMMUNITY SINCE ESTABLISHMENT IN 2008, CFU HAS FACILITATED OVER 52 MILLION IN GRANTS TO UTAH'S NONPROFIT SECTOR IN 2018, CFU DISTRIBUTED 758 GRANTS, TOTALING OVER 10 MILLION, TO AREAS AS DIVERSE AS OUR FUND HOLDERS - FROM ARTS & CULTURE TO ANIMAL WELFARE, TO EDUCATION AND ENVIRONMENT CFU IS ALSO ACTIVELY ENGAGED IN NUMEROUS INITIATIVES TO STRENGTHEN OUR SOCIAL SECTOR THESE OPPORTUNITIES INCLUDE GRANT AND EDUCATION PROGRAMS, COMMUNITY LEADERSHIP, AND COMMUNITY IMPACT FUNDS PROGRAMS INVEST IN SUCCESS (IIS) - IIS IS AN ANNUAL WEEK-LONG TRAINING PROGRAM FOR RURAL NONPROFIT LEADERS SINCE 2013, IIS HAS PROVIDED CAPACITY-BUILDING SUPPORT FOR NONPROFIT ORGANIZATIONS ACROSS THE STATE OF UTAH QUALIFIED ORGANIZATIONS MUST SERVE LOW-INCOME POPULATIONS AND FACE SIGNIFICANT BARRIERS OF TIME, DISTANCE. AND DISCRETIONARY FUNDS TO RECEIVE TRAINING AND SUPPORT. IIS PROVIDES AN INTENSE AND IMMERSIVE PROGRAM INCLUDING TRAINING ON BOARD GOVERNANCE, ORGANIZATIONAL FINANCE, MARKETING, LEADING CHANGE, AND ADVOCACY LOVE UT GIVE TUESDAY (LUGT) - LUGT IS AN ANNUAL DAY OF GIVING TO SUPPORT UTAH'S NONPROFIT SECTOR REGISTERED NONPROFITS WILL BE ACCESSIBLE THROUGH CFU'S NONPROFIT DIRECTORY, WHERE DONORS CAN SEARCH FOR AND DONATE DIRECTLY TO FAVORITE CAUSES AND/OR ORGANIZATIONS MORE THAN 5 MILLION HAS BEEN GIVEN THROUGH CFU'S GIVING DAYS SINCE 2013 PAY FOR SUCCESS (PFS) - PFS IS AN INNOVATIVE FUNDING MODEL THAT DRIVES GOVERNMENT RESOURCES TOWARD SOCIAL PROGRAMS THAT PROVIDE MEASURABLE RESULTS MISSION-DRIVEN INVESTORS COVER THE UPFRONT COSTS OF PROGRAMMING, AND IF THE PREDETERMINED GOALS ARE ACHIEVED, THE GOVERNMENT REPAYS THE INVESTORS SOCIAL INVESTORS FORUM (SIF) - SIF IS A VENUE FOR ORGANIZATIONS TO PITCH INNOVATIVE IDEAS FOR SOLVING SOCIAL PROBLEMS TO A PANEL OF INVESTORS SINCE 2014, 498,500 HAS BEEN AWARDED TO ORGANIZATIONS THROUGH THE PROGRAM EY SOCIAL ENTREPRENEUR AWARD (EOY) - THROUGH THE ANNUAL AWARD PROGRAM, EOY HONORS LEADERS AND ORGANIZATIONS THAT HAVE DEVELOPED INNOVATIVE WAYS TO SOLVE COMPLEX SOCIAL PROBLEMS, HAD MEASURABLE IMPACT, AND HAVE CREATED SIGNIFICANT SOCIAL VALUE THE PROGRAM IS A COLLABORATION WITH ERNST & YOUNG UTAH GRANTMAKERS ALLIANCE (UGA) - UGA PROVIDES OPPORTUNITIES FOR PRIVATE FOUNDATIONS AND DONOR ADVISED FUNDHOLDERS TO CONNECT WITH OTHER LOCAL DONORS TO EXPLORE STRATEGIES FOR MORE EFFECTIVE, IMPACTFUL, AND ENGAGED PHILANTHROPY UTAH ETHICAL LEADERSHIP AWARDS (ELA) - ELA RECOGNIZES LEADERSHIP IN UTAH BUSINESSES, NONPROFIT ORGANIZATIONS, AND GOVERNMENT ENTITIES THAT EMBODY BEST PRACTICES IN ETHICAL BEHAVIORS THE PROGRAM IS A COLLABORATION WITH THE DANIELS FUND AND THE DANIELS FUND ETHICS INITIATIVE AT THE DAVID ECCLES SCHOOL OF BUSINESS COMMUNITY IMPACT FUNDS COMMUNITY DEVELOPMENT FUND (CDF) - CDF FUNDS AFFORDABLE HOUSING ORGANIZATIONS AND PROJECTS THAT SUPPORT LOW TO MODERATE-INCOME COMMUNITIES IN UTAH HOUSING AND HOMELESS PILLAR (HHP) - HHP AWARDS GRANT FUNDING FOR PROGRAMS THAT PROVIDE HOUSING AND SERVICES TO THOSE WHO ARE AT RISK FOR HOMELESSNESS OR ARE HOMELESS COLLABORATION BETWEEN THE STATE OF UTAH, LOCAL GOVERNMENTS, SERVICE PROVIDERS, BUSINESSES, COMMUNITY LEADERS, PRIVATE FUNDERS. AND REPRESENTATIVES OF INDIVIDUALS EXPERIENCING HOMELESS UTILIZE THE FUND'S FLEXIBILITY TO SELECT AND SUPPORT ORGANIZATIONS AND RESPOND TO EVER-CHANGING COMMUNITY NEEDS UTAH NATURAL HERITAGE FUND (UNH) - UNH FUNDS NONPROFIT ORGANIZATIONS WORKING COLLABORATIVELY AND STRATEGICALLY TO PRESERVE UTAH'S NATURAL RESOURCES LGBTO COMMUNITY FUND (LGBTO) - THE LGBTO COMMUNITY FUND SUPPORTS UTAH'S LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER COMMUNITY BY RAISING MONEY AND DISTRIBUTING GRANTS FOR PROGRAMS THAT ENHANCE THE LIVES OF LGBTQ+ PEOPLE IN UTAH WOMEN'S GIVING CIRCLES - THE UTAH WOMEN'S GIVING CIRCLE AND THREE CORNERS WOMEN'S GIVING CIRCLE LEVERAGE MODEST. INDIVIDUAL DONATIONS INTO POWERFUL INVESTMENTS FOR PROGRAMS THAT EMPOWER WOMEN AND GIRLS IN UTAH THESE CIRCLES HOST EDUCATIONAL EVENTS AND HOLD ANNUAL GRANT CYCLES

