Form ,990

## Return of Organization Exempt From Income Tax

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

2018

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

Open to Public

| inte                           | mal Revenu                                       | <del></del>   |  | 7 71-                                   | IIIspection                    |
|--------------------------------|--|---|--|---|--------------------------------|
| <u>A</u>                       | For the  | 2018 calendar year, or tax year beginning November 1 , 2018, and end  | ding Octo  | ber 31                                  | , 20 19                        |
| В                              | Check if a                                       | pplicable C Name of organization Utah Humanities Council  |  | D Employ                                | er identification number       |
| Ш                              | Address of                                       | hange Doing business as Utah Humanities   |  |   | 87-0307076                     |
|                                | Name cha   | Inge Number and street (or P O box if mail is not delivered to street address) Room   | /suite   | E Telepho                               | ne number                      |
|                                | Initial retu                                     | 202 West 300 North  |  | 801-359-9670                            |                                |
|                                | Final return                                     | Aterminated City or town, state or province, country, and ZIP or foreign postal code  |  |   |                                |
|                                | Amended  | return Salt Lake City, UT 84103   |  | <b>G</b> Gross re                       | eceipts \$ 1,459,105.          |
|                                | Application                                      | n pending F Name and address of principal officer Randy Williams  | H(a) Is this a g                                 | roup return for                         | subordinates? Yes No           |
|                                |  | Same as entity  |  |   | s included? Yes No             |
| ī                              | Tax-exem   |   |  |   | list (see instructions)        |
| J                              | Website:   |   | H(c) Group                                       | exemption                               | number >                       |
| ĸ                              | Form of or                                       | ganization  ☐ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form  | nation 1975                                      | M State                                 | of legal domicile UT           |
| Р                              | art I  | Summary   |  |   |                                |
|                                | 1 1  | Briefly describe the organization's mission or most significant activities: Utah  | Humanities pr                                    | ovides lea                              | adership by                    |
| ě                              |  | empowering individuals and groups to improve their communities through active in  |  | • |                                |
| Activities & Governance        | 1 -  |   | ***************************************          |   |                                |
| era                            | 2 (  | Check this box ▶☐ if the organization discontinued its operations or disposed   | d of more than                                   | 25% of                                  | its net assets.                |
| Š                              | 1  | Number of voting members of the governing body (Part VI, line 1a)   |  | 3                                       | 18                             |
| ∞ ∞                            | 1  | Number of independent voting members of the governing body (Part VI, line 1)  | b)   | 4                                       | 18                             |
| es                             |  | Total number of individuals employed in calendar year 2018 (Part V, line 2a)  |  | 5                                       | 12                             |
| Ξ                              | 6 -  | Total number of volunteers (estimate if necessary) . RECEIVED.  | 1  | 6                                       | 125                            |
| Ş                              | 7a -   | Fatalaualata di laaaa aaaa foa Daut 100   a de-cade 701   a de cade 701 |  | 7a                                      | 0.                             |
| _                              | 1  |   |  | 7b                                      |                                |
|                                | <del>                                     </del> | SEP 1 8 2020 G  | Prior Ye   |   | Current Year                   |
|                                | 8  | Net unrelated business taxable income from Form 990-T, line 38  |  | ,320,529.                               | 1,454,841.                     |
| Ĕ                              |  | , , , , , , , , , , , , , , , , , , ,   | <del> </del>                                     | ,320,329.<br>0.                         |                                |
| Revenue                        | 1  | Program service revenue (Part VIII, line 2g)  Nestment income (Part VIII, column (A), lines 3, 4, and 7d)   |  |   | 0.                             |
| æ                              | 1  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <del> </del>                                     | <u>916.</u><br>0.                       | 4,264.                         |
|                                |  |   | <del></del>                                      |   | 1 450 105                      |
|                                |  | Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <del>                                     </del> | ,321,445.                               | 1,459,105.                     |
|                                |  | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | <del> </del>                                     | 66,945.                                 | 54,310.<br><sup>£3</sup> 0.    |
|                                |  | Benefits paid to or for members (Part IX, column (A), line 4)   | <b></b>  | 0.                                      |                                |
| Expenses                       |  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   | <del></del>                                      | 679,294.                                | 732,069.                       |
| ë                              |  | Professional fundraising fees (Part IX, column (A), line 11e)   |  | 0.                                      | 0.                             |
| ᄶ                              | 1  | otal fundraising expenses (Part IX, column (D), line 25) 149,485.   |  |   |                                |
| _                              | 1  | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)  |  | 497,348.                                | 483,698.                       |
|                                | ,  | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  | <del></del>                                      | ,243,587.                               | 1,270,077.                     |
|                                |  | Revenue less expenses. Subtract line 18 from line 12  | Beginning of Cu                                  | 77,858.                                 | 189,028.<br>End of Year        |
| Net Assets or<br>Fund Balances | 00 -   | Tatal assats (Dark V. Iv.s. 40)   | <del></del>                                      |   |                                |
| Sse                            | 20   | Total assets (Part X, line 16)  | 2  | ,582,639.                               | 2,814,922.                     |
| g ţ                            | 21 7   | Total liabilities (Part X, line 26)   |  | 123,735.                                | 150,840.                       |
|                                |  | Net assets or fund balances Subtract line 21 from line 20   | 2  | ,458,904.                               | 2,664,082.                     |
| _                              | art II   | Signature Block   | <del></del>                                      |   | <del></del>                    |
|                                |  | es of perjury, I declare that I have examined this return, including accompanying schedules and sta<br>and complete. Declaration of preparer (other than officer) is based on all information of which prepa  |  |   | ny knowledge and belief, it is |
|                                |  | \   |  |   | <del></del>                    |
| Sig                            | 1  | Signature of officer  | Da   | <u> </u>                                |                                |
| _                              | 1  | Signature of oniger   | Da   | "ali                                    | 4/200                          |
| He                             | re   | Training of the last of the birds ha  | <del></del>                                      |   | 71000                          |
| _                              |  | Type or print name and little Jodi Graham, Executive Director   |  | т                                       | DTIN                           |
| Pa                             | id   | Print/Type preparer's name Preparer's signature   | Date   | Check [                                 |                                |
| Pr                             | eparer   |   | <del></del>                                      | self-emp                                | noyed                          |
|                                | e Only   | Firm's name   | Firm   | 's EIN ▶                                |                                |
|                                |  | Firm's address ▶  | Pho  | ne no                                   |                                |
| Ma                             | y the IRS  | discuss this return with the preparer shown above? (see instructions)   | <u> </u>   | <u> </u>                                | . 🗌 Yes 🗌 No                   |
| For                            | Paperwo  | ork Reduction Act Notice, see the separate instructions. Cat  | No 11282Y  |   | Form <b>990</b> (2018)         |

| Form 99 | 90 (2018) Page <b>2</b>   |
|---------|---|
| Part    |   |
|         | Check if Schedule O contains a response or note to any line in this Part III  |
| 1       | Briefly describe the organization's mission:  Utah Humanities collaborates with libraries, museums, historical societies, schools and colleges, and cultural and civic groups;  provides capacity-building opportunities for volunteers and professionals in the cultural sector; presents special events including an annual state-wide book festival; and offers modest grants to nonprofit organizations for public humanities projects.   |
| 2       | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  |
| 3       | If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  |
| 4       | If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.   |
| 4a      | (Code: ) (Expenses \$ 1,215,767. including grants of \$ ) (Revenue \$ )   |
|         | The mission of Utah Humanities(UH) revolves around offering first-hand, engaging humanities experiences. Our events are direct, personal opportunities to identify with literature, to understand local and national heritage, and to share viewpoints in civil conversationsall of which serve to strengthen the fabric of our personal and community relationships. We offer connection, context, and courage. We work with partners to extend our reach and deepen our work. In fact, everything we do at Utah Humanities is in collaboration with other organizations. Aligning with cultural, educational, professional, and service organizations is essential to fulfilling our mission, and partnering with us can result in measurable community improvement. Our statewide work at UH is divided into Centers, each of which has a specific humanities focus and associated programs. It is through our Centers that we partner with Utah organizations to improve communities through the humanities. The Centers are the Center for the Book, the Center for Community Heritage, the Center for Educational Access, and the Center for Local Initiatives. |
| 4b      | (Code. ) (Expenses \$ 49,310. including grants of \$ 49,310. ) (Revenue \$ )  Utah Humanities awards modest grants to nonprofit organizations for public humanities programs. Grants are designed to support projects that directly involve the humanities in engaging a community for the purpose of improving it.   |
|         |   |
| 4c      | (Code:  |
| 4d      | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 1379.037  |

| for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | Part | Checklist of Required Schedules   |               |       |            |
|--|------|---|---------------|-------|------------|
| complete Schedule A  1 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer (If "Yes," complete Schedule C, Part I    4 Section 501(p(3) organizations. Did the organization engage in blobying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part I    5 Is the organization a section 501(p(4), 501(p(5), or 501(p(6), organization that receives membership dues, assessments, or similar amounts as defined in Revinue Procedure 8-81? If "Yes," complete Schedule C, Part II    5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II    5 Did the organization receive or hold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    6 Did the organization in amount or part X, in equal to the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    9 Did the organization report an amount for works of art, instorical residual account liability, serve as a custodiant or amounts not listed in Part X, or provide credit counseling, debt management, receit repart of the through the part of the part X, inc. 12 In a service of the part X, inc. 12 In a service organization report an amount for indivining questions is "Yes," complete Schedule D, Part VI    9 Did the organization report an amount for investments—other securities in Part X, line 12 Int is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI    10 Did the organization report an amount for investments—other securities in Part X, line 19 In Yes, "complete Schedule D, Part XI    10 Did the organization separate or consolidated financial s       |      |   |               | Yes   | No         |
| Det the organization engage in direct or indirect political campaign activities on behalf of or in opposition to addidates for public office? If "Pres," complete Schedule C, Part II and addidates for public office? If "Pres," complete Schedule C, Part II between the control of the comparization as setting of the comparization and the comparization of the comparization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII the organization report an amount for investments—program related in Part X, line 10? If "Yes," complete Schedule D, Part VII the organization report an amount for other assests in Part X, line 10 that organization of the additional statements for the tax year       | 1    |   | 1             | 1     |            |
| acanddates for public office? If "Yes," complete Schedule C, Part II  Section 501(p)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(p)(s) effection in effect during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(p)(4) 501(p)(5) organization that receives membership dues assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investments of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investments of amounts in such funds or accounts for which donors have the right to provide advise or high distribution or investments of amounts in such funds or accounts for the review of the following such as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrew or custodial account liability for "Yes," complete Schedule D, Part IV.  Did the organization report an amount in Part X, ine 21, for escrew or custodial account liability for expansion for the part X, ine 10, for escrew or custodial account liability for expansion for limits assets reported in Part X, line 19 if "Yes," complete Schedule D, Part V II       | 2    | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2             | 1     |            |
| election in effect during the tax year? If "Yes," complete Schedule C, Part II .  Is the organization a section 5016(k) 5016(k) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .  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 II .  Did the organization review or hold a conservation easement, including easements to preserve open space, the environment, historical and areas, or historic structures? If "Yes," complete Schedule D, Part III .  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 .  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 VI If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI III and the organization services? If "Yes," complete Schedule D, Part VI III III III III III III III III III  | 3    | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to  | 3             |       | 1          |
| <ul> <li>Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) crganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19" if "Yes," complete Schedule C, Part III</li> <li>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 II</li> <li>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 III</li> <li>Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III</li> <li>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</li> <li>Did the organization report an amount for provide redit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IVI</li> <li>If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII</li> <li>Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII</li> <li>Did the organization report an amount for other assets 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</li> <li>Did the organization report an amount for other assets in Part X, line 16 that is 5% or more of this total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII</li></ul>  | 4    |   | 4             | 1     |            |
| 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 I Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II I Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II I Did the organization organization amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in growing the schedule D, Part IV I 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 VI I If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI I Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI I Did the organization report an amount for other lassities in Part X, line 16? If "Yes," complete Schedule D, Part VI I Did the organization report an amount for other lassities in Part X, line 16? If "Yes," complete Schedule D, Part XI I Did the organization organized in Part X, line 16? If "Yes," complete Schedule D, Part XI Did the organization organized consolidated financial statements for the tax year include of schedule D, Part X I Did the organization organized in organization in Separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I Did the organization organized in Separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I Did the organization organized in Separate in organized in Separate, independent audited financial statements for the tax year? If Yes, "com       | 5    | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,  |               |       | 1          |
| the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part III  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  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 VI, VII, VII, VII, X or X as applicable.  a Did the organization sanswer to any of the following questions is "Yes," complete Schedule D, Part X VI, VI, VII, VII, X or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part X VIII  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 VIII  c Did the organization report an amount for other isabilities 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 VIII  d Did the organization report an amount for other isabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X VIII  Did the organization oreport an amount for other isabilities 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 X X VIII VIII VIII VIII VIII VIII VIII  | 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 | 6             |       | 1          |
| omplete Schedule D, Part III  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  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 VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments—other secunities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments—other secunities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments—other secunities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other labsilities 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.  Did the organization report an amount for other labsilities in Part X, line 15? If "Yes," complete Schedule D, Part VIII.  Did the organization sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X and XII so plantal to the organization shall be propared to the United States?  Did the organization as school described in section 170(b)(I)(A)(I)? If "Yes," complete Schedule E.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grains or other assistance to or for foreign inviduals? If "Yes," complete Schedule G, Part I and IV.  Did the organization report and the organization report more than \$15,000 of expenses for professional fundraising services on Part IXI, column (A)      | 7    |   | 7             |       | 1_         |
| 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 V 1.  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 1.  11 If the organization report any of the following questions is "Yes," then complete Schedule D, Part V 1.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 1.  13 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 V 11.  14 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 V 11.  15 Did the organization report an amount for other isabilities 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 V 3.  16 Did the organization report an amount for other isabilities 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 X 4.  17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 4.  18 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 4.  18 Did the organization maintain an office, employees, or agents outside of the United States, or aggregate foreign investments, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule P, Parts I and IV.  19 Did the organization report a total of more       | 8    |   | 8             |       | ✓          |
| endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V II If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VII  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 VIII.  d 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.  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 VIII.  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 X III  d Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in assets in the organization included in aconsolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X IIII  b Was the organization and program and the part X, line 16° If "Yes," complete Schedule D, Part X IIII  b Ut the organization maintain an office, employees, or agents outside of the United States?  112a V  12b Jod the organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts III and IV.  15b Jod the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F,      | 9    | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or  | 9             |       | 1          |
| The organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  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  c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  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 VIII.  d Did the organization report an amount for other isabilities 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 X III.  d Did the organization report an amount for other isabilities 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 X III.  d Did the organization report an amount for other liabilities 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 X III.  d Did the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III.  d Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization associated in section 170(b)(1)(b)(I)(I) If "Yes," complete Schedule E.  d 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 III and IV.  15 Did the organization report at ordanization in Fives," complete Schedule F, Parts III an      | 10   |   | 10            | ✓_    |            |
| to 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.  c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other liabilities in Part X, line 15° If its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X if Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X in If If Yes," and if the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional is the organization included in section 170(b)(1)(A)(I)? If "Yes," complete Schedule E.  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 II and IV.  115 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  116 V  117 V  118 V  119 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  119 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c    | 11   |   |               |       |            |
| of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | а    |   | 11a           | 1     |            |
| of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  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.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X in the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII so optional is the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | b    |   | 11b           | 1     |            |
| reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X In Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Ind XII  b Was the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if 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 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  13  | С    |   | 11c           |       | ✓          |
| 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII is optional to 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 to the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 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.  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 III and IV.  16 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 II (see instructions)  17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule H.  20 If "Yes," complete Schedule G, Part III  21 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  22 In the organization operate one or more hospital facilities? If "Yes," complete Schedule I, Parts I and II  22 In the organization organization organization or domestic government on Pa | d    |   | 11d           |       | ✓          |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  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 is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  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.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts III and IV.  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part XI, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 tof grundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 tof gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule I, Parts I and II  Under the organization operate one or more hospital facilities? If "Yes," complete Schedule I, Parts I and II  Under the organization operate one or more hospital facilities? If "Yes," complete Schedule I, Parts I and II  Und | е    | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e           |       | ✓          |
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| "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13  | 12a  |   | 12a           | ✓_    |            |
| Did the organization maintain an office, employees, or agents outside of the United States?  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.  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.  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.  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)  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  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II  20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  10 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  20 Did the organization or Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  21 ✓   | b    |   | 12b           | i     | <b>✓</b> _ |
| 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.  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.  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.  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 1c and 8a? If "Yes," complete Schedule G, Part I (see instructions)  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  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  19 If "Yes," complete Schedule G, Part III  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 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 ✓   |      |   | $\overline{}$ |       |            |
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| 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.  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.  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)  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  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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  15 ✓  15 ✓  16 ✓  17 ✓  18 ✓  18 ✓  19 ✓  20a ✓  20b ✓  21 ✓   | b    | fundraising, business, investment, and program service activities outside the United States, or aggregate   | 14b           |       | ✓          |
| assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  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)  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  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  21 ✓  | 15   | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or   | 15            |       | <b>√</b>   |
| Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  17  ▼  18  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 16   |   | 16            |       | <b>√</b>   |
| Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 17   | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  | 17            |       | <b>✓</b>   |
| Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III  | 18   |   | 18            |       | <b>✓</b>   |
| 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 19   | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  | 19            |       | <b>✓</b>   |
| Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 ✓   |      | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |               |       |            |
|  |      | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |               | 1     |            |
|  |      | 22 Complete Contents on Factory Contents (17), mile 1. II Frog. Complete Conedulo I, Farto Fanta II   |               | n 990 | (2018)     |