SCHEDU Form 990 o 990EZ)		Com		Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
Department of the			► Go to	www.irs.gov/Form	<u>990</u> for the late	est information		Open to Public Inspection
Name of the O	organizati	on ON OF UTAH					Employer identifi	cation number
Down T	20000 f	nu Dublic (	Chaulte Ctat	(All overstion			74-3211770	
				<b>us</b> (All organization e it is (For lines 1 thro			see instructions.	
1	church, co	nvention of	churches, or as	ssociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
	school des	cribed in <b>se</b>	ction 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ) )		
3 ∏ A	hospital or	a cooperati	ve hospital ser	vice organization desci	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
	medical re ame, city, a		nızatıon operat	ed in conjunction with	a hospital descr	bed in <b>section</b> :	170(b)(1)(A)(iii). E	Enter the hospital's
		ion operated		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	ibed in <b>section 170</b>
•	,, ,, ,,		,	r governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).	
	-		mally receives vi). (Complete	a substantial part of it Part II )	s support from a	governmental u	ınıt or from the genei	ral public described in
8	communit	y trust descr	ıbed ın <b>sectio</b> ı	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
				escribed in <b>170(b)(1)</b> lee instructions Enter				lege or university or
fr in	om activition vestment i	es related to ncome and	its exempt fur inrelated busir	(1) more than 331/3% nctions—subject to cer ness taxable income (le omplete Part III )	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
⊔ m	ore publicl	y supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(	
T 🔲 a	<b>ype I.</b> A su ganızatıon	ipporting org (s) the powe	ganızatıon opei	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
□ m	anagemen	t of the supp		pervised or controlled in ation vested in the sar and C.				
				supporting organizatio				ated with, its
d 🗌 Ty	ype III no inctionally	n-function integrated	<b>ally integrate</b> The organization	ions) You must com  d. A supporting organi  n generally must satis  rt IV, Sections A and	ization operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗌 CI	heck this b	ox ıf the org	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally
	-		on-functionally organizations	integrated supporting	organization		_	
				upported organization(	T .			1.00
	ne of suppo ganization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
otal								
	rk Reducti	on Act Not	ice, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	990 or 990-EZ) 201

15 Public support percentage for 2017 Schedule A, Part II, line 14

organization

instructions

supported organization

and stop here. The organization qualifies as a publicly supported organization

box and stop here. The organization qualifies as a publicly supported organization

15

Schedule A (Form 990 or 990-EZ) 2018

77 740 %

P	art II Support Schedule for	Organizations	Described in S	ections 170(b)	(1)(A)(iv), 17	'0(b)(1)(A)(vi)	, and 170
	(b)(1)(A)(ix)			0.50.7.5			
	(Complete only if you ch						y under Part
_	III. If the organization fa	alls to quality un	der the tests list	ed below, please	e complete Part	111.)	
5	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
L	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	16,425,964	14,106,020	12,949,611	24,417,104	15,213,472	83,112,171
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						
ı	<b>Total.</b> Add lines 1 through 3	16,425,964	14,106,020	12,949,611	24,417,104	15,213,472	83,112,171
5	The portion of total contributions by each person (other than a governmental unit or publicly	20,120,00	2.,,200,020	22,5 10,522	21,121,120	=======================================	
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						19,231,320
5	Public support. Subtract line 5						63,880,851
	from line 4						05,000,051
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2014	<b>(b)</b> 2015	(c)2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f)Total
7	Amounts from line 4	16,425,964	14,106,020	12,949,611	24,417,104	15,213,472	83,112,171
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	882,679	395,191	250,401	745,407	1,312,846	3,586,524
9	Net income from unrelated business activities, whether or not the business is regularly carried on			171,143	163,503	134,525	469,171
LO	- · · · · · · · · · · · · · · · · · · ·	90,438	98,082				188,520
1							87,356,386
<b>.</b> 2	Gross receipts from related activities,	etc (see instruction	ns)	•	•	12	107,775
L3	First five years. If the Form 990 is fo	-		•	•	` ` ` `	nization,
	check this box and $\boldsymbol{stop\ here}\ \boldsymbol{.\ .\ .}$			<del></del>		▶ □	
S	ection C. Computation of Public						
.4	Public support percentage for 2018 (Iii	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	73 130 %

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2018. 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

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

h 10%-facts-and-circumstances test-2017. 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

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

20

Р	Support Schedule for					d + 1.6	law Dawk II - IS
	(Complete only if you c the organization fails to						ier Part II. If
Se	ection A. Public Support	quality affact t	ine cests fisced i	below, piedse ed	ompiete i die III	/	
	Calendar year	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(B) 2013	(6) 2010	(u) 2017	(e) 2018	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
-	to or expended on its behalf The value of services or facilities						
9	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
	ection B. Total Support	T	T	1	1	1	T
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	organization.
	check this box and <b>stop here</b>	<b>.</b>		,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S		•	( //		16	
	ection D. Computation of Invest					••	
17	Investment income percentage for 20:			line 13. column (f	7)	17	
	Investment income percentage for 20.	•		==, ==; (1	,,		
18	-			on line 14 and lin	o 15 is more than	18	ne 17 is not
	331/3% support tests—2018. If the	_					_
	more than 33 1/3%, check this box and s	•					
b	33 1/3% support tests—2017. If the	_					_
	not more than 33 1/3%, check this box	and <b>stop here.</b> `	i ne organization i	qualifies as a publ	icly supported org	janization – – – – – – – – – – – – – – – – – – –	▶□

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

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

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)? 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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI.</b>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

Schedule A	(Form 990 or 990-EZ)	2018		Page
Part VI	Section A, lines 1, 2, Part IV, Section D, lii	3b, 3c, 4b, 4c, 5a, 6, 9a, bes 2 and 3, Part IV, Section	9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2 tion E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Sec	, Part IV, Section C, line 1, tion B, line 1e, Part V
		Fa	acts And Cırcumstances Test	
990 Sche	dule A. Sunnlemei	ntal Information		
	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			
Ref	turn Reference		Explanation	
PART II, LI	NE 10	188,520		

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

# **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.

OMB No 1545-0047

51

DLN: 93493319116959

Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** THE COMMUNITY FOUNDATION OF UTAH 74-3211770 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 164 2 Aggregate value of contributions to (during year) 14,697,414 256,353 Aggregate value of grants from (during year) 9.721.582 713,446 Aggregate value at end of year 43.015.522 1.806.839 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ✓ Yes □ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ✓ Yes □ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	t III	Organizations Maintaining C	collections of	Art, Hist	orical T	reas	ures, or	Other:	Similar A	ssets (	contını	ıed)		
3		the organization's acquisition, access (check all that apply)	sion, and other r	ecords, che	ck any of	the fo	ollowing th	at are a	sıgnıfıcant	use of its	s collec	tion		
а		Public exhibition			d 🗌	Loar	n or exchar	nge prog	rams					
b		Scholarly research			e 🗌	Othe	er							
c		Preservation for future generations												
4	Provi Part :	de a description of the organization's XIII	collections and e	explain how	they furt	her th	ne organiza	tion's ex	empt purpo	ose in				
5		ng the year, did the organization solicies to be sold to raise funds rather than							ılar	☐ Ye	es [	_ N	o	
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization and X, line 21.		on Form 9	990, Part	IV, I	ine 9, or	reporte	d an amo	unt on F	Form 9	990,	Part	
1a		e organization an agent, trustee, custo ded on Form 990, Part X?	odian or other in	termediary	for contri	bution	ns or other	assets r	not	☐ Ye	es [	✓ N	о	
b	If "Ye	es," explain the arrangement in Part X	(III and complete	e the follow	ing table				Þ	mount			_	
c	Begır	nning balance						<b>1</b> c					_	
d	Addıt	ions during the year						1d					_	
е	Distri	butions during the year					L	1e					_	
f	Endır	ng balance					L	1f					_	
2a	Did tl	he organization include an amount on	Form 990, Part	X, line 21,	for escrov	v or cu	ustodial ac	count lia	bility?	<b></b> ✓ Ye	es [	<b>□</b> N	o	
b	If "Y∈	es," explain the arrangement in Part X	III Check here	ıf the expla	nation has	beer	n provided	ın Part >	(III	<b>✓</b>				
Pa	rt V	Endowment Funds. Complete												
			(a)Current	year (	<b>b)</b> Prior yea	r	(c)Two yea	rs back	(d)Three ye	ars back	(e)Fou	ır year	rs back	
<b>1</b> a	Beginn	ing of year balance		35,083	114	1,420		88,650		226,766			202,976	
b	Contrib	outions	3,2	52,169		3,303		27,251		5,276			25,943	
С	Net in	estment earnings, gains, and losses		-5,964	17	2,362		5,351		-1,316		-2,153		
d	Grants	or scholarships												
е		expenditures for facilities		1,466		2		6,832		142,076				
		ograms		-,		$\dashv$		-,						
		'	3 3	79,822	13	5,083		114,420		88,650			226,766	
_		year balance					\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	111,120		00,030				
2		de the estimated percentage of the cu d designated or quasi-endowment <b>&gt;</b>	irrent year end t 100 000 %	palance (IIn	e 1g, colu	mn (a	a)) neid as							
a		anent endowment	100 000 70											
Ь														
С		porarily restricted endowment > Dercentages on lines 2a, 2b, and 2c sh	ould equal 100º	<b>1</b> /a										
За		here endowment funds not in the pos			that are h	eld ar	nd adminis	tered for	the					
		nization by		<b>5</b>							7	Yes	No	
	(i) u	nrelated organizations								3.	a(i)		No	
		elated organizations									a(ii)		No	
b		es" on 3a(II), are the related organizat		·		.7				· L	3b			
4	_	ribe in Part XIII the intended uses of t		s endowme	ent runas									
Pæ	rt VI	Land, Buildings, and Equipm Complete if the organization ar		on Form 9	990. Part	IV. I	ine 11a.	See For	m 990. Pa	art X. lır	ne 10.			
	Descr	iption of property (a) Cost or		(b) Cost or of					epreciation		( <b>d)</b> Bool	k valu	e	
1a	Land				3,1	00,000						3	3,100,000	
		gs												
		nold improvements												
		nent												
	Other													
		lines 1a through 1e (Column (d) mus	t equal Form 990	0, Part X, co	olumn (B)	, line	10(c)).	. 1	<b>&gt;</b>			3	3,100,000	
	-	2 ( (,)		. , .	, -/	-				<u>-</u>				

Part VII Investments—Other Securities. Complete if the	e organization answe	ered "Yes" on Form	990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category  (including page of cocurety)	(b) Book value		thod of valuation
(including name of security)  (1) Financial derivatives		Cost of end	l-of-year market value
(2) Closely-held equity interests			
(A) OTHER INVESTMENTS (B)	4,096,907		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related.	4,096,907		
Complete if the organization answered 'Yes' on Fo  (a) Description of investment	orm 990, Part IV, line (b) Book value		0, Part X, line 13. hthod of valuation
	(5, 250), 11110		l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. Complete if the organization answered	Week on Ferral 2000, Part	TV lune 11 d. Con Fam	000 Park V Iva 15
(a) Description		. IV, line IId See For	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )			. •
Part X Other Liabilities. Complete if the organization ar See Form 990, Part X, line 25.			e 11e or 11f.
(a) Description of liability     (1) Federal income taxes	<b>(b)</b> Boo	ok value	
(2) (3003.11.00.00 30.00			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of	the footnote to the organic	anization's financial of	ratements that reports the
organization's liability for uncertain tax positions and FIN 48 (ASC 7-	_		

Part XI

2

а

b

4

b

c

Part XII

5

1

2

c

Part XIII

See Additional Data Table

Return Reference

Schedule D (Form 990) 2018

Page 4

-3,541,066

2c c d 2d -50.000 2e e 3 3

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . .

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Add lines **4a** and **4b** . . . . . .

Donated services and use of facilities . . .

**Supplemental Information** 

Net unrealized gains (losses) on investments . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

4a 151,708

-3.491.066

2a

2b

4b

2a 2b

2c

Explanation

17,199,422

4c 151,708 5 17,351,130 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 11,307,840

Schedule D (Form 990) 2018

2d Other (Describe in Part XIII ) . . . . . d Add lines 2a through 2d . . . . . 2e 3 3 11,307,840 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . 4a 151,708 4b b Add lines **4a** and **4b** . . . . . . . . . . . . . . . . 4c 151,708 5 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . . 11.459.548

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

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

# **Additional Data**

Software ID: **Software Version:** 

3,183 AT 12/31/18

**EIN:** 74-3211770

Name: THE COMMUNITY FOUNDATION OF UTAH

Supplemental Information	
Return Reference	Explanation
SCHEDILLE D. DACE 3. DART TV	THE ODCANIZATION HELD INVESTMENT BALANCES FOR 17 NONDROST ENTITIES AS WELL AS SUBJECTED ON

LINE 2B DONORS WHICH ARE DESIGNATED FOR OTHER NONPROFIT ENTITES. THE TOTAL OF THESE AMOUNTS WAS 25

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	ASC TOPIC 740, INCOME TAXES, PROVIDES GUIDANCE ON HOW UNCERTAIN TAX POSITIONS SHOULD BE RE COGNIZED, 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 TRUSTS TAX RETURNS TO DETERMINE IF THE POSITIONS ARE MORE-LIKELY-THAN-NOT OF BEING SUSTAINED IF EXAMINED BY THE TAXING AUTHORITIES MANAGEMENT HAS DETERMIN ED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2015 FORWARD

Supplemental Information

Supplemental Information	
Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	IMPAIRMENT LOSS -50,000

Ē

DLN: 93493319116959 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE COMMUNITY FOUNDATION OF UTAH 74-3211770 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page <b>2</b>
Part IIII Grants and Other A Part III can be duple			als. Complete If the org	anızatıon answered "Yes	" on Form 990, Part IV, line 22	
(a) Type of grant or assi		(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 Supplementa	l Informati	on. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ac	dditional information.
Return Reference	Explanati	on				
SCHEDULE I, PAGE 1, PART I, LIN	NE MOST GRAI DEEMED NI		PUBLIC CHARITY AT TH	E REQUEST OF DONORS	WHO ESTABLISHED DONOR ADVIS	SED FUNDS AND NO FURTHER FOLLOW-UP IS

## **Additional Data**

PRIMARY CHILDREN'S

SALT LAKE EDUCATION

440 EAST 100 SOUTH STE 118 SALT LAKE CITY, UT 84111

HOSPITAL PO BOX 413168 SALT LAKE CITY, UT 841413168

FOUNDATION

# Software ID: **Software Version: EIN:** 74-3211770 Name: THE COMMUNITY FOUNDATION OF UTAH Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic O (b) EIN (c) IPC section (d) Amount of each (a) Amount of non- (f (a) Name and address of

5,100

5,244

organization	ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government			assistance	other)	
_				· I	

organization or government	if applicable	grant	cash assistance	(book, FMV, appraisal, other)

501C3

501C3

(a) Name and address of	(0) [1]	(C) INC Section	(u) Amount of cash	(e) Amount of non-	(1) Method of Value
organization		ıf applıcable	grant	cash	(book, FMV, appra
or government				assistance	other)