| Part   | Checklist of Required Schedules (continued)   |          |              |          |
|--------|---|----------|--------------|----------|
|        |   |          | Yes          | No       |
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22       | ✓            |          |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  | 23       |              | ✓        |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b   |          |              | _        |
|        | through 24d and complete Schedule K. If "No," go to line 25a  | 24a      |              | <b>✓</b> |
| 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      |              | <b>√</b> |
|        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .   | 24d      |              | <b>√</b> |
| 25a    | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a      |              | ✓        |
| b      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I                                       | 25b      |              | <b>✓</b> |
| 26     | 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       |              | ✓        |
| 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       |              | ✓        |
| 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):   |          |              |          |
|        | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a      |              | ✓_       |
|        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28b      |              | ✓_       |
|        | 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 .  | 28c      |              | <b>√</b> |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29       |              | <b>√</b> |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 30       |              | 1        |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31       |              | <b>✓</b> |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32       |              | <b>√</b> |
| 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       |              | <b>✓</b> |
| 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       |              | <b>✓</b> |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a      |              | ✓_       |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.  | 35b      |              | <u> </u> |
| 36     | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36       |              | ✓        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37       |              | ✓        |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O   | 38       | ✓            |          |
| Part ' |   |          |              |          |
|        | Check if Schedule O contains a response or note to any line in this Part V  | <u>.</u> | <del></del>  |          |
| 10     | Enter the number reported in Box 3 of Form 1096, Enter -0- if not applicable   1a   12  |          | Yes          | No       |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  | 1 1      |              |          |
|        | Did the organization comply with backup withholding rules for reportable payments to vendors and  |          |              |          |
|        | reportable gaming (gambling) winnings to prize winners?   | 1c       |              |          |
|        |   | Forn     | ₁ <b>990</b> | (2018)   |

| Part    | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |          | _                 |             |
|---------|--|----------|-------------------|-------------|
| _       | Enter the number of employees reported on Form W.2. Transmittal of Wage and Tay  | _        | Yes               | No          |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2a 12                                    |          |                   |             |
| b       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b       | 1                 |             |
|         | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)   |          | •                 |             |
| 3a      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |                   | <b>√</b>    |
| b       | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.   | 3b       |                   |             |
| 4a      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,  |          |                   |             |
|         | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |                   | ✓           |
| b       | If "Yes," enter the name of the foreign country.   |          |                   |             |
|         | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)   | <u> </u> |                   | لر_         |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5a<br>5b | $\vdash$ $\dashv$ | 1           |
| b<br>c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | 5c       |                   |             |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the   | -        |                   |             |
| Va      | organization solicit any contributions that were not tax deductible as charitable contributions?   | 6a       | ' i               | ✓           |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or   |          |                   |             |
|         | gifts were not tax deductible?   | 6b       |                   |             |
| 7       | Organizations that may receive deductible contributions under section 170(c).  |          |                   | 1           |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods  | <u> </u> |                   | ـــِــا     |
| h       | and services provided to the payor?  | 7a<br>7b |                   | ✓_          |
|         | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 70       | _                 |             |
| C       | required to file Form 8282?  | 7c       |                   | ✓           |
| d       | If "Yes," indicate the number of Forms 8282 filed during the year  |          |                   |             |
| е       | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e       |                   | ✓_          |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   | 7f       |                   | <u> </u>    |
| -       | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |                   | <u> </u>    |
|         | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |                   | <u>√</u>    |
| 8       | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                           | 8        |                   |             |
| 9       | Sponsoring organizations maintaining donor advised funds.  |          |                   |             |
| а       | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a       |                   |             |
| b       | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b       |                   |             |
| 10      | Section 501(c)(7) organizations. Enter:  |          |                   |             |
| а       | Initiation fees and capital contributions included on Part VIII, line 12   |          | İ                 |             |
| ь<br>11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]  |          |                   |             |
|         | Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders  |          |                   | l           |
|         | Gross income from other sources (Do not net amounts due or paid to other sources   |          |                   | J           |
| -       | against amounts due or received from them )  |          |                   |             |
| 12a     | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |                   |             |
|         | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |          | 1                 | - 1         |
|         | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |                   |             |
|         | Is the organization licensed to issue qualified health plans in more than one state?   | 13a      |                   | <del></del> |
|         | Note. See the instructions for additional information the organization must report on Schedule O   |          | ĺ                 | 1           |
|         | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |          |                   | ł           |
|         | Enter the amount of reserves on hand   |          | ]                 | J           |
|         | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |                   | <u>✓</u>    |
|         | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .  | 14b      |                   |             |
|         | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |          | 1                 | _           |
|         | excess parachute payment(s) during the year?   | 15       |                   | <u> </u>    |
|         | 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? If "Yes," complete Form 4720, Schedule O   | 16       |                   | <u>√</u> 1  |
|         | ii 100, complete i omi 4720, conedule o  | Forn     | 990               | (2018)      |

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| Part     | and  |             |             |                  |  |  |  |  |  |  |
|----------|--|-------------|-------------|------------------|--|--|--|--|--|--|
|          | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S  |             |             | ions.            |  |  |  |  |  |  |
| <u> </u> | Check if Schedule O contains a response or note to any line in this Part VI  | <u>···</u>  |             | <u>. Ц</u>       |  |  |  |  |  |  |
| Secti    | ion A. Governing Body and Management   |             | Yes         | No               |  |  |  |  |  |  |
| 1a       | Enter the number of voting members of the governing body at the end of the tax year 1a 1a  |             | res         | NO               |  |  |  |  |  |  |
| Ia       | If there are material differences in voting rights among members of the governing body, or   | 4           | l           |                  |  |  |  |  |  |  |
|          | if the governing body delegated broad authority to an executive committee or similar   |             |             |                  |  |  |  |  |  |  |
|          | committee, explain in Schedule O.  |             |             |                  |  |  |  |  |  |  |
| b        |  |             |             |                  |  |  |  |  |  |  |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with   | 1           | <u> </u>    |                  |  |  |  |  |  |  |
|          | any other officer, director, trustee, or key employee?   | 2           |             | ✓                |  |  |  |  |  |  |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  |             |             |                  |  |  |  |  |  |  |
|          | supervision of officers, directors, or trustees, or key employees to a management company or other person? .   | 3           |             | <b>✓</b>         |  |  |  |  |  |  |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4           |             | <b>/</b>         |  |  |  |  |  |  |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5           | ļ           | <b>✓</b>         |  |  |  |  |  |  |
| 6        | Did the organization have members or stockholders?   | 6           |             | <b>-</b>         |  |  |  |  |  |  |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  | 70          |             |                  |  |  |  |  |  |  |
| <b>.</b> | one or more members of the governing body?   | 7a          | <b>-</b>    | <del>  •</del> – |  |  |  |  |  |  |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b          |             | 1                |  |  |  |  |  |  |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   | <del></del> | <b></b>     |                  |  |  |  |  |  |  |
| ·        | the year by the following:   |             |             |                  |  |  |  |  |  |  |
| а        | The governing body?  | 8a          | 1           | ,                |  |  |  |  |  |  |
| b        | Each committee with authority to act on behalf of the governing body?  | 8b          | <b>✓</b>    |                  |  |  |  |  |  |  |
| 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           | بجا         | ✓_               |  |  |  |  |  |  |
| Secti    | ion B. Policies (This Section B requests information about policies not required by the Internal Rever   | ue C        |             |                  |  |  |  |  |  |  |
| 40-      | Database and the second | 40-         | Yes         | No_              |  |  |  |  |  |  |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a         | -           |                  |  |  |  |  |  |  |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b         |             |                  |  |  |  |  |  |  |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a         |             | <b>✓</b>         |  |  |  |  |  |  |
| 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         | 1           |                  |  |  |  |  |  |  |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b         | ✓           |                  |  |  |  |  |  |  |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | 12c         | 1           |                  |  |  |  |  |  |  |
| 13       | Did the organization have a written whistleblower policy?  | 13          | 7           |                  |  |  |  |  |  |  |
| 14       | Did the organization have a written document retention and destruction policy?   | 14          | 1           |                  |  |  |  |  |  |  |
| 15       | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |             |             |                  |  |  |  |  |  |  |
| а        | The organization's CEO, Executive Director, or top management official   | 15a         | 1           |                  |  |  |  |  |  |  |
| b        | Other officers or key employees of the organization  | 15b         |             | <b>✓</b>         |  |  |  |  |  |  |
|          | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |             |             | Π                |  |  |  |  |  |  |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a         |             | <b>-</b>         |  |  |  |  |  |  |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its   |             |             | 1                |  |  |  |  |  |  |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the  |             |             | لــــا           |  |  |  |  |  |  |
|          | organization's exempt status with respect to such arrangements?  | 16b         |             |                  |  |  |  |  |  |  |
|          | on C. Disclosure   |             |             |                  |  |  |  |  |  |  |
| 17       | List the states with which a copy of this Form 990 is required to be filed   |             |             |                  |  |  |  |  |  |  |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-   | (Sec        | tion 5      | 01(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)   |             |             |                  |  |  |  |  |  |  |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year  | erest (     | policy      | , and            |  |  |  |  |  |  |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re  | cords       | <b>&gt;</b> |                  |  |  |  |  |  |  |
|          | Jodi Graham and Jamie Gregersen, 202 W 300 N Salt Lake City, UT 84103, 801-359-9670  |             |             |                  |  |  |  |  |  |  |

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

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

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

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

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees; highest compensated employees, and former such persons

Check this box if polither the organization per any related organization compensated any current officer director, or trustee

| C  | Check this box if neither the organization no | r any relate | d org    | <u>anız</u> | atıc | n c      | ompe | nsa | ated any currer | t officer, directo | r, or trustee. |
|--|---|--------------|----------|-------------|------|----------|------|-----|-----------------|--------------------|----------------|
| Continue  |              |          |             | (0   | C)       |      |     |                 |                    |                |
| Name and Title   | (A)   | (B)          |          |             |      |          |      |     | (D)             | (E)                | (F)            |
| Compensation from related organizations   Compensation from the organization   Compensation from related organizations   Compensation from related organiz |   | 1            |          |             |      |          |      |     |                 | Reportable         |                |
| 10   Randy Williams   3.0   7   8   8   9   9   9   9   9   9   9   9  |   | hours per    |          |             |      |          |      |     |                 |                    |                |
| (1) Randy Williams   3,0   |   |              | 9 n      | П           | ç    | <u>چ</u> | a F  | ਲ   | 1               |                    |                |
| (1) Randy Williams   3,0   |   |              | divid    | stitu       | fice | e e      | phes | ∄   | organization    |                    |                |
| (1) Randy Williams   3,0   |   |              | cto      | tion        | , i  | 힕        | /ee  | ~   | (W-2/1099-MISC) |                    |                |
| (1) Randy Williams   3,0   |   | 1            | ` trug   | al tr       |      | ) ye     | ğ    | ĺ   | ĺ               |                    |                |
| (1) Randy Williams   3.0   |   | <b>'</b>     | tee      | uste        |      |          | sene |     |                 |                    |                |
| Soard Chair  |   |              |          | ě           |      |          | ıted |     |                 |                    |                |
| Soard Chair  |   |              |          |             |      |          |      |     |                 |                    |                |
| (2) Janice Brooks  |   | 3.0          |          |             |      |          |      |     |                 |                    |                |
| Vice Chair   |   |              |          | _           |      |          |      | L.  | 0.              | 0.                 | 0.             |
| (3) Sumiko Martinez  | (2) Janice Brooks                             | 1.5          |          |             |      |          |      |     |                 |                    |                |
| Past Chair   |   |              | <b>_</b> |             |      | _        |      | _   | 0.              | 0.                 | 0.             |
| (4)   Melissa Marsted  | (3) Sumiko Martinez                           | 1.5          |          |             |      |          |      |     |                 |                    |                |
| Fiscal Agent   |   |              | <u> </u> |             | _    |          |      |     | 0.              | <u> </u>           | <u> </u>       |
| (5) J. Simon Cantarero   | (4) Melissa Marsted                           | 1.5          |          |             |      |          |      |     |                 | 1                  |                |
| Director   | Fiscal Agent                                  |              | ✓        |             |      |          |      |     | 0.              | 0.                 | 0.             |
| (6) Joni Crane   | (5) J. Simon Cantarero                        | 1.5          |          |             |      |          | ] .  | ł   | }               |                    |                |
| Director       ✓       0.       0.       0.         (7) Ken Crossley       1.5.       ✓       0.       0.       0.         Director       ✓       0.       0.       0.       0.         (8) Danielle Dubrasky       1.5.       ✓       0.       0.       0.       0.         Director       ✓       ✓       0.       0.       0.       0.       0.         (10) Julie Hartley       1.5.       ✓       0.       0.       0.       0.         Director       ✓       ✓       0.       0.       0.       0.         (11) Phyllis Hockett       1.5.       ✓       0.       0.       0.       0.         Director       ✓       0.       0.       0.       0.       0.       0.         (12) Matt Lawyer       1.5.       ✓       0.       0.       0.       0.       0.         Director       ✓       0.       0.       0.       0.       0.       0.         (13) Kathryn L. MacKay       1.5.       ✓       0.       0.       0.       0.         (14) Don Montoya       1.5.       ✓       0.       0.       0.       0. <td><u>Director</u></td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>   | <u>Director</u>                               |              | 1        |             |      |          |      |     | 0.              | 0.                 | 0.             |
| (7) Ken Crossley       1.5       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  | (6) Joni Crane                                | 1.5          |          |             |      |          |      |     |                 |                    | 1              |
| Director       ✓       0.       0.       0.       0.         (8) Danielle Dubrasky       1.5       0.       0.       0.       0.       0.         Director       ✓       ✓       0.       0.       0.       0.       0.         (9) Don Gomes       1.5       ✓       0.   | <u>Director</u>                               |              | ✓        |             |      |          |      |     | 0.              | 0.                 | 0.             |
| (8) Danielle Dubrasky 1.5  Director (9) Don Gomes 1.5  Director (10) Julie Hartley 1.5  Director (11) Phyllis Hockett 1.5  Director (12) Matt Lawyer 1.5  Director (13) Kathryn L. MacKay 1.5  Director (14) Don Montoya 1.5  Director (15) Don Montoya 1.5  Director (16) Don Montoya 1.5  Director (17) Don Montoya 1.5  Director (18) Don Montoya 1.5  | (7) Ken Crossley                              | 1.5          |          |             |      |          |      |     |                 |                    |                |
| Director   |   |              | ✓        |             |      |          |      |     | 0.              | 0.                 | 0.             |
| Director   | (8) Danielle Dubrasky                         | 1.5          |          |             |      |          |      |     |                 |                    |                |
| Director         ✓         0.         0.         0.           (10) Julie Hartley         1.5         0.         0.         0.           Director         ✓         0.         0.         0.           (11) Phyllis Hockett         1.5         0.         0.         0.           Director         ✓         0.         0.         0.         0.           (12) Matt Lawyer         1.5         0.         0.         0.         0.         0.           Director         ✓         0.         0.         0.         0.         0.         0.         0.           (13) Kathryn L. MacKay         1.5         ✓         0.         0.         0.         0.         0.           (14) Don Montoya         1.5         0. </td <td></td> <td></td> <td>✓</td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>  |   |              | ✓        |             |      |          | _    |     | 0.              | 0.                 | 0.             |
| Director       ✓       0.       0.       0.         (10) Julie Hartley       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (11) Phyllis Hockett       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (12) Matt Lawyer       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (13) Kathryn L. MacKay       1.5       0.       0.       0.         (14) Don Montoya       1.5       0.       0.       0.  | (9) Don Gomes                                 | 1.5          |          |             |      |          |      |     |                 | _                  |                |
| Director       ✓       0.       0.       0.         (11) Phyllis Hockett       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (12) Matt Lawyer       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (13) Kathryn L. MacKay       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (14) Don Montoya       1.5       0.       0.       0.  |   |              | ✓        |             |      |          |      |     | 0.              | 0.                 | 0.             |
| Director       ✓       0.       0.       0.         (11) Phyllis Hockett       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (12) Matt Lawyer       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (13) Kathryn L. MacKay       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (14) Don Montoya       1.5       0.       0.       0.  | (10) Julie Hartley                            | 1.5          | _        |             |      |          |      |     |                 |                    |                |
| Director       ✓       0.       0.       0.         (12) Matt Lawyer       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (13) Kathryn L. MacKay       1.5       ✓       0.       0.       0.         Director       ✓       0.       0.       0.       0.         (14) Don Montoya       1.5       0.       0.       0.       0.  |   |              | ✓        |             |      |          |      |     | 0.              | 0.                 | 0.             |
| Director       ✓       0.       0.       0.         (12) Matt Lawyer       1.5       0.       0.       0.         Director       ✓       0.       0.       0.         (13) Kathryn L. MacKay       1.5       ✓       0.       0.       0.         Director       ✓       0.       0.       0.       0.         (14) Don Montoya       1.5       0.       0.       0.       0.  | (11) Phyllis Hockett                          | 1.5          |          |             |      |          |      |     |                 |                    |                |
| Director       ✓       0.       0.       0.         (13) Kathryn L. MacKay       1.5       0.       0.       0.         Director       ✓       0.       0.       0.       0.         (14) Don Montoya       1.5       0.       0.       0.       0.  |   |              | ✓        |             |      |          |      |     | o,              | o.                 | O.             |
| Director       ✓       0.       0.       0.         (13) Kathryn L. MacKay       1.5       0.       0.       0.         Director       ✓       0.       0.       0.       0.         (14) Don Montoya       1.5       0.       0.       0.       0.  | (12) Matt Lawyer                              | 1.5          |          |             |      |          |      |     |                 |                    |                |
| Director         ✓         0.         0.         0.           (14) Don Montoya         1.5   |   |              | ✓        |             |      |          |      |     | 0.              | 0.                 | 0.             |
| Director         ✓         0.         0.         0.           (14) Don Montoya         1.5   | (13) Kathryn L. MacKay                        | 1.5          |          |             |      |          |      |     |                 |                    |                |
| (14) Don Montoya 1.5   |   |              | ✓        |             |      |          |      |     | o.              | 0.                 | 0.             |
|  |   | 1.5          |          |             |      |          |      |     |                 |                    |                |
|  |   |              | 1        |             |      |          |      |     | О.              | <b>o</b> .         | <u> </u>       |

| Part                          | VII Section A. Officers, Directors, Trus      | tees, Key E                 | mplo                           | yees                  | s, ar   | nd H         | lighe                              | st C                  | ompensated E    | mployees (co          | ntınu                  | ed)           |                   |  |
|-------------------------------|---|-----------------------------|--------------------------------|-----------------------|---------|--------------|------------------------------------|-----------------------|-----------------|-----------------------|------------------------|---------------|-------------------|--|
|                               |   |                             |                                |                       | •       | C)           |                                    |                       |                 |                       |                        |               |                   |  |
|                               | (A)   | (B)                         | /40.0                          | at ah                 |         | ition        | a than a                           |                       | (D)             | (E)                   |                        |               | (F)               |  |
|                               | Name and title                                | Average                     | , ,                            |                       |         |              | than one that existence the second |                       | Reportable      | Reportable            |                        | Est           | ımatec            | 3  |
|                               |   | hours per                   | office                         | er and                |         |              | or/trust                           | ee)                   | compensation    | compensation fr       | om                     |               | ount o            | f  |
|                               |   | week (list any<br>hours for | 익쿴                             | lg.                   | ф       | 6            | e F                                | Fo                    | from<br>the     | related organizations |                        |               | other<br>sensati  | ion  |
|                               |   | related                     | 호호                             | <u>#</u>              | Officer | y e          | 탕                                  | Former                | organization    | (W-2/1099-MIS         |                        |               | m the             |  |
|                               |   | organizations               | ctal                           | ğ                     | 7       | 힐            | ye st cc                           | ] ~                   | (W-2/1099-MISC) |                       |                        |               | nizatio           |  |
|                               |   | below dotted<br>line)       | Ę                              | ≌                     |         | Key employee | ğ                                  |                       |                 |                       |                        |               | relate<br>nizatio |  |
|                               |   | ,                           | Individual trustee or director | Institutional trustee |         | "            | Highest compensated employee       |                       |                 |                       |                        | 5             |                   |  |
|                               |   |                             |                                | ě                     |         | Ì            | at ed                              |                       | ļ               |                       | 1                      |               |                   |  |
| (15)                          | Scott Sprenger                                | 1.5                         |                                |                       |         |              |                                    |                       |                 |                       |                        | _             |                   |  |
| Direct                        |   |                             | ✓                              | Ш                     |         | <u> </u>     |                                    | L.                    | 0.              |                       | 0.                     |               |                   | 0.   |
| (16)                          | llaheva Tua'one                               | 1.5                         |                                |                       |         |              |                                    |                       | 1               |                       |                        |               |                   |  |
| Direct                        | or  |                             | ✓                              |                       |         |              |                                    | <u> </u>              | 0.              |                       | 0.                     |               |                   | 0.   |
| <u>(17)</u> j                 | Paul Winward                                  | 1.5                         |                                |                       |         |              |                                    |                       |                 |                       |                        |               |                   |  |
| Direct                        |   |                             | ✓                              | $\sqcup$              |         | <u> </u>     |                                    | _                     | 0.              |                       | 0.                     |               |                   | 0.   |
|                               | e Min Xiao                                    | 1.5                         | ,                              |                       |         |              |                                    |                       |                 |                       |                        |               |                   |  |
| Direct                        |   |                             | <b>✓</b>                       |                       |         | <u> </u>     |                                    |                       | 0.              | <del></del>           | 0.                     |               |                   | 0.   |
|                               | lodi Graham                                   | 50                          |                                |                       |         | /            |                                    |                       |                 |                       |                        |               |                   |  |
|                               | tive Director                                 | 40                          |                                |                       | .—      | -            |                                    | —                     | 83,333.         |                       | 0.                     |               | <u> </u>          | <u>38,412.</u>                               |
|                               | lamie Gregersen                               | 40                          |                                |                       |         | /            |                                    |                       | 67.222          |                       |                        |               |                   | 21 000                                       |
|                               | or of Finance                                 |                             |                                | $\vdash$              |         | <u> </u>     |                                    | -                     | 57,333.         |                       | 0.                     |               |                   | <u>31,696.</u>                               |
| 35.27                         | •••••   |                             |                                |                       |         |              |                                    |                       |                 |                       |                        |               | r                 |  |
| (22)                          |   |                             |                                |                       |         |              |                                    |                       |                 |                       | $\top$                 |               |                   |  |
|                               |   |                             |                                |                       |         |              |                                    |                       | _               |                       |                        |               | <u>:</u>          | _  |
| (23)                          |   |                             |                                |                       |         |              |                                    |                       |                 | _                     |                        |               |                   |  |
|                               |   |                             |                                |                       |         |              |                                    |                       |                 |                       |                        |               |                   |  |
| (24)                          | ······································        |                             |                                |                       | ļ       |              |                                    |                       |                 |                       |                        |               |                   |  |
|                               |   |                             |                                |                       |         |              |                                    |                       |                 |                       | 4                      |               |                   |  |
| (25)                          |   |                             |                                | !                     |         |              |                                    |                       |                 |                       |                        |               |                   |  |
|                               | Cub total                                     |                             | L                              |                       |         |              |                                    |                       | 440.000         | <del></del>           | +                      |               | <del></del>       |  |
| 1b                            | Sub-total                                     | <br>VII Contin              | - A                            | •                     | •       |              | •                                  |                       | 140,666.        |                       | 0.                     |               |                   | 70,1 <u>08.</u>                              |
| c<br>d                        | Total (add lines 1b and 1c)                   |                             |                                |                       |         | •            |                                    |                       | 140,666.        | <del></del>           | 0.                     |               |                   | 70,108.                                      |
| 2                             | Total number of individuals (including but    |                             |                                |                       |         |              | ahove                              | 1 14/                 | <del></del>     | ore than \$100        |                        | of            |                   | 70, 106.                                     |
| _                             | reportable compensation from the organi       |                             | 1 10 111                       | 030                   | iiGt    | cu i         | above                              | ,, vv                 | 0               | ore than proo         | ,000                   | 0.            |                   |  |
|                               | <u></u>                                       |                             |                                |                       |         |              |                                    |                       |                 |                       |                        |               | Yes               | No   |
| 3                             | Did the organization list any former of       | ficer, direc                | tor. a                         | r tri                 | uste    | ee.          | kev e                              | mn                    | llovee, or high | est compens           | ated                   |               |                   |  |
| •                             | employee on line 1a? If "Yes," complete S     |                             |                                |                       |         |              |                                    |                       |                 |                       |                        | 3             |                   | <b>7</b>                                     |
| 4                             | For any individual listed on line 1a, is the  | sum of rea                  | oortal                         | ole d                 | com     | nper         | nsatio                             | n a                   | nd other comp   | ensation from         | the                    |               |                   |  |
|                               | organization and related organizations        | greater that                | an \$1                         | 50,0                  | 000     | ? //         | "Yes                               | s, "                  | complete Sch    | edule J for :         | such                   |               |                   | <u>                                     </u> |
|                               |   |                             |                                |                       |         |              |                                    |                       |                 |                       |                        | _4            |                   | ✓  |
| 5                             | Did any person listed on line 1a receive o    | r accrue co                 | mper                           | nsat                  | ion     | fror         | n any                              | un                    | related organiz | ation or indivi       | dual                   |               |                   |  |
|                               | for services rendered to the organization?    | ? If "Yes," c               | ompl                           | ete S                 | Sch     | edu          | ıle J f                            | or s                  | uch person      | <u> </u>              |                        | 5             | <u> </u>          | ✓  |
| Section                       | on B. Independent Contractors                 |                             |                                |                       |         |              |                                    |                       |                 |                       |                        |               |                   |  |
| 1                             | Complete this table for your five highest of  | •                           |                                | -                     |         |              |                                    |                       |                 |                       |                        |               |                   |  |
|                               | compensation from the organization. Rep       | ort compe                   | nsatio                         | n fo                  | r th    | e c          | alend                              | ar y                  | ear ending wit  | h or within the       | org                    | anızatı       | n's 1             | tax  |
|                               | year.   | <del></del>                 |                                |                       |         |              |                                    |                       |                 |                       |                        |               |                   |  |
| (A) Name and business address |   |                             |                                |                       |         |              |                                    | (B) Description of se | ervices         | (                     | ( <b>C)</b><br>Compens | ation         |                   |  |
|                               |   |                             |                                |                       |         |              |                                    |                       |                 | -                     |                        |               |                   |  |
|                               |   |                             | $\overline{}$                  |                       |         |              |                                    |                       |                 |                       |                        | <del></del> . |                   |  |
|                               |   |                             |                                |                       | _       |              |                                    |                       |                 |                       |                        |               |                   |  |
|                               |   |                             |                                |                       |         |              |                                    |                       |                 |                       |                        |               |                   |  |
|                               |   |                             |                                |                       |         |              |                                    |                       |                 |                       |                        |               |                   |  |
| 2                             | Total number of independent contracto         |                             |                                |                       |         |              |                                    | th                    |                 | ove) who              |                        |               |                   | ļ  |
|                               | received more than \$100,000 of compensations | ation from t                | ne or                          | ganı                  | zatı    | on I         | _                                  |                       | 0               |                       |                        |               |                   | ı  |