80-0225150

74-2563849

Governments.					
f) Method of valuation book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			

GENERAL SUPPORT

GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 82-2762408 501C3 5.270 OUT FOUNDATION IGENERAL SUPPORT 780 W 1340 S

780 W 1340 S
PROVO, UT 84601

PROVO SCHOOL DISTRICT 87-0489739 501C3 5,500

FOUNDATION 280 W 940 N

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PROVO, UT 84604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 95-2875879 501C3 5.500 HOLY ANGELS CHURCH IGENERAL SUPPORT 370 CAMPUS DRIVE ARCADIA, CA 91007

GENERAL SUPPORT

370 CAMPUS DRIVE ARCADIA, CA 91007

GIRLS ON THE RUN SOUTHERN 47-2246689 501C3 5,675

UTAH
PO BOX 1372

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STGEORGE, UT 84770

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 13-3668472 501C3 6.000 ASCENSION MUSIC CHORUS IGENERAL SUPPORT AND ORCHESTR 12 WEST 11TH STREET NEW YORK, NY 10011 YOUTH FUTURES 45-3245622 501C3 6.000

IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2760 ADAMS ST OGDEN, UT 84403

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 76-0740457 501C3 6.000 IGENERAL SUPPORT FRIENDS OF SWITCHPOINT INC

## NORTH 1300 WEST 1
ST GEORGE, UT 84770

RIRIE-WOODBURY DANCE 87-0294341 501C3 6,000

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

138 WEST BROADWAY SALT LAKE CITY, UT 84101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance REPERTORY DANCE THEATRE 87-0332580 501C3 6.000 IGENERAL SUPPORT PO BOX 510427

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

SALT LAKE CITY, UT 84101
UTAH PUBLIC RADIO

8505 OLD MAIN HILL LOGAN, UT 84322

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 501C3 6.000 GREAT COMMISSION 95-2814920 IGENERAL SUPPORT FOUNDATION OF CAMP

100 LAKE HART DR ORLANDO, FL 32832 ENGAGE NOW AFRICA INC. 45-4100494 501C3 6.264 IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

26 PATRIOT PLACE SUITE 301 FOXBORO, MA 02035

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HUMANE SOCIETY OF UTAH PO BOX 573659	87-0256350	501C3	6,300		GENERAL SUPPORT
SALT LAKE CITY, UT 84157					

6,500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

THE INN BETWEEN

SALT LAKE CITY, UT 84105

1216 F 1300 S

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IERAL SUPPORT

KUED	87-6000525	501C3	6,500		GENE
101 SOUTH WASATCH DRIVE SALT LAKE CITY, UT 84112					
SALT BARE CITT, OT STILL					

THE CHILDREN'S CENTER 87-6114073 501C3 6,500

350 SOUTH 400 FAST SALT LAKE CITY, UT 84111

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance 87-0500035 501C3 6.600 IGENERAL SUPPORT ROTARY CLUB OF OGDEN FOUNDATION 2580 JEFFERSON AVE OGDEN. UT 84401

6.850

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

ONE CALL FOR ALL PO BOX 10487

BAINBRIDGE ISLAND, WA

98110

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance AMERICAN MODERN 20-3563472 501C3 7,000 IGENERAL SUPPORT

SUITE 39S NEW YORK, NY 10036				
ENSEMBLE 400 WEST 43RD STREET				

7.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

SALT LAKE ACTING COMPANY

168 WEST 500 NORTH SALT LAKE CITY, UT 84103

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 59-1995859 501C3 7.000 EDGEWATER ALLIANCE IGENERAL SUPPORT CHURCH

310 N RIDGEWOOD AVE EDGEWATER, FL 32132

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84105

WESTMINSTER COLLEGE 87-0212470 501C3 7.000 IGENERAL SUPPORT 1840 SOUTH 1300 EAST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-0668199 501C3 7.000 HIGH COUNTRY JUNIOR IGENERAL SUPPORT VOLLEYBALL CLUB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7105 S SWAN HILL DR WEST JORDAN, UT 84084

FRIENDS OF ALTA 94-2856217 501C3 7,000 GENERAL SUPPORT PO BOX 8126 ALTA, UT 84092

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-0618601 501C3 7.500 COURAGE REINS IGENERAL SUPPORT 5870 W 10400 N HIGHLAND, UT 84003

NEW YORK GILBERT & 13-2862043 501C3 8.000 GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SULLIVAN PLAYERS 302 WEST 91ST ST

NEW YORK, NY 10024

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance QUINTET OF THE AMERICAS 13-3143311 501C3 8.000 IGENERAL SUPPORT

15 CIRCLE RD DOUGLASTON, NY 11363 20-2313461 501C3 8.000 IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MALTHEH FREE CLINIC 415 EAST 3900 SOUTH

SALT LAKE CITY, UT 84107

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 26-3920757 501C3 8.000 UTAH LIONS RUGBY ACADEMY IGENERAL SUPPORT 4605 LONESOME CIRCLE

4605 LONESOME CIRCLE
WEST JORDAN, UT 84088

RONALD MCDONALD HOUSE 74-2386043 501C3 8,000

GENERAL SUPPORT
CHARITIES OF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

935 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance VOTERISE 47-5146786 501C3 8,861 IGENERAL SUPPORT VOTEDICE

307 WEST 200 SOUTH SUITE 5002 SALT LAKE CITY, UT 84101					
LEHMAN COLLEGE ART	13-3391212	501C3	9,000		GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GALLERY INC 250 BEDFORD PARK BLVD W

BRONX, NY 10468

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 42-1573321 501C3 9.000 IGENERAL SUPPORT OGDEN PIONEER HERITAGE FOUNDATION

PO BOX 150092 OGDEN, UT 84415					
YOUNG PEOPLE'S CHORUS OF NEW YORK C 37 WEST 65TH STREET SECOND FLOOR	11-3372980	501C3	10,000		GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NEW YORK, NY 10023

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BLOOMINGDALE SCHOOL OF 13-2562192 501C3 10.000 IGENERAL SUPPORT MUSIC INC 323 WEST 108TH STREET

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

NEW YORK, NY 10025

DANCE THEATRE OF HARLEM

466 WEST 152ND ST NEW YORK, NY 10031

INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 13-3193376 501C3 10.000 IGENERAL SUPPORT THEATER BREAKING THROUGH BARRIERS

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

400 W 43RD ST APT 43R NEW YORK, NY 10036 THE ORCHESTRA OF THE

5 MINERVA PLACE 21 BRONX, NY 10468

BRONX

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance CLASSICAL THEATRE OF 13-4046782 501C3 10.000 IGENERAL SUPPORT HARLEM INC 566 WEST 159TH STREET SUITE 44 NEW YORK, NY 10032

10,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

RACHEL COVEY FOUNDATION

1141 E 600 S ALPINE, UT 84004

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 47-0418641 501C3 10.000 YORK COLLEGE IGENERAL SUPPORT ADVANCEMENT OFFICE 1125 F 8TH ST

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

47-5664511

YORK, NE 68467

1450 N UNIVERSITY AVE PROVO, UT 84604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance EARLY MUSIC FOUNDATION 51-0185930 501C3 10.000 IGENERAL SUPPORT 10 WEST 68TH STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROCKVILLE, MD 20852