| Par  | t VIII | Statement of Reve                                |   | 0 roo        | nanca ar nata ta | any lina in this                        | Dort VIII                               |   |  |
|--|--------|--|---|--------------|------------------|---|---|---|--|
|  |        | Check if Schedule C                              | Contains                                | <u>a res</u> | ponse or note to | (A) Total revenue                       | (B) Related or exempt function revenue  | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts<br>nts   | 1a     | Federated campaigns                              | 3                                       | 1a           |                  |   |   |   |  |
| Contributions, Gifts, Grants and Other Similar Amounts | b      | Membership dues                                  |   | 1b           |                  |   |   |   |  |
| S, G   | С      | Fundraising events                               |   | 1c           |                  |   |   |   |  |
| ar a   | d      | Related organizations                            | · .                                     | 1d           |                  |   |   | 1                                       | }  |
| s, C   | е      | Government grants (con                           |   | 1e           | 1,202,473.       |   |   |   |  |
| ē s  | f      | All other contributions, g                       | ifts, grants,                           |              |                  |   |   |   |  |
| 돌  |        | and similar amounts not inc                      |   | 1f           | 252,368.         | 1                                       |   | }                                       |  |
| Ę Ś  | g      | Noncash contributions includ                     | led in lines 1a-                        | -1f \$       | 6,298.           |   |   |   |  |
| a S  | h      | Total. Add lines 1a-1                            | f                                       |              | <b>•</b>         | 1,454,841.                              |   |   |  |
|  |        |  |   |              | Business Code    | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <del></del>                             |   |  |
| Ę.   | 2a     |  |   |              |                  |   |   |   |  |
| æ  | ь      |  |   |              |                  |   |   | <del></del>                             | <del></del>  |
| Program Service Revenue                                | c      |  |   | }            |                  |   |   |   |  |
| erv  | ď      |  |   |              |                  |   |   |   | <del></del>  |
| S  | e      | ***************************************          |   |              |                  |   |   |   | <del></del>  |
| gra  | f      | All other program sen                            |   |              | -                |   | <del></del>                             |   |  |
| Pro  | g      | Total. Add lines 2a-2                            |   |              |                  |   |   |   |  |
|  | 3      | Investment income                                |   | divide       | ends, interest.  |   |   |   |  |
|  |        | and other similar amo                            |   |              | . ▶              | 4,264.                                  | 4,264.                                  | O.                                      | o.   |
|  | 4      | Income from investment                           | -                                       | not bo       | ond proceeds ▶   | .,                                      | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u>.</u>                                |  |
|  | 5      | Royalties  |   | -            |                  |   | <del></del>                             |   |  |
|  |        |  | (ı) Real                                |              | (II) Personal    |   |   |   |  |
|  | 6a     | Gross rents .                                    |   |              |                  |   |   |   |  |
|  | b      | Less: rental expenses                            |   |              |                  | 1                                       |   |   |  |
|  | c      | Rental income or (loss)                          |   |              |                  | İ                                       |   |   |  |
|  | d      | Net rental income or (                           | loss)                                   |              | •                |   |   |   | · · · · · · · · · · · · · · · · · · ·                |
|  | 7a     | Gross amount from sales of                       | (i) Securiti                            | es           | (ii) Other       |   |   |   |  |
|  | ٠      | assets other than inventory                      |   |              |                  | i                                       |   |   |  |
|  | ь      | Less. cost or other basis                        |   |              |                  |   |   |   | 1  |
|  |        | and sales expenses                               |   | ł            | ł                | ł                                       |   | }                                       |  |
|  | С      | Gain or (loss) .                                 |   |              | <del></del>      |   |   |   |  |
|  | d      | Net gain or (loss)                               |   |              |                  |   |   |   |  |
| İ  |        | , , , , , , , , , , , , , , , , , , ,            | • •                                     | <br>[        | · · · · ·        |   |   |   | ·  |
| ue   | 8a     | Gross income from fu                             | ındraısıng                              |              |                  |   |   |   |  |
| Other Reve   |        | events (not including \$                         |   | <u>.</u>     |                  | ŀ                                       |   |   | . 1  |
| Æ  |        | of contributions reporte<br>See Part IV, line 18 |   |              |                  | ľ                                       |   |   | ĺ  |
| ۽  |        |  | • •                                     | ~,           |                  |   |   |   |  |
| δ∣   |        | Less: direct expenses                            |   |              | <del> </del>     |   | <del></del>                             | <u> </u>                                |  |
|  |        | Net income or (loss) fi<br>Gross income from ga  |   |              | events           |   |   |   |  |
|  | Ja     |  | uning activit                           |              |                  |   |   |   |  |
|  |        |  |   |              |                  |   | ,                                       |   |  |
| ĺ  |        | Less: direct expenses                            | -                                       |              |                  |   | , , , , , , , , , , , , , , , , , , ,   |   | <u> </u>   |
|  |        | Net income or (loss) fi                          |   |              | vities           |   |   |   | <del></del> -  |
| ĺ  | Tua    | Gross sales of in returns and allowance          |   | - 1          | 1                |   |   |   |  |
|  |        |  |   | a            |                  |   |   |   |  |
| J  |        | Less cost of goods s                             |   | . <b>b</b> [ |                  |   |   | <u> </u>                                |  |
| ,  | c_     | Net income or (loss) fi                          |   | of inve      | <del></del>      |   |   |   |  |
| ,  |        | Miscellaneous R                                  | evenue                                  |              | Business Code    |   |   |   |  |
| J  | 11a    |  |   | }            |                  |   |   |   |  |
|  | b      |  | • |              |                  |   |   |   | <u> </u>   |
|  | C      |  |   |              |                  |   |   |   | <u> </u>   |
|  | d      | All other revenue .                              |   |              |                  |   |   |   | <u> </u>   |
|  |        | Total. Add lines 11a-                            |   |              | <b>⊢</b>         |   |   |   | <u> </u>   |
|  | 12     | Total revenue. See in                            | structions                              |              | . •              | 1 450 105                               | 4 264                                   | 0                                       |  |

Part IX Statement of Functional Expenses

| Section         | on 501(c)(3) and 501(c)(4) organizations must con   | nplete all columns A  | ll other organization        | s must complete col                 | umn (A).                               |
|-----------------|---|-----------------------|------------------------------|-------------------------------------|--|
|                 | Check if Schedule O contains a respon   | se or note to any lir |                              |                                     | 🗆                                      |
| Do no<br>8b, 9l | ot include amounts reported on lines 6b, 7b,<br>b, and 10b of Part VIII.  | (A)<br>Total expenses | (B) Program service expenses | (C) Management and general expenses | ( <b>D)</b><br>Fundraising<br>expenses |
| 1               | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 49,310.               | _ 49,310.                    |                                     |  |
| 2               | Grants and other assistance to domestic individuals See Part IV, line 22 .  | 5,000.                | 5,000.                       |                                     |  |
| 3               | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.  | 0.                    | 0.                           |                                     |  |
| 4<br>5          | Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees   | 0.                    | 0.                           | 45 004                              | 20.405                                 |
| 6               | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and  | 210,774.              | 126,998.                     | 45,291.                             | 38,485                                 |
| 7               | persons described in section 4958(c)(3)(B)  | 0.                    | 0.                           | 0.                                  | 0.                                     |
| 7<br>8          | Other salaries and wages  | 374,583.              | 207,658.                     | 94,315.                             | 72,610.                                |
| Ū               | section 401(k) and 403(b) employer contributions)   | 40,778.               | 23,473                       | 11,040.                             | 6,265.                                 |
| 9               | Other employee benefits   | 65,491.               | 42,247.                      | 10,201.                             | 13,043.                                |
| 10              | Payroll taxes   | 40,393.               | 18,988.                      | 13,975.                             | 7,430.                                 |
| 11              | Fees for services (non-employees):  |                       |                              |                                     |  |
| а               | Management  | 0.                    | 0.                           | 0.                                  | 0.                                     |
| b               | Legal   | 0.                    | <u>0.</u>                    | 0.                                  | 0.                                     |
| C               | Accounting  | 26,053.               | 3,098.                       | 22,748.                             | 207.                                   |
| d               | Lobbying  | 6,657.                | <u>o.</u>                    | 6,657.                              |  |
| e<br>f          | Professional fundraising services See Part IV, line 17 Investment management fees   | 0.<br>0.              | 0.                           | 0.                                  | 0.                                     |
| g               | Other. (If line 11g amount exceeds 10% of line 25, column   |                       |                              |                                     |  |
| Ū               | (A) amount, list line 11g expenses on Schedule O)   | 0.                    | 0.                           | 0.                                  | 0.                                     |
| 12              | Advertising and promotion   | 4,528.                | 0.                           | 4,528.                              | 0.                                     |
| 13              | Office expenses   | 23,606.               | 11,253.                      | 10,733.                             | 1,620.                                 |
| 14              | Information technology  | 20,737.               | 12,630.                      | 7,883.                              | 224                                    |
| 15              | Royalties   | 0.                    | O.                           | 0.                                  | 0.                                     |
| 16              | Occupancy   | 32,613.               | <u>13,051.</u>               | 16,302.                             | 3,260.                                 |
| 17<br>18        | Travel  | 49,403.               | 37,781.                      | 7,206.                              | 4,416.                                 |
| 10              | for any federal, state, or local public officials   | 0.                    | o                            | o.                                  | 0.                                     |
| 19              | Conferences, conventions, and meetings  | 24,731.               | 17,690.                      | 6,948.                              | 93.                                    |
| 20              | Interest  | 0.                    | 0.                           | 0,948.                              |  |
| 21              | Payments to affiliates  | 0.                    | 0.                           | 0.                                  | 0.                                     |
| 22              | Depreciation, depletion, and amortization .   | 2,421.                | 1,210.                       | 1,211.                              | 0.                                     |
| 23              | Insurance .,  | 3,446.                | 1,550.                       | 1,551.                              | 345.                                   |
| 24              | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column   | j                     |                              |                                     |  |
|                 | (A) amount, list line 24e expenses on Schedule O.)  |                       |                              |                                     |  |
| a               | Program expenses  | 269,516.              | 269,516.                     | 0                                   | 0.                                     |
| b               |   |                       |                              |                                     |  |
| c<br>d          |   |                       | _ <del></del>                |                                     |  |
| e               | All other expenses  | 20,037.               | 11,137.                      | 7,413.                              | 1,487.                                 |
| 25              | All other expenses  Total functional expenses. Add lines 1 through 24e  | 1,270,077.            | 852,590.                     | 268,002.                            | 149,485.                               |
| 26              | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here   ☐ if following SOP 98-2 (ASC 958-720) | ,,=.5,533             | 334,333                      | 23,322                              | , (60)                                 |

|  |  | (A)               |  | (B)                                   |
|--|--|-------------------|--|---------------------------------------|
|  |  | Beginning of year |  | End of year                           |
| 1  | Cash—non-interest-bearing  | 4,926.            |  | 27,226                                |
| 2  | Savings and temporary cash investments   | 1,334,485.        |  | 1,352,461                             |
| 3  | Pledges and grants receivable, net   | 1,038,019.        |  | 1,211,063                             |
| 4  | Accounts receivable, net   | 0.                | 4  | 0                                     |
| 5  | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees                                    |                   |  |                                       |
|  | Complete Part II of Schedule L   | 0.                | 5  | <del></del>                           |
| _  | ·  | U.                | <del>                                     </del> | 0                                     |
| 6  | Loans and other receivables from other disqualified persons (as defined under section  | •                 | 1 1  |                                       |
| i  | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponcoring organizations of section 501(c)(9) voluntary employees' beneficiary |                   |  |                                       |
| ا م  | organizations (see instructions). Complete Part II of Schedule L   | 0.                | 6  |                                       |
| Assets 2 8   | Notes and loans receivable, net  | 0.<br>0.          | 7  | <u>0</u>                              |
| 8   As   | Inventories for sale or use  |                   |  |                                       |
| 9  | Prepaid expenses and deferred charges  |                   | 9  |                                       |
| 10   | · · · · · · · · · · · · · · · · · · ·  |                   |  | 0                                     |
|  | other basis. Complete Part VI of Schedule D 10a 39,667.  |                   |  |                                       |
| t  | Less accumulated depreciation  | 7,521.            | 10c  | 5,100.                                |
| 11   | Investments—publicly traded securities   | 196,459.          |  | 217,134.                              |
| 12   | Investments—other securities See Part IV, line 11  |                   | 12   | 0.                                    |
| 13   | Investments—program-related. See Part IV, line 11  | 0.                | $\overline{}$                                    | 0.                                    |
| 14   | Intangible assets  | 0.                | 14   | 0.                                    |
| 15   | Other assets. See Part IV, line 11   | 1,229.            |  | 1,938                                 |
| 16   | Total assets. Add lines 1 through 15 (must equal line 34)  | 2,582,639.        |  | 2,814,922                             |
| 17   | Accounts payable and accrued expenses  | 64,929.           |  | 117,790.                              |
| 18   | Grants payable   | 26,306.           |  | 33,050.                               |
| 19   | Deferred revenue   | 32,500.           | 19   | 0.                                    |
| 20   | Tax-exempt bond liabilities  | 0.                | 20   | 0.                                    |
| 21   | Escrow or custodial account liability. Complete Part IV of Schedule D.   | 0.                | 21   | 0.                                    |
| မွ   22  | Louis and other payables to current and former officers, directors,  |                   |  |                                       |
|  | trustees, key employees, highest compensated employees, and  |                   |  |                                       |
|  | disqualified persons Complete Part II of Schedule L  | 0.                | 22   | 0.                                    |
| _   23   | Secured mortgages and notes payable to unrelated third parties .   | 0.                | 23   | 0.                                    |
| 24   | Unsecured notes and loans payable to unrelated third parties   | 0.                | 24   | 0.                                    |
| 25   | Other liabilities (including federal income tax, payables to related third   |                   |  |                                       |
|  | parties, and other liabilities not included on lines 17–24) Complete Part X  |                   |  |                                       |
|  | of Schedule D  | 0.                | 25   | 0.                                    |
| 26   | Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and   | 123,735.          | 26   | 150,840.                              |
| န္တ  | complete lines 27 through 29, and lines 33 and 34.   |                   |  |                                       |
| Č   27   | -  | 4 500 474         | 27   | 4 004 500                             |
| 28   | Unrestricted net assets  | 1,506,171.        | 28   | 1,691,526.                            |
| 20<br>2   29   | Permanently restricted net assets  | 745,724.          | 29   | 765,547                               |
| Š   23   | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and  | 207,009.          |  | 207,009.                              |
| 27 8 29 30 31 32 33 33 33 33 33 33 33 33 33 33 33 33 | complete lines 30 through 34.  | i                 |  |                                       |
| 0  <br>2   30  | Capital stock or trust principal, or current funds   |                   | 30   | · · · · · · · · · · · · · · · · · · · |
| 31   | Paid-in or capital surplus, or land, building, or equipment fund   |                   | 31   | <del></del> _                         |
| 32   | Retained earnings, endowment, accumulated income, or other funds.  |                   | 32   |                                       |
| 33   | Total net assets or fund balances  | 2,458,904.        | 33   | 2,664,082                             |
| _  | Total liabilities and net assets/fund balances   | 2.582.639.        | 34   | 2.814.922                             |

| Par      | XI Reconciliation of Net Assets   |          |            |          |             |               |
|----------|---|----------|------------|----------|-------------|---------------|
|          | Check if Schedule O contains a response or note to any line in this Part XI   | <u> </u> |            |          |             |               |
| 1        | Total revenue (must equal Part VIII, column (A), line 12)   | 1_       |            |          | 1,45        | 9,105.        |
| 2        | Total expenses (must equal Part IX, column (A), line 25)  | 2        |            |          | 1,27        | <u>0,077.</u> |
| 3        | Revenue less expenses. Subtract line 2 from line 1  | 3        |            | _        | 18          | 9,028.        |
| 4        | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))   | 4        | <u> </u>   |          | 2,45        | <u>8,904.</u> |
| 5        | Net unrealized gains (losses) on investments  | _5       |            |          | 1           | <u>6,150.</u> |
| 6        | Donated services and use of facilities  | 6        | <u> </u>   |          |             | 0.            |
| 7        | Investment expenses   | 7        | L          |          |             | <u>0.</u>     |
| 8        | Prior period adjustments  | 8        | ļ          |          |             | 0.            |
| 9        | Other changes in net assets or fund balances (explain in Schedule O)  | 9        |            |          |             | 0.            |
| 10       | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |          |            |          |             |               |
|          | 33, column (B))   | 10       | <u> </u>   |          | 2,66        | 4,082         |
| Part     | XII Financial Statements and Reporting  |          |            |          |             | _             |
|          | Check if Schedule O contains a response or note to any line in this Part XII  | <u></u>  | <u> </u>   | <u> </u> |             | _Ц            |
|          |   |          | _          |          | Yes         | No            |
| 1 .      | Accounting method used to prepare the Form 990.   Cash Accrual Other  |          | _          |          |             | ŀ             |
|          | If the organization changed its method of accounting from a prior year or checked "Other," ex   | plaın    | ın         |          |             | 1             |
|          | Schedule O.   |          | <u> </u> - | _        |             |               |
| 2a       | Were the organization's financial statements compiled or reviewed by an independent accountant?   |          |            | 2a       |             | ✓_            |
|          | If "Yes," check a box below to indicate whether the financial statements for the year were com  | oiled    | or         |          |             | - 1           |
|          | reviewed on a separate basis, consolidated basis, or both:  |          |            |          |             |               |
| <b>h</b> | Separate basis Consolidated basis Both consolidated and separate basis  |          | -          |          | <u></u>     |               |
| b        | Were the organization's financial statements audited by an independent accountant?  |          | · -        | 20       | <u>*</u>    | 7             |
|          | If "Yes," check a box below to indicate whether the financial statements for the year were audite   | ea on    | a          |          |             |               |
|          | separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis  |          |            |          |             |               |
| _        | ·   |          | լ,  -      |          | —           |               |
| С        | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account |          |            | 2c       | 1           |               |
|          | If the organization changed either its oversight process or selection process during the tax year, ex   |          |            |          | •           | ī             |
|          | Schedule O.   | piaiii   | ""         |          |             | - 1           |
| За       | As a result of a federal award, was the organization required to undergo an audit or audits as set  | forth    | ,,  -      |          | <del></del> |               |
| Va       | the Single Audit Act and OMB Circular A-133?  |          |            | 3а       |             | ✓_            |
| b        | If "Yes," did the organization undergo the required audit or audits? If the organization did not under  | rgo tl   | ne 「       |          |             | _             |
|          | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a  |          |            | 3b       |             |               |
|          |   |          |            | _        | 200         | (2019)        |

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

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization **Utah Humanities Council** 87-0307076 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 331/2% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (ii) EIN (described on lines 1~10 listed in vour governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D)

(E)

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| Schedu   | ıle A (Form 990 or 990-EZ) 2018   |                                       |                                |                                 |                 |                             | Page <b>2</b> |
|----------|---|---------------------------------------|--------------------------------|---------------------------------|-----------------|-----------------------------|---------------|
| Part     | Support Schedule for Organiza<br>(Complete only if you checked the<br>Part III. If the organization fails to  | ne box on line                        | 5, 7, or 8 of                  | Part I or if the                | organization    | n failed to qua             |               |
| Secti    | on A. Public Support  |                                       |                                |                                 |                 |                             |               |
| Caler    | dar year (or fiscal year beginning in)  | (a) 2014                              | <b>(b)</b> 2015                | (c) 2016                        | (d) 2017        | (e) 2018                    | (f) Total     |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 1,147,643.                            | 1,155,882.                     | 1,379,940.                      | 1,320,529.      | 1,454,841.                  | 6,458,835     |
| 2        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   | 0.                                    | 0.                             | 0.                              | 0.              | 0.                          | 0             |
| 3        | The value of services or facilities furnished by a governmental unit to the organization without charge   | 0.                                    | 0.                             | 0.                              | 0.              | 0.                          | 0.            |
| 4        | Total. Add lines 1 through 3  | 1,147,643.                            | 1,155,882.                     | 1,379,940.                      | 1,320,529.      | 1,454,841.                  | 6,458,835     |
| 5        | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |                                       |                                |                                 |                 |                             | 0.            |
| 6        | Public support. Subtract line 5 from line 4   |                                       |                                |                                 |                 |                             | 6,458,835.    |
| Secti    | on B. Total Support   |                                       |                                |                                 |                 |                             |               |
| Calen    | dar year (or fiscal year beginning in) 🕨  | (a) 2014                              | <b>(b)</b> 2015                | (c) 2016                        | (d) 2017        | (e) 2018                    | (f) Total_    |
| 7        | Amounts from line 4   | 1,147,643.                            | <u>1,</u> 155,882.             | 1,379,940.                      | 1,320,529.      | 1,454,841.                  | 6,458,835.    |
| 8        | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 896.                                  | 3,134.                         | 836.                            | 916.            | 4,264.                      | 10,046.       |
| 9        | Net income from unrelated business activities, whether or not the business is regularly carried on  | 0.                                    | 0.                             | 0.                              | 0.              | 0.                          | 0.            |
| 10       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   | 0.                                    | 0.                             | 0.                              | 0.              | 0.                          | 0             |
| 11       | Total support. Add lines 7 through 10   |                                       |                                |                                 |                 |                             | 6,468,881.    |
| 12<br>13 | Gross receipts from related activities, etc.<br>First five years. If the Form 990 is for the organization, check this box and stop her  | e organization                        | 's first, second               |                                 |                 |                             | 501(c)(3)     |
| Secti    | on C. Computation of Public Suppor  |                                       |                                | · · · · ·                       | <u> </u>        | <u> </u>                    | <u> </u>      |
| 14       | Public support percentage for 2018 (line 6  |                                       |                                | 1. column (f))                  |                 | 14                          | 99.84 %       |
| 15       | Public support percentage from 2017 Sch   |                                       |                                |                                 | T T             | 15                          | 99.89 %       |
| 16a      | 331/3% support test—2018. If the organization qual box and stop here. The organization qual 331/3% support test—2017. If the organization   | zation did not o<br>lifies as a publi | check the box<br>cly supported | on line 13, and<br>organization | d line 14 is 33 | <sup>1</sup> /3% or more, o | check this    |
|          | this box and stop here. The organization  |                                       |                                |                                 |                 |                             | ▶ □           |
| 17a      | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization me<br>Part VI how the organization meets the "to  | ets the "facts-                       | and-circumsta                  | inces" test, che                | eck this box a  | nd <b>stop here.</b>        | Explain in    |