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 74-2392822 501C3 10.000 IGENERAL SUPPORT MAKE A WISH FOUNDATION 771 F WINCHESTER ST

OF UTAH INC MURRAY UT 84107 GLOBAL GREENGRANTS FUND 84-1612422 501C3 10.000 IGENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SUITE A

BOULDER, CO 80301

2840 WILDERNESS PLACE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-0212468 501C3 10.000 BOY SCOUTS OF AMERICA IGENERAL SUPPORT UTAH NATIONA

748 NORTH 1340 WEST OREM. UT 84057

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84152

ARTISTS OF UTAH 87-0685214 501C3 10.000 IGENERAL SUPPORT

PO BOX 526292

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 94-2674996 501C3 10.000 IGENERAL SUPPORT FOUNDATION FOR THE DROVO-TORDAN BIV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOS ANGELS, CA 90012

872 WOODRUFF WAY SALT LAKE CITY, UT 84108					
CALIFORNIA COMMUNITY FOUNDATION 221 S FIGUEROA ST SUITE 400	95-3510055	501C3	10,000		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 27-4362942 501C3 11.000 KISSIDUGU FOUNDATION IGENERAL SUPPORT GENERAL SUPPORT

9101 N ODGEN STREET THORNTON, CO 80229 PLANNED PARENTHOOD 87-0288909 501C3 11.200 ASSOCIATION OF U

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

654 SOUTH 900 EAST SALT LAKE CITY, UT 84102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST JUDE CHILDREN'S 62-0646012 501C3 11.500 IGENERAL SUPPORT RESEARCH HOSPIT 501 ST JUDE PLACE MEMPHIS.TN 38105

11.550

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

BEST FRIENDS ANIMAL

5001 ANGEL CANYON ROAD KANAB, UT 847415000

SOCIETY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance PORT

PROJECT AIRTIME 13 DUCHESNE CIRCLE DRAPER, UT 84020	46-5212468	501C3	12,000		GENERAL SUPPO

12,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

CONGREGATION KOL AMI

2425 HERITAGE WAY SALT LAKE CITY, UT 84109

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ACLU OF UTAH FOUNDATION 87-0439810 501C3 12.500 IGENERAL SUPPORT 355 N 300 WEST

13,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

SALT LAKE CITY, UT 84103

JAYHAWKS PROGRAM

SALT LAKE CITY, UT 84116

445 N 1300 W

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 87-0568405 501C3 13.000 IGENERAL SUPPORT CANCER WELLNESS HOUSE INC

59 SOUTH 1100 EAST
SALT LAKE CITY, UT 84102

UNITED WAY OF SALT LAKE 87-0227091 501C3 13,500

GENERAL SUPPORT 257 EAST 200 SOUTH SUITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

300

SALT LAKE CITY, UT 84111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-6164318 501C3 13.500 WEBER COUNTY SCHOOL IGENERAL SUPPORT DISTRICT FOUNDA

DISTRICT FOUNDA
5320 S ADAMS AVE
OGDEN, UT 84405

UTAH FOOD BANK 87-0212453 501C3 13.550 GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3150 SOUTH 900 WEST SALT LAKE CITY, UT 84119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SPY HOP PRODUCTIONS INC 87-0642304 501C3 14.100 IGENERAL SUPPORT 669 SOUTH WEST TEMPLE SUITE 202 SALT LAKE CITY, UT 84101

14.900

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

UTAH DEVELOPMENT

SALT LAKE CITY, UT 84101

ACADEMY 75 S 600 W

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-0433188 501C3 14.907 MIDVALE HISTORICAL IGENERAL SUPPORT

SOCIETY AND MUSE 7697 SOUTH MAIN STREET MIDVALE, UT 84047

15.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

SEARCH AND CARE INC. 1844 SECOND AVE

NEW YORK, NY 10128

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance RACE SWAMI 27-4648408 501C3 15.000 IGENERAL SUPPORT

PO BOX 2493 SANDY, UT 84091 THE CENTER FOR WOMEN AND 87-0405229 501C3 15.000 GENERAL SUPPORT CHILDREN I 1433 EAST 840 NORTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

OREM, UT 84097

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance BAD DOG ARTS 87-0568289 501C3 15,000 IGENERAL SUPPORT

824 SOUTH 400 WEST SUITE B129 SALT LAKE CITY, UT 84101					
HUMANITIES IN FOCUS 255 S CENTRAL CAMPUS DRIVE	87-6000525	501C3	15,000		GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3500 LNCO ROOM 2111 SALT LAKE CITY, UT 84112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 94-2685413 501C3 15.000 OGDEN SCHOOL FOUNDATION IGENERAL SUPPORT 1950 MONROE BOULEVARD

1950 MONROE BOULEVARD
ROOM 107
OGDEN, UT 84401
SALT LAKE CIVIL NETWORK 80-0342661 501C3 15.213 GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 964

SALT LAKE CITY, UT 84110

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 42-1644363 501C3 16.000 HABITAT FOR HUMANITY OF IGENERAL SUPPORT WEBER AND D

WEBER AND D
2955 HARRISON BLVD
OGDEN, UT 84403

KIDSEAT UTAH 47-4920675 501C3 17.365

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

738 ARROWHEAD LANE MURRAY, UT 84107

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 36-2193608 501C3 18.000 IGENERAL SUPPORT SHRINERS HOSPITALS FOR CHILDREN - S

1275 E FAIRFAX ROAD AT VIRGINIA ST SALT LAKE CITY, UT 84103					
UTAH CULTURAL	80-0783246	501C3	18,000		GENERAL SUPPORT

CELEBRATION CENTER FO 1355 WEST 3100 SOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WEST VALLEY CITY, UT 84119

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-0884533 501C3 20.000 IGENERAL SUPPORT ETHIOPIAN DEVELOPMENT NETWORK INC 3421 N 180 F PROVO. UT 84604

20.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

THE TODD AND JENNIFER

CUSICK FOUNDA 515 SHEFFIELD DR PROVO, UT 846045667

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance TURN COMMUNITY SERVICES 87-0303448 501C3 20.000 IGENERAL SUPPORT TNC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

870 MARKET ST STE 370 SAN FRANCISCO, CA 94102

ACCOUNTS RECEIVABLE PO BOX 1287 SALT LAKE CITY, UT 84110					
NATIONAL CENTER FOR LESBIAN RIGHTS	94-3086885	501C3	20,000		GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance ART ACCESS 87-0413445 501C3 21.000 IGENERAL SUPPORT 230 SOUTH 500 WEST SUITE

125 SALT LAKE CITY, UT 84101

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IVINS. UT 84738

KAYENTA ARTS FOUNDATION 90-0642659 501C3 21.000 IGENERAL SUPPORT 881 COYOTE GULCH COURT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 45-5459229 501C3 23.000 SEEDS FAMILY WORSHIP IGENERAL SUPPORT 960 EASTLAND DR TWIN FALLS, ID 83301

960 EASTLAND DR
TWIN FALLS, ID 83301

YOUNG WOMENS CHRISTIAN 87-0212467 501C3 24,000

ASSN OF UTAH
322 EAST 300 SOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84111

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 13-1930700 501C3 25.000 RIVERDALE MENTAL HEALTH IGENERAL SUPPORT ASSOCIATION 5676 RIVERDALE AVENUE SUITE 202 BRONX, NY 10471 501C3 25,000 FICTION COLLECTIVE TWO 13-2957841 IGENERAL SUPPORT UNIVERSITY OF ALABAMA PRESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PO BOX 870380 TUSCALOOSA, AL 35487