b 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 

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

Schedule A (Form 990 or 990-EZ) 2018

|         |  |                       | <del></del>                           |   |                  |   | <del></del>  |
|---------|--|-----------------------|---------------------------------------|---|------------------|---|--------------|
| Part    |  |                       |                                       |   |                  |   | /            |
|         | (Complete only if you checked the  |                       |                                       |   |                  |   | der Part II. |
|         | If the organization fails to qualify   | under the te          | sts listed bel                        | ow, please co                                     | omplete Part     | <u>  .)</u>                                       |              |
| Secti   | ion A. Public Support  | \                     |                                       |   |                  |   |              |
| Caler   | ndar year (or fiscal year beginning in)  | (a) 2014              | <b>(b)</b> 2015                       | (c) 2016  | (d) 2017         | (e) 2018/   | (f) Total    |
| 1       | Gifts, grants, contributions, and membership fees                                      |                       | \                                     |   |                  |   |              |
|         | received (Do not include any "unusual grants")   |                       | \                                     |   |                  |   |              |
| 2       | Gross receipts from admissions, merchandise  |                       | <u> </u>                              |   |                  |   |              |
|         | sold or services performed, or facilities  |                       | l \                                   |   |                  | /   |              |
|         | furnished in any activity that is related to the<br>organization's tax-exempt purpose  |                       | \                                     | [   | 1                | <b>Y</b> 1  |              |
| 3       | Gross receipts from activities that are not an   |                       | <del>- \ </del>                       | <del> </del>                                      |                  | <del></del>                                       | <del></del>  |
| 3       | unrelated trade or business under section 513  |                       |                                       |   |                  |   |              |
| _       |  |                       | <del></del>                           | <u> </u>  |                  | <del></del>                                       |              |
| 4       | Tax revenues levied for the  |                       | \                                     |   |                  |   |              |
|         | organization's benefit and either paid to  |                       | l \                                   |   |                  |   |              |
|         | or expended on its behalf  |                       |                                       |   | /                |   |              |
| 5       | The value of services or facilities  |                       | \ \                                   | i /   |                  |   |              |
|         | furnished by a governmental unit to the  |                       | \ \                                   |   |                  |   |              |
|         | organization without charge  | 1                     | \                                     | /   |                  | 1   |              |
| 6       | Total. Add lines 1 through 5   |                       | 1                                     |   |                  |   |              |
| 7a      | Amounts included on lines 1, 2, and 3  |                       |                                       |   |                  |   |              |
|         | received from disqualified persons   |                       |                                       | \ /   |                  |   |              |
| ь       | Amounts included on lines 2 and 3  |                       |                                       | X   |                  | <u> </u>  |              |
| -       | received from other than disqualified  |                       | /                                     | ľ   |                  |   |              |
|         | persons that exceed the greater of \$5,000   | •                     |                                       | <b>\</b>  |                  | 1   |              |
|         | or 1% of the amount on line 13 for the year  |                       |                                       | \   |                  |   |              |
|         | ·  | <u></u>               | <del>/</del>                          | <del>  \                                   </del> |                  | <del></del>                                       |              |
|         | Add lines 7a and 7b  |                       |                                       | <del></del>                                       |                  |   |              |
| 8       | Public support. (Subtract line 7c from   |                       |                                       | \   |                  |   |              |
|         | line 6)  |                       | /                                     | \   |                  | <u> </u>  | ·            |
|         | on B. Total Support  |                       |                                       |   |                  |   |              |
|         | dar year (or fiscal year beginning in) 🕨   | (a) 2014              | <b>(b)</b> 2015                       | (c) 2016  | (d) 2017         | <b>(e)</b> 2018                                   | (f) Total    |
| 9       | Amounts from line 6  |                       |                                       |   |                  |   |              |
| 10a     | Gross income from interest, dividends,   |                       |                                       | \   |                  |   |              |
|         | payments received on securities loans, rents,  | <i>j</i>              |                                       | '   | \                |   |              |
|         | royalties, and income from similar sources.  |                       |                                       |   |                  |   |              |
| b       | Unrelated business taxable income (less  |                       | 1                                     |   | \                | 1 (   |              |
|         | section 511 taxes) from businesses   |                       |                                       |   | \                |   |              |
|         | acquired after June 30, 1975 /   |                       |                                       |   | \                |   |              |
| С       | 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  |                       |                                       |   |                  | 1   |              |
| 12      | Other income. Do not include gain or   |                       |                                       |   | <del></del>      | <del> +</del>                                     |              |
|         | loss from the sale of capital assets   |                       |                                       |   | \                |   |              |
|         | (Explain in Part VI.)  |                       |                                       |   | ,                | <b>N</b> 1  |              |
| 13      | Total support. (Add lines 9, 10c, 11,  | -                     |                                       |   |                  | <del>  \                                   </del> |              |
| 13      | and 12.)   |                       |                                       |   |                  |   |              |
| 44      | , , , , , , , , , , , , , , , , , , ,  |                       | · · · · · · · · · · · · · · · · · · · | al Alexand & a control                            | au fifth have to |   | F01(=)(0)    |
| 14      | First five years. If the Form 990 is for the organization, check this box and stop her |                       |                                       |   |                  | \   | <b>.</b> —   |
| <u></u> |  |                       |                                       | · · · ·   | <del></del>      | · · · · · ·                                       |              |
|         | on C. Computation of Public Suppor   |                       |                                       |   |                  | <del></del>                                       |              |
| 15      | Public support percentage for 2018 (line 8   |                       |                                       |   |                  | 15  | %            |
| 16      | Public support percentage from 2017 Sch  |                       |                                       | <u> </u>  | <del></del>      | 16  | %            |
|         | on D. Computation of Investment Inc  |                       |                                       |   |                  |   |              |
| 17      | Investment income percentage for 2018 (I   |                       |                                       |   |                  |   | <u> </u>     |
| 18      | Investment income percentage from 2017   |                       |                                       |   |                  | 18  | %            |
| 19a     | 331/5% support tests-2018. If the organi   |                       |                                       |   |                  |   |              |
|         | 17/is not more than 331/3%, check this box a   | and <b>stop here.</b> | The organization                      | on qualifies as a                                 | a publicly supp  | orted organizatio                                 | on . \ ▶ 🔲   |
| b       | 331/3% support tests - 2017. If the organiz  | ation did not c       | heck a box on                         | line 14 or line 1                                 | 9a, and line 16  | s is more than 33                                 |              |
|         | line 18 is not more than 331/3%, check this b  | oox and stop h        | ere. The organi                       | zation qualifies                                  | as a publicly s  | upported organiz                                  | zation 🕨 🔲   |
| 20      | Private foundation. If the organization did  | d not check a         | box on line 14.                       | , 19a, or 19b. c                                  | heck this box    | and see instruc                                   |              |

### Part IV Supporting Organizations

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

|  | Section | A. A | II Su | pportina | <b>Organizations</b> |
|--|---------|------|-------|----------|----------------------|
|--|---------|------|-------|----------|----------------------|

|     |   |     | Yes | No    |
|-----|---|-----|-----|-------|
| 1   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.   | 1   |     |       |
| 2   | 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |     |       |
| За  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below  | 3a  |     |       |
| b   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   | 3b  |     |       |
| С   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  | 3c  |     |       |
| 4a  | 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  |     | لــــ |
| b   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  | 4b  | ·   |       |
| c   | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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  |     |       |
| 5a  | 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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)   | 5a  |     |       |
| b   |   | 5b  | _   |       |
| 6   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> . | 5c  |     |       |
| 7   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 7   |     |       |
| 8   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).   | 8   |     |       |
| 9a  | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .  | 9a  |     |       |
| b   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>  | 9b  |     |       |
| С   | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9c  |     |       |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below   | 10a |     |       |
| b   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)  | 10h | _   |       |

|      | _ |
|------|---|
| O    | - |
| MAGE | - |

|              |  |                |              | · ugo e  |
|--------------|--|----------------|--------------|--|
| Part         | Supporting Organizations (continued)   |                |              |  |
|              |  |                | Yes          | No   |
| 11           | Has the organization accepted a gift or contribution from any of the following persons?  | -              | 1            | [  |
| а            | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |                | <del></del>  | <u> </u>   |
|              | below, the governing body of a supported organization?   | 11a            |              | -  |
|              | A family member of a person described in (a) above?  | 11b            | <u> </u>     | <u> </u>   |
|              | 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.  | 11c            | L            | <u> </u>   |
| Sect         | ion B. Type I Supporting Organizations   |                | W            | l Na   |
|              |  |                | 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  |                |              | 1 1  |
|              | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   | 1              |              |  |
| 2            | Did the experimental expects for the honefit of any expension organization other than the expension  | <del>-'-</del> | <del> </del> | <del>                                     </del> |
| 2            | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part                          | 1              |              | 1  |
|              | VI how providing such benefit carried out the purposes of the supported organization(s) that operated,   |                |              |  |
|              | supervised, or controlled the supporting organization.   | 2              | <b>-</b>     |  |
| Secti        | ion C. Type II Supporting Organizations  |                | L            |  |
| 0001         | on c. Type it cupperting organizations   |                | Yes          | No   |
| 1            | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |                |              | 1  |
| •            | 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   |                | ľ            | 1  |
|              | the supported organization(s)  | 1              |              |  |
| Secti        | on 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  |                |              | l  |
|              | year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the   |                |              |  |
|              | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1              |              |  |
| 2            | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |                |              |  |
|              | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |                |              |  |
|              | the organization maintained a close and continuous working relationship with the supported organization(s)   | 2              |              |  |
| 3            | By reason of the relationship described 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_             |              | L  |
| <u>Secti</u> | on E. Type III Functionally Integrated Supporting Organizations  |                |              |  |
| 1            | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | nstru          | ctions       | s)   |
| а            | The organization satisfied the Activities Test. Complete line 2 below.   |                |              |  |
| b            | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.  |                |              |  |
| C            | ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (   | see in:        |              |  |
| 2            | Activities Test. Answer (a) and (b) below.   |                | Yes          | No   |
| а            | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of   |                |              |  |
|              | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify   | 1              |              |  |
|              | those supported organizations and explain how these activities directly furthered their exempt purposes,   |                |              |  |
|              | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities  |                |              |  |
|              | ·  | 2a             |              |  |
| b            | Did the activities described 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             |              | <del></del> -                                    |
| 3            | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>  |                |              | j  |
| а            | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>  |                |              |  |
|              |  | 3a_            |              |  |
| b            | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard. | 3b             | <u>  </u>    |  |
|              | orno supported organizations: ii i res, i describe iii <b>rait vi</b> trie role played by trie diyarization iii triis leyafy.  | ו עט ו         | i            |  |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V   | gani   | zations                  |                             |
|--|--------|--------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.                                    |        |                          |                             |
| 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) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  |        |                          |                             |
| a Average monthly value of securities  | 1a     |                          |                             |
| <b>b</b> Average monthly cash balances   | 1b     |                          |                             |
| c Fair market value of other non-exempt-use assets   | 1c     |                          |                             |
| d Total (add lines 1a, 1b, and 1c)   | 1d     |                          |                             |
| e Discount claimed for blockage or other factors (explain in detail in Part VI):   |        |                          |                             |
| 2 Acquisition indebtedness applicable to non-exempt-use assets   | 2      |                          |                             |
| 3 Subtract line 2 from line 1d.  | 3      |                          |                             |
| 4 Cash deemed held for exempt use. Enter 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 Distributable Amount. Subtract line 5 from line 4, unless subject to   |        |                          |                             |
| emergency temporary reduction (see instructions).  | 6      |                          |                             |
| 7 Check here if the current year is the organization's first as a non-functional   | ly int | egrated Type III support | ng organization (see        |
| instructions).   |        | · ·                      |                             |

| Part            | V Type III Non-Functionally Integrated 509(a)(3   | 3) Supporting Organi        | zations (continued)                    |   |
|-----------------|---|-----------------------------|--|---|
| Sect            | ion D—Distributions   |                             |  | Current Year                              |
| 1_              | Amounts paid to supported organizations to accomplish   | exempt purposes             |  |   |
| 2               | Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity  | empt purposes of suppo      | orted                                  |   |
| 3               | Administrative expenses paid to accomplish exempt purp  | occe of supported orga      | nizatione                              |   |
| 4               | Amounts paid to acquire exempt-use assets   | ooses of supported orga     | inzations                              | <del>- ·</del>                            |
| _ <del></del> _ | Qualified set-aside amounts (prior IRS approval required)   |                             |  | <del></del>                               |
| 6               | Other distributions (describe in Part VI) See instructions  |                             | <del></del>                            |   |
| <del></del>     | Total annual distributions. Add lines 1 through 6.  |                             |  | <del>_</del>                              |
| 8               | Distributions to attentive supported organizations to which   | h the organization is res   | sponsive                               |   |
|                 | (provide details in Part VI). See instructions.   |                             |  |   |
| 9_              | Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| <u>10</u>       | Line 8 amount divided by line 9 amount  |                             |  |   |
| Sect            | on E—Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1_              | Distributable amount for 2018 from Section C, line 6  |                             |  |   |
| 2               | Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ) See instructions   |                             |  |   |
| 3               | Excess distributions carryover, if any, to 2018   |                             |  |   |
| a               |   |                             |  |   |
| b               | From 2014   |                             |  |   |
|                 | From 2015   |                             |  |   |
|                 | From 2016   |                             |  |   |
| e               | From 2017   |                             |  |   |
| f               | Total of lines 3a through e   |                             |  |   |
| g               | Applied to underdistributions of prior years  |                             |  |   |
| h               | Applied to 2018 distributable amount  |                             |  |   |
| i_              | Carryover from 2013 not applied (see instructions)  |                             |  |   |
| j               | Remainder Subtract lines 3g, 3h, and 3i from 3f.  |                             |  |   |
| 4               | Distributions for 2018 from   |                             |  |   |
|                 | Section D, line 7.  |                             |  |   |
| a               | Applied to underdistributions of prior years  |                             |  |   |
|                 | Applied to 2018 distributable amount  |                             |  |   |
| <u>c</u>        | 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. For result greater than zero, explain in <b>Part VI.</b> See instructions |                             |  |   |
| 6               | Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part Vi.</b> See instructions.                       |                             |  |   |
| 7               | Excess distributions carryover to 2019. Add lines 3 <sub>j</sub> and 4c.  |                             |  |   |
| 8               | Breakdown of line 7   |                             |  |   |
| а               | Excess from 2014  |                             |  |   |
| b               | Excess from 2015  |                             |  |   |
| С               | Excess from 2016  |                             |  |   |
| d               | Excess from 2017  |                             |  |   |
| е               | Excess from 2018  |                             |  |   |

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| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

(4)

(5)

(6)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B · Section 527 organizations Complete Part I-A only If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of organization **Employer identification number Utah Humanities Council** 87-0307076 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) . . . . 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 . . . Enter the amount of any excise tax incurred by organization managers under section 4955. 0. 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes ✓ No 4a Was a correction made? . . . . . Yes b If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, Did the filing organization file Form 1120-POL for this year? . . . Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received and funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-(1) (2)(3)

| Pa | _ | 6 | 2 |
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| Schedu | ıle ( | C (F | -brm | 990 | or | 990-E | Z) 2(         | <b>)1</b> | E |
|--------|-------|------|------|-----|----|-------|---------------|-----------|---|
|        |       |      |      |     |    |       | <del></del> - | =         | : |