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 13-4128819 501C3 25.000 PERSPECTIVES ENSEMBLE INC IGENERAL SUPPORT 870 WEST 181ST ST 22

NEW YORK, NY 10033 HOPE FUNDS FOR CANCER 20-5799367 501C3 25,000 GENERAL SUPPORT RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

174 BELLEVUE AVE SUITE 208 NEWPORT, RI 02840

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 52-2151557 501C3 25.000 IGENERAL SUPPORT VITAL VOICES GLOBAL PARTNERSHIP

1625 MASSACHUSETTS AVENUE NW STE WASHINGTON, DC 20036					
SJ QUINNEY COLLEGE OF LAW	87-6000525	501C3	25,000		GENERAL SUPPORT

383 SOUTH UNIVERSITY STREET

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84112

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 91-0760426 501C3 25.000 IGENERAL SUPPORT

SEATTLE OPERA 363 MERCER ST SEATTLE, WA 98109

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84101

PLAN-B THEATER COMPANY 87-0542630 501C3 26,000 GENERAL SUPPORT 138 WEST 300 SOUTH

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-0659915 501C3 27.033 AND JUSTICE FOR ALL IGENERAL SUPPORT

205 NORTH 400 WEST
SALT LAKE CITY, UT 84103

VOLUNTEERS OF AMERICA OF UTAH INC
435 WEST BEARCAT DRIVE

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

GENERAL SUPPORT

HALE CENTRE THEATRE 9900 SOUTH MONROE STREET SANDY, UT 84070	84-1420029	501C3	30,000		GENERAL SUPPORT

FRIENDS OF GREAT SALT LAKE 87-0527602 501C3 30,100

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

150 SOUTH 600 FAST STE 2B SALT LAKE CITY, UT 84102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-0541293 501C3 31.050 HUNTSMAN CANCER IGENERAL SUPPORT FOUNDATION

500 HUNTSMAN WAY SALT LAKE CITY, UT 84108

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84101

SALT LAKE ART CENTER 87-0221537 501C3 31.071 IGENERAL SUPPORT 20 SOUTH WEST TEMPLE

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 87-0282380 501C3 34,550 IGENERAL SUPPORT UNITED JEWISH FEDERATION

OF UTAH 2 N MEDICAL DR SALT LAKE CITY, UT 84113					
WASATCH COMMUNITY GARDENS	74-2550359	501C3	34,653		GENERA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84101

RAL SUPPORT 824 SUUTH 400 WEST STE 127

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-0504077 501C3 35.000 UTAH PRIDE CENTER IGENERAL SUPPORT PO BOX 1078

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84113

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 87-0227089 501C3 37.850 JEWISH FAMILY SERVICE IGENERAL SUPPORT 1111 EAST BRICKYARD RD SUITE 218

IGENERAL SUPPORT

44.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

SALT LAKE CITY, UT 84106
WEBER STATE UNIVERSITY
UNIVERSITY DEVELOPMENT
1265 VILLAGE DRIVE DEPT
4018

OGDEN, UT 84408

87-6000535

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance 87-0500798 501C3 50.000 CHABAD LUBAVITCH OF UTAH IGENERAL SUPPORT 1760 SOUTH 1100 EAST SALT LAKE CITY, UT 84105 UTAH STATE UNIVERSITY 87-0627128 501C3 50.000 GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

UTAH STATE UNIVERSITY FOUNDATION 1490 OLD MAIN HILL

LOGAN, UT 84322

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 82-3344499 501C3 50.834 BOULDER OUTDOOR SURVIVAL IGENERAL SUPPORT SCHOOL IN ATTN FLI LOOMIS

PO BOX 1345 BOULDER, UT 84716 501C3 52,500 PARK CITY COMMUNITY 30-0171971

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PARK CITY, UT 84068

IGENERAL SUPPORT FOUNDATION PO BOX 681499

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 87-6000528 501C3 56.400 IGENERAL SUPPORT UTAH STATE UNIVERSITY 1540 OLD MAIN HILL SUITE 208

IGENERAL SUPPORT

88.284

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

208 LOGAN, UT 84322 UNIVERSITY OF UTAH 332 S 1400 E SUITE 150

SALT LAKE CITY, UT 841120300 87-6000525

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 84-1113831 501C3 90.000 IGENERAL SUPPORT WESTERN RESOURCE ADVOCATES 2260 BASELINE ROAD SUITE 200

GENERAL SUPPORT

100,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

52-6071299

BOULDER, CO 80302

PO BOX 9123 JAF BLG NEW YORK, NY 10087

CAMBRIDGE IN AMERICA

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 87-6000525 501C3 100.100 IGENERAL SUPPORT WOMEN'S RESOURCE CENTER 200 S CENTRAL CAMPUS DR

200 S CENTRAL CAMPUS DR
RM 411
SALT LAKE CITY, UT 84112

BRIGHAM YOUNG UNIVERSITY 87-0217280 501C3 115,932
LDS PHILANTHROPIES

GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1450 N UNIVERSITY AVE PROVO, UT 84604

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance MORONI CITY CORPORATION 87-6113379 501C3 133.933 IGENERAL SUPPORT 80 SOUTH 200 WEST PO BOX 870 MORONI.UT 84646

IGENERAL SUPPORT

139.979

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

13-3992139

THE CATSKILL MOUNTAIN FOUNDATION IN PO BOX 924 HUNTER, NY 12442

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 47-1997809 501C3 140.000 POSITIVE IQ FOUNDATION IGENERAL SUPPORT

9950 SOUTH 300 WEST SANDY, UT 84070

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5 WOODSTONE DR CEDAR GROVE, NJ 07009

LOVE AND HOPE INC 27-0402115 501C3 182.858 GENERAL SUPPORT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 82-3689521 501C3 304.440 DANIELLE BYRON HENRY IGENERAL SUPPORT MIGRAINE FOUND 2936 F BENCHMARK DR SALT LAKE CITY, UT 84109

IGENERAL SUPPORT

1.850.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501C3

THE OTHER SIDE ACADEMY

667 EAST 100 SOUTH SALT LAKE CITY, UT 84102 47-4495796

(a) Name and address of (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN (c) IRC section organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