| Sche | equie C (Form | 1 990 or 990-EZ) 2016                                    |  |   |                   |                       | Page ∡         |
|------|---------------|--|--|---|-------------------|-----------------------|----------------|
| Pa   | rt II-A       | Complete if the organizate section 501(h)).              | tion is exempt u                       | under section 5   | 01(c)(3) and file | d Form 5768 (ele      | ction under    |
| A    | Check ►       | If the filing organization be address, EIN, expenses, an |  |   |                   | iliated group membe   | er's name,     |
| В    | Check ▶       | If the filing organization che                           | ecked box A and '                      | 'limited control" p   | rovisions apply.  |                       |                |
|      |               | Limits on Lo   | bbying Expendit                        | ures  |                   | (a) Filing            | (b) Affiliated |
|      |               | (The term "expenditures"                                 | means amounts                          | paid or incurred.   | .)                | organization's totals | group totals   |
| 1    | a Total lo    | obbying expenditures to influen                          | ice public opinion                     | (grass roots lobby  | /ing)             |                       | <u> </u>       |
|      |               | obbying expenditures to influen                          |  |   |                   |                       |                |
|      |               | obbying expenditures (add lines                          | —————————————————————————————————————— | • •   |                   |                       |                |
|      |               | exempt purpose expenditures                              | •                                      |   |                   |                       |                |
|      |               | exempt purpose expenditures (a                           |  | d)  |                   |                       |                |
|      |               | ng nontaxable amount. Ente                               |  | •   | g table in both   |                       |                |
|      |               |  | is. The lebbying                       | nontovable amoun  | + ie:             |                       |                |
|      |               | nount on line 1e, column (a) or (b)<br>r \$500,000       |  | nontaxable amoun<br>nount on line 1e                        | 1. 13.            | ]                     |                |
|      |               | 00,000 but not over \$1,000,000                          |  | 15% of the excess   | over \$500,000    |                       |                |
|      |               | ,000,000 but not over \$1,500,000                        |  | 10% of the excess   |                   |                       |                |
|      |               | ,500,000 but not over \$17,000,000                       |  | 5% of the excess of   |                   |                       |                |
|      |               | 7,000,000 but not over \$17,000,000                      | \$1,000,000                            | 370 OF THE EXCESS O   | νει ψ1,500,000    |                       |                |
|      |               | oots nontaxable amount (enter                            |  |   |                   |                       |                |
|      | _             | ct line 1g from line 1a. If zero o                       | •                                      |   |                   |                       |                |
|      |               | ct line 1f from line 1c. If zero or                      |  |   |                   |                       |                |
|      |               | e is an amount other than ze                             |  |   |                   | file Form 4720        |                |
| •    |               | ng section 4911 tax for this ye                          |  |   |                   |                       | ] Yes 🔲 No     |
|      | (Som          | e organizations that made a :                            | section 501(h) ele                     | Period Under Sec<br>ection do not hav<br>ructions for lines | e to complete all | of the five columns   | s below.       |
|      |               | Lobbyi   | ng Expenditures                        | During 4-Year A   | veraging Period   |                       |                |
|      | Cale          | ndar year (or fiscal year<br>beginning in)               | (a) 2015                               | <b>(b)</b> 2016   | (c) 2017          | (d) 2018              | (e) Total      |
| 2    | a Lobby       | ng nontaxable amount                                     |  |   |                   |                       |                |
|      |               | ng ceiling amount<br>of line 2a, column (e))             |  |   |                   |                       |                |
| •    | c Total lo    | obbying expenditures                                     |  |   |                   |                       |                |
|      | d Grassr      | oots nontaxable amount                                   |  |   |                   |                       |                |
| •    |               | oots ceiling amount<br>of line 2d, column (e))           |  |   |                   |                       |                |
| 1    | f Grassr      | oots lobbying expenditures                               |  |   |                   |                       |                |
|      |               | · · · · · · · · · · · · · · · · · · ·                    |  |   |                   |                       |                |

|           | (election under section 501(h)).   | (4   | a)          |           | (b)     | _       |
|-----------|--|--|-------------|-----------|---------|---------|
|           | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.   | Yes  | No          |           | nount   |         |
| 1         | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or   |  |             | <u></u> . | -       |         |
| _         | referendum, through the use of:  |  | <del></del> |           |         |         |
| a         | Volunteers?  | <u> </u>   | <b>✓</b>    |           |         |         |
| b         | Media advertisements?  | <u> </u>   | <u> </u>    |           |         |         |
| d         | Mailings to members, legislators, or the public?   | <del>                                     </del> | 7           |           |         |         |
| e         | Publications, or published or broadcast statements?  | <u> </u>   | -           |           |         |         |
| f         | Grants to other organizations for lobbying purposes?   | _  | <u> </u>    |           | -       |         |
| g         | Direct contact with legislators, their staffs, government officials, or a legislative body?  | 1  | <u> </u>    |           |         | 3,657   |
| h         | Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .   |  | 1           |           |         | ,,,,,   |
| i         | Other activities?  | 1  |             |           |         | 3,000   |
| j         | Total Add lines 1c through 1i  |  |             |           | (       | 6,657   |
| 2a        | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |  | <b>\</b>    |           |         |         |
| b         | If "Yes," enter the amount of any tax incurred under section 4912  |  |             |           |         |         |
| С         | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |  |             |           |         |         |
|           | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |  |             |           |         |         |
| Part      | III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  | )(5), d  | or se       | ction     |         |         |
|           |  |  |             | T         | Yes [   | No      |
| 1         | Were substantially all (90% or more) dues received nondeductible by members?   |  |             | 1         |         |         |
| 2         | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |  |             | 2         |         |         |
| 3         | Did the organization agree to carry over lobbying and political campaign activity expenditures from the  |  |             | 3_        |         |         |
| r ar t    | Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."  |  |             |           | ine 3   | 3, is   |
| 1         | Dues, assessments and similar amounts from members   |  | _1          |           |         |         |
| 2         | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).  | of   |             |           |         |         |
| а         | Current year   |  | 2a          |           |         |         |
| b         | Carryover from last year   | •  | 2b          |           |         |         |
| C         | Total  | •  | 2c          |           |         |         |
| 3         | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  |  | 3           |           |         |         |
| 4         | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb  |  |             |           |         |         |
|           | and political expenditure next year?   |  | 4           |           |         |         |
| 5         | Taxable amount of lobbying and political expenditures (see instructions)   |  | _5          |           |         |         |
| 2 (see    | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grounstructions); and Part II-B, line 1. Also, complete this part for any additional information.   | ·  |             |           | nes 1   | and     |
| Utah H    | lumanities (UH) paid annual dues to the Federation of State Humanities Councils, as well as some travel of the second travel of the sec | xpens  | es for      | a UH bo   |         |         |
| · <b></b> |  | <b></b>  | · <b></b>   |           | <b></b> | <b></b> |
|           | ·  |  |             |           |         |         |
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|           |  |  | ·           |           |         |         |
|           |  |  |             |           |         |         |

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

| Jtah I | lumanities Council                                       |  |              | 87-0307076                            |
|--------|--|--|--------------|---------------------------------------|
| Pa     | t I Organizations Maintaining Donor Ad                   |  |              | Accounts.                             |
|        | Complete if the organization answered                    | "Yes" on Form 990, Part IV, line 6         | S            |                                       |
|        |  | (a) Donor advised funds                    |              | (b) Funds and other accounts          |
| 1      | Total number at end of year                              |  |              |                                       |
| 2      | Aggregate value of contributions to (during year)        |  |              |                                       |
| 3      | Aggregate value of grants from (during year)             |  |              |                                       |
| 4      | Aggregate value at end of year .                         |  |              |                                       |
| 5      | Did the organization inform all donors and donor         | advisors in writing that the assets        | held in d    | onor advised                          |
|        | funds are the organization's property, subject to the    | ne organization's exclusive legal cont     | rol? .       | · · · □ Yes □ No                      |
| 6      | Did the organization inform all grantees, donors, a      | and donor advisors in writing that gra     | ant funds    | <del>-</del>                          |
|        | only for charitable purposes and not for the bene        |  |              |                                       |
|        | conferring impermissible private benefit?                |  |              | · · · · · · · · · · · · · · · · · · · |
| Par    | Conservation Easements.                                  | <del></del>                                |              |                                       |
|        | Complete if the organization answered                    | "Yes" on Form 990 Part IV line 7           | ,            |                                       |
| 1      | Purpose(s) of conservation easements held by the         |  | •            |                                       |
| •      | Preservation of land for public use (e.g., recrea        | <u> </u>                                   | of a hietoi  | rically important land area           |
|        | Protection of natural habitat                            | ·  |              | ed historic structure                 |
|        | Preservation of open space                               | Freservation                               | oi a ceitiii | ed historic structure                 |
| 2      | Complete lines 2a through 2d if the organization h       | old a gualified consequation contribut     | on in the    | form of a consequence                 |
| _      | easement on the last day of the tax year.                | eld a qualified conservation contribut     |              | Held at the End of the Tax Year       |
| _      | •  |  | -            |                                       |
| a      | Total number of conservation easements                   |  | <u>-</u>     | 2a                                    |
| þ      | Total acreage restricted by conservation easemen         |  | <b>⊢</b>     | 2b                                    |
| С      | Number of conservation easements on a certified          | · ·  | <u> </u>     | 2c                                    |
| d      | Number of conservation easements included in             | , , ,                                      | 1            |                                       |
| _      | historic structure listed in the National Register .     |  |              | 2d                                    |
| 3      | Number of conservation easements modified, tran          | sterred, released, extinguished, or tel    | rminated     | by the organization during the        |
|        | tax year ▶   |  |              |                                       |
| 4      | Number of states where property subject to conse         |  |              |                                       |
| 5      | Does the organization have a written policy re           |  | spection,    |                                       |
|        | violations, and enforcement of the conservation ea       |  |              | · · · L Yes L No                      |
| 6      | Staff and volunteer hours devoted to monitoring, inspe   | cting, handling of violations, and enforci | ng conser    | vation easements during the year      |
|        | <b></b>  |  |              |                                       |
| 7      | Amount of expenses incurred in monitoring, inspecting    | ng, handling of violations, and enforcing  | conserva     | ation easements during the year       |
|        | <b>▶</b> \$  |  |              |                                       |
| 8      | Does each conservation easement reported on line         | 2(d) above satisfy the requirements of     | of section   | 170(h)(4)(B)(ı)                       |
|        | and section 170(h)(4)(B)(ii)?                            |  |              | · 🗌 Yes 🗍 No                          |
| 9      | In Part XIII, describe how the organization reports      | conservation easements in its revenu       | e and exp    | pense statement, and                  |
|        | balance sheet, and include, if applicable, the text of   | of the footnote to the organization's fi   | nancial st   | atements that describes the           |
|        | organization's accounting for conservation easeme        | ents.                                      |              |                                       |
| Part   | III Organizations Maintaining Collection                 | s of Art, Historical Treasures, o          | r Other      | Similar Assets.                       |
|        | Complete if the organization answered                    | "Yes" on Form 990, Part IV, line 8         | B.           |                                       |
| 1a     |  |  |              | statement and balance shee            |
|        | works of art, historical treasures, or other similar     | assets held for public exhibition, e       | ducation,    | or research in furtherance o          |
|        | public service, provide, in Part XIII, the text of the f | footnote to its financial statements th    | at describ   | es these items.                       |
| b      | If the organization elected, as permitted under S        | FAS 116 (ASC 958), to report in its        | revenue      | statement and balance shee            |
|        | works of art, historical treasures, or other similar     |  |              |                                       |
|        | public service, provide the following amounts relat      |  | ,            |                                       |
|        | (i) Revenue included on Form 990, Part VIII, line 1      |  |              | <b>▶</b> \$                           |
|        |  |  |              |                                       |
| 2      | If the organization received or held works of art        |  |              |                                       |
| -      | following amounts required to be reported under S        |  |              | manda gam, provide the                |
| _      | - · · · · · · · · · · · · · · · · · · ·                  | · · · · · · · ·                            |              | <b>•</b> •                            |
| a      | Revenue included on Form 990, Part VIII, line 1 .        |  |              | *                                     |
| b      | Assets included in Form 990, Part X                      |  |              | • •                                   |

| Pag | _ | 2 |
|-----|---|---|
|     |   |   |

| Par    |  | Collections of            | Art, Historica       | Treasures                   | s, or Ot        | her Similar A           | ssets (continued)      |
|--------|--|---------------------------|----------------------|-----------------------------|-----------------|-------------------------|------------------------|
| 3      | Using the organization's acquisition, collection items (check all that apply): |                           | her records, ch      | eck any of t                | he follov       | ving that are a         | significant use of its |
| а      | ☐ Public exhibition  |                           | d 🗌 Loa              | ın or exchan                | ge prog         | rams                    |                        |
| b      | ☐ Scholarly research   |                           | e 🗌 Oth              | er                          |                 |                         |                        |
| С      | ☐ Preservation for future generations  |                           |                      |                             |                 |                         |                        |
| 4      | Provide a description of the organiza XIII                                     | tion's collections a      | and explain how      | they further                | r the org       | janization's exe        | mpt purpose in Part    |
| 5      | During the year, did the organization assets to be sold to raise funds rather  |                           |                      |                             |                 |                         | ılar 🔲 Yes 🔲 No        |
| Part   |  |                           |                      |                             |                 |                         |                        |
|        | Complete if the organization 990, Part X, line 21.                             |                           |                      |                             |                 |                         |                        |
| 1a     | Is the organization an agent, trustee included on Form 990, Part X? .          | , custodian or oth        | er intermediary      |                             |                 | other assets            | not Yes No             |
| b      | If "Yes," explain the arrangement in P   | art XIII and comple       | ete the following    | table:                      |                 |                         |                        |
|        |  |                           |                      |                             |                 |                         | Amount                 |
| С      | Beginning balance  |                           |                      |                             | 10              | :                       |                        |
| ď      | Additions during the year  |                           |                      |                             | 1d              |                         |                        |
| е      | Distributions during the year .  |                           |                      |                             | 1e              |                         | ····                   |
| f      | Ending balance   |                           |                      |                             | 1f              |                         |                        |
| 2a     | Did the organization include an amount   |                           |                      |                             |                 |                         |                        |
|        | If "Yes," explain the arrangement in P   | art XIII. Check here      | of the explanat      | on has beer                 | provide         | ed on Part XIII         | <u> </u>               |
| Par    |  | 1 (1) 4                   |                      | 5                           | 4.0             |                         |                        |
|        | Complete if the organization   |                           |                      |                             |                 | (4) 71                  | -1. [ (-) C            |
|        | _ , , ,  | (a) Current year          | (b) Prior year       | (c) Two yea                 |                 | (d) Three years ba      | <del></del>            |
| 1a     | Beginning of year balance  | 207,009.                  | 207,00               | 9.                          | 207,009.        | 207,0                   | 09. 207,009.           |
| b      | Contributions  |                           |                      |                             |                 | <del></del>             |                        |
| С      | Net investment earnings, gains, and losses                                     |                           |                      |                             |                 |                         |                        |
| d      | Grants or scholarships   |                           |                      |                             |                 |                         |                        |
| е      | Other expenditures for facilities and programs                                 |                           |                      |                             |                 |                         |                        |
| f      | Administrative expenses  |                           |                      |                             |                 |                         |                        |
| g      | End of year balance  | 207,009.                  | 207,00               | 9.                          | 207,009.        | 207,0                   | 09. 207,009.           |
| 2      | Provide the estimated percentage of t  |                           |                      | lg, column (a               | a)) held a      | as <sup>.</sup>         |                        |
| а      | Board designated or quasi-endowmer   | nt ▶                      | %                    |                             |                 |                         |                        |
| b      |  | 100%                      |                      |                             |                 |                         |                        |
| С      | Temporarily restricted endowment ▶   | %                         |                      |                             |                 |                         |                        |
|        | The percentages on lines 2a, 2b, and   |                           |                      |                             |                 |                         |                        |
| 3a     | Are there endowment funds not in the   | e possession of the       | e organization t     | hat are held                | and ad          | ministered for t        | he                     |
|        | organization by:   |                           |                      |                             |                 |                         | Yes No                 |
|        | (i) unrelated organizations .  |                           |                      |                             |                 |                         | 3a(i) ✓                |
|        | (ii) related organizations   |                           |                      |                             |                 |                         | 3a(ii) ✓               |
| b      | If "Yes" on line 3a(ii), are the related o                                     | •                         | •                    |                             | ' .   .   .     | . <b></b>               | 3b                     |
| 4      | Describe in Part XIII the intended uses  |                           | n's endowment        | funds.                      |                 |                         | <u> </u>               |
| Part   |  |                           |                      |                             |                 |                         |                        |
|        | Complete if the organization   | answered "Yes"            | <u>' on Form 990</u> | Part IV, lin                | <u>e 11a. :</u> | See Form 990            | , Part X, line 10.     |
|        | Description of property  | (a) Cost or oth (investme | 1                    | t or other basis<br>(other) |                 | Accumulated epreciation | (d) Book value         |
| 1a     | Land   |                           |                      |                             |                 |                         |                        |
| b      | Buildings  |                           |                      |                             |                 |                         |                        |
| С      | Leasehold improvements .   |                           |                      |                             |                 |                         |                        |
| d      | Equipment  |                           |                      | 69,667                      |                 | 64,567.                 | 5,100.                 |
| е      | Other  |                           |                      |                             |                 |                         |                        |
| Total. | Add lines 1a through 1e (Column (d) n  | nust equal Form 99        | 00, Part X, colur    | nn (B), line 1              | 0c.) .          | 🕨                       | 5,100.                 |