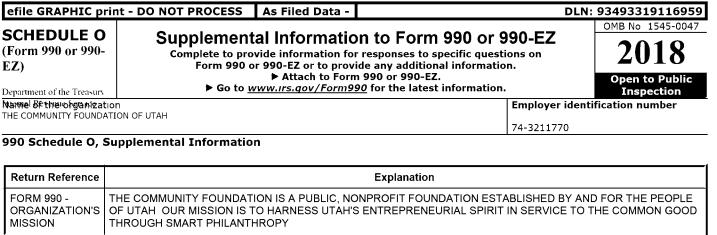
THE CHURCH OF JESUS
CHRIST OF LATTE
50 EAST NORTH TEMPLE ROOM
1521
GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALT LAKE CITY, UT 84150

efil	e GRAPHIC pr	int - DO NOT PI	ROCESS	As Filed Data -			DLN	: 9349331	9116	959
	IEDULE M		N	loncash Contri	hutions			OMB No 1	.545-0	047
(For	m 990)			toricasii contri	butions			20	10	)
		-	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 3	0.	20	10	)
		► Attach to Form								
	tment of the Treasury al Revenue Service	▶Go to <u>www.irs.c</u>	gov/Form9	90 for the latest informat	ion.			Open to		
	e of the organizat					Emplo	yer iden	tification n	umber	
THE	OMMUNITY FOUNDA	TION OF UTAH				74-32	11770			
Pa	rt I Types	of Property								
			(a)	(b)	(c)			(d)		
			Check If applicable	Number of contributions or items contributed	Noncash contribution amounts reported on	Ι.		d of determi ontribution a		_
			аррпсаые	items contributed	Form 990, Part VIII, line	'	ioricasii c	onthibution a	mount	3
					1g	-				
1	Art—Works of art Art—Historical tre									
3	Art—Fractional in									
4	Books and public									
	Clothing and hou									
	_									
	Cars and other v		<u> </u>			1				
7 8	Boats and planes Intellectual prope					+				
9	Securities—Public	•	X	17	748,508	EFM\/				
	Securities—Close	•	X	2	1,427,065					
11	Securities—Partr	nership, LLC,	X		F 007 42	- AV				
4.2	or trust interest			3	5,887,434	FMV				
13	Securities—Misce Qualified conserv					1				
13	contribution—Hi structures	storic								
14	Qualified conserv									
15	contribution—Of Real estate—Res		X	1	625,000	IFMV				
	Real estate—Cor				023,000	1				
17	Real estate—Oth	er	Х	1	3,100,000	FMV				
18	Collectibles .									
19	Food inventory									
20	Drugs and medic					-				
21	Taxidermy . Historical artifact									
	Scientific specim					1				
	Archeological art									
	Other ► ( E RECEIVABLE )		Х	1	450,000	FMV				
26	Other ► ( ER RIGHTS )		Х	1	70,000	FMV				
27	Other • (	)				+				
28	Other ▶ (									
29				ition during the tax year for		Ī.				
	for which the org	janization complete	d Form 8283	3, Part IV, Donee Acknowled	gement	29				
									Yes	No
30a	must hold for at	least three years fi	rom the date	y contribution any property reports of the initial contribution, a				mpt		
b	•	e the arrangement						30a		No
31	Does the organi	zation have a gift a	cceptance p	olicy that requires the review	v of any nonstandard contri	bution:	5?	31		No
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonca	sh		32a	Ţ	NI.
Ь	If "Yes," describ					•		324		<u>No</u>
	•		n amount in	column (c) for a type of pro	perty for which column (a)	ıs ched	ked,			
	describe in Part	·		, y	, , , , , , , , , , , , , , , , , , , ,		.,			
Ear D	anarwark Padustis	on Act Notice, see th	e Instruction	s for Form 990	Cat No. 512271		Scha	dule M (Form	. 000) (	2018\

Schedule M (Form 990) (2018)	Page 2								
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.								
Return Reference	Explanation								
	Schedule M (Form 990) (2018)								



990	Schedule	Ο,	Supplemental	Information

ç

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	SEE SCHEDULE O THE COMMUNITY FOUNDATION OF UTAH (CFU) IS A 501(C)(3) NONPROFIT ORGANIZATION COMMITTED TO ENRICHING OUR COMMUNITY BY GIVING WELL, TEACHING OTHERS TO GIVE WELL, AND U NITING PHILANTHROPY TO IMPROVE THE QUALITY OF LIFE IN UTAH CFU SERVES AS UTAH'S CATALYST FOR PHILANTHROPY THROUGH INNOVATIVE, SUSTAINABLE, AND IMPACTFUL GRANTMAKING AND WORKS WITH NONPROFIT ORGANIZATIONS, BUSINESSES, AND INDIVIDUALS TO TARGET THE MOST PRESSING NEEDS IN OUR COMMUNITY SINCE ESTABLISHMENT IN 2008, CFU HAS FACILITATED OVER 52 MILLION IN GRANTS TO UTAH'S NONPROFIT SECTOR IN 2018, CFU DISTRIBUTED 758 GRANTS, TOTALING OVER 10 MILLION, TO AREAS AS DIVERSE AS OUR FUND HOLDERS - FROM ARTS & CULTURE TO ANIMAL WELFARE, TO EDUC ATION AND ENVIRONMENT CFU IS ALSO ACTIVELY ENGAGED IN NUMEROUS INITIATIVES TO STRENGTHEN OUR SOCIAL SECTOR THESE OPPORTUNITIES INCLUDE GRANT AND EDUCATION PROGRAMS, COMMUNITY LEA DERSHIP, AND COMMUNITY IMPACT FUNDS PROGRAMS INVEST IN SUCCESS (IIS) - IIS IS AN ANNUAL W EEK-LONG TRAINING PROGRAM FOR RURAL NONPROFIT LEADERS SINCE 2013, IIS HAS PROVIDED CAPACI TY-BUILDING SUPPORT FOR NONPROFIT ORGANIZATIONS ACROSS THE STATE OF UTAH QUALIFIED ORGANI ZATIONS MUST SERVE LOW-INCOME POPULATIONS AND FACE SIGNIFICANT BARRIERS OF TIME, DISTANCE, AND DISCRETIONARY FUNDS TO RECEIVE TRAINING AND SUPPORT IS PROVIDES AN INTENSE AND IMME RSIVE PROGRAM INCLUDING TRAINING ON BOARD GOVERNANCE, ORGANIZATIONAL FINANCE, MARKETING, LEADING CHANGE, AND ADVOCACY LOVE UT GIVE TUESDAY (LUGT) - LUGT IS AN ANNUAL DAY OF GIVING TO SUPPORT UTAH'S NONPROFIT SECTOR REGISTERED NONPROFITS WILL BE ACCESSIBLE THROUGH CFU'S NONPROFIT DIRECTORY, WHERE DONORS CAN SEARCH FOR AND DONATE DIRECTLY TO FAVORITE CAUSES AND/OR ORGANIZATIONS MORE THAN 5 MILLION HAS BEEN GIVEN THATOUGH CFU'S NONPROFIT DIRECTORY, WHERE DONORS CAN SEARCH FOR AND DONATE DIRECTLY TO FAVORITE CAUSES AND/OR ORGANIZATIONS MORE THAN 5 MILLION HAS BEEN GIVEN THATOUGH CFU'S NONPROFIT DIRECTORY. WHERE DONORS CAN SEARCH FOR GRANIZATION THE GOVERNMENT REPOYDS THE PREPORT COSTS OF PROGRA

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ES IN ETHICAL BEHAVIORS THE PROGRAM IS A COLLABORATION WITH THE DANIELS FUND AND THE DANI ELS FUND ETHICS INITIATIVE AT THE DAVID ECCLES SCHOOL OF BUSINESS COMMUNITY IMPACT FUNDS COMMUNITY DEVELOPMENT FUND (CDF) - CDF FUNDS AFFORDABLE HOUSING ORGANIZATIONS AND PROJECTS THAT SUPPORT LOW TO MODERATE-INCOME COMMUNITIES IN UTAH HOUSING AND HOMELESS PILLAR (HHP) - HHP AWARDS GRANT FUNDING FOR PROGRAMS THAT PROVIDE HOUSING AND SERVICES TO THOSE WHO A RE AT RISK FOR HOMELESSNESS OR ARE HOMELESS COLLABORATION BETWEEN THE STATE OF UTAH, LOCA L GOVERNMENTS, SERVICE PROVIDERS, BUSINESSES, COMMUNITY LEADERS, PRIVATE FUNDERS, AND REPR ESENTATIVES OF INDIVIDUALS EXPERIENCING HOMELESS UTILIZE THE FUND'S FLEXIBILITY TO SELECT AND SUPPORT ORGANIZATIONS AND RESPOND TO EVER-CHANGING COMMUNITY NEEDS UTAH NATURAL HERIT AGE FUND (UNH) - UNH FUNDS NONPROFIT ORGANIZATIONS WORKING COLLABORATIVELY AND STRATEGICAL LY TO PRESERVE UTAH'S NATURAL RESOURCES LGBTQ COMMUNITY FUND (LGBTQ) - THE LGBTQ COMMUNITY FUND SUPPORTS UTAH'S LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER COMMUNITY BY RAISING MONEY AND DISTRIBUTING GRANTS FOR PROGRAMS THAT ENHANCE THE LIVES OF LGBTQ+ PEOPLE IN UTAH WOMEN'S GIVING CIRCLES - THE UTAH WOMEN'S GIVING CIRCLE AND THREE CORNERS WOMEN'S GIVIN G CIRCLE LEVERAGE MODEST, INDIVIDUAL DONATIONS INTO POWERFUL INVESTMENTS FOR PROGRAMS THAT EMPOWER WOMEN AND GIRLS IN UTAH THESE CIRCLES HOST EDUCATIONAL EVENTS AND HOLD ANNUAL GR ANT CYCLES

TO ELECTRONICALLY FILE THE 990

Return

Reference	
FORM 990,	THE BOARD OF TRUSTEES RETAIN AN INDEPENDENT CPA TO PREPARE THE 990 THE 990 IS REVIEWED BY THE CEO
PAGE 6,	AND FINANCE DIRECTOR A COPY OF THE FORM 990 IS SHARED WITH THE TRUSTEES AND FINANCE AND
PART VI,	COMPLIANCE COMMITTEE ONCE THE TRUSTEES AND THE FINANCE AND COMPLIANCE COMMITTEE ARE SATISFIED
LINE 11B	THAT THE RETURN IS COMPLETE AND ACCURATE, THE CEO AND FINANCE DIRECTOR AUTHORIZE THE OUTSIDE CPA

Explanation

Return Explanation
Reference

FORM 990, BOARD MEMBERS AND THE CEO ROUTINELY REVIEW, IN THE COURSE OF REGULAR BOARD MEETINGS, ANY NEW PAGE 6, RELATIONSHIP AND EXPLORE ANY POTENTIAL CONFLICTS ANNUALLY, ALL BOARD MEMBERS AND STAFF REVIEW AND SIGN A CONFLICT OF INTEREST STATEMENT

990 Schedule O, Supplemental Information

Return

Reference	
FORM 990,	THE EXECUTIVE COMMITTEE REVIEWS COMPETITIVE SALARY INFORMATION AND RECOMMENDS A SALARY FOR THE
PAGE 6.	CEO THE BOARD APPROVES SALARY AMOUNTS THE EXECUTIVE COMMITTEE. WITH THE INPUT OF ALL DIRECTORS.

Explanation

PAGE 6, 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 LINE 15A ENTIRE BOARD

Return Explanation

FORM 990,	OUR WEBSITE PROVIDES OUR BYLAWS, ARTICLES OF INCORPORATION, INVESTMENT POLICY, FINANCIAL
PAGE 6,	STATEMENTS, ANNUAL REPORT, FORM 990, AND OTHER GOVERNING DOCUMENTS INDIVIDUALS MAY ALSO
PART VI,	REQUEST ADDITIONAL INFORMATION
LINE 19	

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. IMPAIRMENT LOSS -50,000 PART XI,

LINE 9

efile GRAPHIC print - DO NOT PROCESS | As Filed Data SCHEDULE R | Related

**Related Organizations and Unrelated Partnerships** 

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

2018

**DLN: 93493319116959**OMB No 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

(Form 990)

Complete if the organization answered Tes on Form 990, Part IV, line 33, 34, 33b, 36, or 37
 Attach to Form 990.

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

Inspection
Employer identification number

THE COMMUNITY FOUNDATION OF UTAH							74-3	211770				
Part I Identification of Disregarded Entities Comp	lete if the organ	ızatıon answ	ered "Yes	" on Form	990, Part :	IV, line 33	3.					
(a)  Name, address, and EIN (if applicable) of disregarded entity	(a) Ind EIN (If applicable) of disregarded entity Pri		(b) Primary activity  Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct controlling entity			
Part II Identification of Related Tax-Exempt Organi related tax-exempt organizations during the tax y	<b>zations</b> Comple				_		Part I\	/, line 34 be	ecause			
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	Legal don	(c) (d) micile (state gn country) Exempt Cod		de section   Public		(e) c charity status tion 501(c)(3))		<b>(f)</b> irect controlling entity	Section (13) co ent	ontrolled tity?
(1)SLCO PFS 1 2257 SOUTH 1100 EAST SUITE 205 SALT LAKE CITY, UT 84106 47-3854619	SUPPORT			UT	501C3		12A		CFU		Yes	No No
(2)COMMUNITY TRUST OF UTAH 2257 SOUTH 100 EAST SUITE 205 SALT LAKE CITY, UT 84106 82-3365355	SUPPORT			UT	501C3	-	7		CFU			No
											1	
											+	
For Paperwork Reduction Act Notice, see the Instructions for I	Form 990.		Ca	t No 5013	5Y	Į.			Sch	edule R (Form	990) 2	018

(a) Name, address, and EIN of related organization	(a) address, and EIN of ated organization		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income		( <b>I</b> Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ener?	(k) Percent owners
					314)			Yes	No		Yes	No	
					1								
Identification of Related Organiz because it had one or more related of	ations Taxable as a (	Corporation s a corporation	or Trus	<b>t</b> Complete st during th	ıf the organ	ızatıon ansv	wered "Yes	" on Fo	orm 99	90, Part IV	, lıne	34	
Identification of Related Organiz because it had one or more related of (a) Name, address, and EIN of related organization	ations Taxable as a Gorganizations treated as (b) Primary activity	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line h) intage	Se (1	(I) ection 51 .3) contr entity
because it had one or more related (  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 .3) contr
because it had one or more related (  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related (  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related (  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity
because it had one or more related (  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 51 3) contr entity

Schedule R (Form 990) 2018		Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	П		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No

f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	<b>1</b> g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	<b>1</b> i	No
$\mathbf{j}$ Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
	141	No

j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No
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		<u> </u>	

0	Sharing of paid employees with related organization(s)				10 Tes	<del>                                     </del>
р	Reimbursement paid to related organization(s) for expenses				Lp	No
q	Reimbursement paid by related organization(s) for expenses				Lq Yes	
r	Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)			[	1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered re	elationships and tran	saction thresholds		
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amou	ınt ınvolve	d

<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	Yes	
f r Other transfer of cash or property to related organization(s)				1r		No
f s Other transfer of cash or property from related organization(s)				1s		No
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 trar	saction thresholds			
(-)	(1-)	1 (2)	(4)			
(a)  Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount	nvolve	d

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-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General o managin partner	g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
	•								•	Schedul	e R (Form	1 99	0) 2018