| Part VII       | Investments—Other Securities   |                                       |                 |              |                                       |   |
|----------------|--|---------------------------------------|-----------------|--------------|---------------------------------------|---|
|                | Complete if the organization ans                                       | wered "Yes" on For                    | <u>m 990, F</u> | art IV, line | 11b. See Form                         | 990, Part X, line 12.                     |
|                | (a) Description of security or categor<br>(including name of security) | y                                     | (b) Boo         | ok value     |                                       | hod of valuation<br>-of-year market value |
| (1) Financial  | derivatives  |                                       |                 |              |                                       |   |
| (2) Closely-ł  | neld equity interests  |                                       |                 |              |                                       |   |
| (3) Other      |  | ·                                     |                 |              |                                       |   |
| 1Δ1            |  |                                       |                 |              |                                       | <u></u>                                   |
|                |  |                                       |                 |              | <u></u>                               |   |
|                |  |                                       |                 |              | <u> </u>                              |   |
|                |  |                                       |                 |              |                                       |   |
| (E)            |  |                                       |                 |              |                                       |   |
| (F)            | ••••••   | ·                                     | Ĺ               |              |                                       |   |
| (G)            |  | ·                                     |                 |              |                                       |   |
| (H)            |  | ·                                     |                 |              | <del></del>                           |   |
|                | b) must equal Form 990, Part X, col. (B) line 12)                      | <del> </del>                          | <u></u>         |              |                                       |   |
| Part VIII      | Investments—Program Relate   |                                       | 000 D           |              | 44 - 0 5                              | 000 David V. Lora 40                      |
|                | Complete if the organization ans                                       | wered "Yes" on For                    |                 |              |                                       |   |
|                | (a) Description of investment  |                                       | (b) Bo          | ok value     |                                       | hod of valuation<br>-of-year market value |
| (1)            |  |                                       |                 |              |                                       |   |
| (2)            |  |                                       |                 |              |                                       | <del></del>                               |
| (3)            |  |                                       |                 |              |                                       |   |
| (4)            |  |                                       |                 |              |                                       |   |
| (5)            |  |                                       |                 |              |                                       |   |
| (6)            |  |                                       |                 |              |                                       | <del></del>                               |
| _(7)           |  |                                       |                 |              |                                       |   |
| _(8)           |  |                                       |                 |              |                                       | <u> </u>                                  |
| (9)            | 15 000 0 14 15 10 10   | _ <del></del>                         |                 |              |                                       | <del></del>                               |
|                | p) must equal Form 990, Part X, col (B) line 13 ) ►                    |                                       |                 |              |                                       |   |
| Part IX        | Other Assets.  |                                       | 000 D           |              | 444 0                                 | 000 David V. Co. 45                       |
|                | Complete if the organization ans                                       |                                       | m 990, P        | art IV, line | 11a. See Form                         |   |
|                |  | a) Description                        |                 |              |                                       | (b) Book value                            |
| (1)            |  |                                       |                 |              |                                       |   |
| (2)            |  |                                       |                 |              |                                       |   |
| (3)            |  |                                       | <u> </u>        |              |                                       |   |
| (4)            | <del></del>  |                                       |                 | <del></del>  | <u></u> -                             |   |
| (5)<br>(6)     | <del></del>  | <del></del>                           |                 |              |                                       | <del></del>                               |
|                | <del></del>  |                                       |                 |              |                                       |   |
| (8)            | <del></del>  |                                       |                 |              |                                       |   |
| (9)            | <del></del>  |                                       | -               |              | <del></del>                           |   |
| Total, (Colu   | mn (b) must equal Form 990, Part X, c                                  | ol. (B) line 15 )                     |                 |              |                                       |   |
| Part X         | Other Liabilities.   |                                       |                 | <del></del>  |                                       |   |
|                | Complete if the organization ans                                       | wered "Yes" on For                    | m 990. P        | art IV. line | 11e or 11f. See                       | Form 990, Part X.                         |
|                | line 25.   |                                       | 000, .          | a            |                                       | , , , , , , , , , , , , , , , , , , ,     |
| 1.             | (a) Description of liability   | (b) Book value                        |                 |              | · · · · · · · · · · · · · · · · · · · |   |
| (1) Federal in |  |                                       | -               |              |                                       |   |
| (2)            |  |                                       |                 |              |                                       |   |
| (3)            |  |                                       |                 |              |                                       |   |
| (4)            |  |                                       |                 |              |                                       |   |
| (5)            |  |                                       |                 |              |                                       |   |
| (6)            |  |                                       |                 |              |                                       |   |
| (7)            |  | · · · · · · · · · · · · · · · · · · · |                 |              |                                       | •   |
| (8)            |  |                                       |                 |              |                                       | ,   |
| (9)            | <del></del>  |                                       |                 |              |                                       | ;   |
|                | n) must equal Form 990, Part X, col (B) line 25)                       |                                       |                 |              |                                       |   |
|                | uncertain tax positions In Part XIII, prov                             | ide the text of the footno            | ote to the c    | rganization' | s financial stateme                   | nts that reports the                      |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Pá | aa | e | 4 |
|----|----|---|---|
|    |    |   |   |

| Pạr       |   | Return.   |               |
|-----------|---|-----------|---------------|
| 1         | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements | 1         | 1,475,255     |
| 2         | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |           |               |
| -         | Net unrealized gains (losses) on investments  |           |               |
| b         | Donated services and use of facilities  |           |               |
| c         | Recoveries of prior year grants   |           |               |
| d         | Other (Describe in Part XIII ) 2d 0.  |           |               |
| e         | Add lines 2a through 2d   | 2e        | 16,150        |
| 3         | Subtract line 2e from line 1 ,  | 3         | 1,459,105     |
| 4         | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |           |               |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0.  |           |               |
| b         | Other (Describe in Part XIII.)  |           |               |
| С         | Add lines <b>4a</b> and <b>4b</b>   | 4c        | 0             |
| 5         | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  | 5         | 1,459,105     |
| Part      | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per   | r Return. | <del></del> : |
|           | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   |           |               |
| 1         | Total expenses and losses per audited financial statements  | 1         | 1,270,077     |
| 2         | Amounts included on line 1 but not on Form 990, Part IX, line 25:   | 1         |               |
| а         | Donated services and use of facilities  |           |               |
| b         | Prior year adjustments  |           |               |
| С         | Other losses  |           |               |
| ď         | Other (Describe in Part XIII.)  |           |               |
| е         | Add lines 2a through 2d   | 2e        | 0.            |
| 3         | Subtract line <b>2e</b> from line <b>1</b>  | 3         | 1,270,077     |
| 4         | Amounts included on Form 990, Part IX, line 25, but not on line 1.  |           |               |
| а         | Investment expenses not included on Form 990, Part VIII, line 7b  |           |               |
| b         | Other (Describe in Part XIII.)  |           |               |
| c         | Add lines 4a and 4b   | 4c        | <u> </u>      |
| 5<br>Part | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  | 5         | 1,270,077     |
|           | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infe  |           |               |
|           |   |           |               |
|           |   |           |               |
| <b></b>   |   |           |               |
|           |   | ·         |               |

#### SCHEDULE I (Form 990)

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22

OMB No 1545-0047

Internal Revenue Service

► Attach to Form 990.

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

Open to Public Inspection

| Name of the organization   | · <u> </u>   |                                    | <u> </u>                    | <del></del>                           |   |                                 | Employer id | lentification numb            | er |
|--|--------------|------------------------------------|-----------------------------|---------------------------------------|---|---------------------------------|-------------|-------------------------------|----|
| Utah Humanities Council  |              |                                    |                             |                                       |   |                                 | 87-0307076  |                               |    |
| Part I General Information on Grants and Assistance  |              |                                    |                             |                                       |   |                                 |             |                               |    |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and   |              |                                    |                             |                                       |   |                                 |             |                               |    |
| the selection criteria used to award the grants or assistance?   |              |                                    |                             |                                       |   |                                 |             | ∐ No                          |    |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States   |              |                                    |                             |                                       |   |                                 |             |                               |    |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed |              |                                    |                             |                                       |   |                                 |             |                               |    |
| (a) Name and address of organization<br>or government  | (b) EIN      | (c) IRC section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book FMV appraisal,<br>other) | (g) Description noncash assist: |             | (h) Purpose of<br>or assistar |    |
| (1)  | 1            |                                    |                             |                                       |   |                                 |             |                               |    |
| (2)  |              |                                    |                             |                                       |   |                                 |             |                               | -  |
| (3)  | ·— <u>-</u>  |                                    |                             | •                                     |   |                                 |             |                               |    |
| (4)  | <u>-</u> -   |                                    |                             |                                       |   |                                 |             |                               |    |
| (5)  |              |                                    |                             |                                       |   |                                 |             |                               |    |
| (6)  |              |                                    | -                           |                                       |   |                                 |             |                               |    |
| (7)  | <del>-</del> |                                    |                             |                                       |   |                                 |             |                               |    |
| (8)  |              |                                    |                             |                                       |   |                                 |             |                               | _  |
| (9)  |              |                                    | _                           |                                       |   |                                 |             |                               |    |
| (10)   |              |                                    |                             |                                       |   |                                 |             |                               | •  |
| (11)   |              |                                    |                             |                                       |   |                                 |             |                               |    |
| (12)   |              |                                    |                             |                                       |   |                                 | -           |                               |    |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table   |              |                                    |                             |                                       |   |                                 |             |                               |    |

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Cat No 50055P

Schedule I (Form 990) (2018)

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| of grant or assistance       | (b) Number of recipients        | (c) Amount of cash grant       | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|------------------------------|---------------------------------|--------------------------------|----------------------------------|---|---------------------------------------|
|                              | 2                               |                                |                                  |   |                                       |
|                              |                                 |                                |                                  |   |                                       |
|                              |                                 |                                | _                                |   |                                       |
|                              |                                 |                                |                                  |   |                                       |
|                              |                                 |                                |                                  |   | Ĺ                                     |
|                              |                                 |                                |                                  |   |                                       |
|                              |                                 |                                |                                  |   |                                       |
| mental Information, P        | rovide the information re       | equired in Part I. lin         | e 2. Part III. columi            | n (b), and any other addition                         | onal information                      |
|                              |                                 |                                |                                  |   | umentation of all expenditures        |
| ust be supported by such s   | source documentation as ca      | nceled checks, bank s          | tatements, invoices, p           | paid bills, donor letters, time ar                    | nd attendance records, activity rep   |
| ntractual and consultant ag  | reements Financial record       | s must be retained inc         | luding supporting do             | cumentation, statistical record                       | ls, and other records pertinent to t  |
| hree (3) years after the pro | ject concludes, or they may     | be sent to UH with the         | e final reports Financ           | cial records must adequately id                       | lentify the source and application    |
| tions, unobligated balance   | es, assets, liabilities, expend | litures, and income R          | ecords that relate to a          | audits, appeals, litigation, or th                    | e settlement of claims arising out (  |
| grant project shall be reta  | ined until such issues are re   | esolved 3 Cash and I           | n-Kind Match Awarde              | ees must show a total match at                        | least equal to the UH grant award     |
| ds should indicate source,   | , date, purpose, cost-basis,    | and dollar value 4 Fu          | ınds are to be spent o           | nly as outlined in the applicati                      | on approved by the UH board           |
| ade among approved line      | items, if the changes don't a   | iter the project 5 A b         | oudget line item may n           | ot be eliminated without writte                       | n UH approval. The desired chang      |
| viting before grant funds a  | re committed or expended        |                                |                                  |   |                                       |
| riting before grant f        | unds a                          | unds are committed or expended | unds are committed or expended   | unds are committed or expended                        | unds are committed or expended        |

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

87-0307076 **Utah Humanities Council (UH)** Form 990, Part VI, Section B, Line 11: The UH Executive Committee has the opportunity to review FORM 990 and reports to the full board of directors any items they recommend for discussion. Form 990, Part VI, Section B, Line 12C: UH regularly and consistently monitors and enforces compliance with the conflict of interest policy. Board members sign a pledge to abide by the policy, and conflicts are identified prior to every grant review session and any investment decisions. Form 990, Part VI, Section B, Line 15A The Board of Directors of Utah Humanities conducts a regular review for the Executive Director. This process helps ensure the Executive Director and UH are functioning at the highest level possible. 1. The Chair is designated as the point person to initiate and conduct the evaluation of the Executive Director. In doing so, the Chair shall serve as a neutral and confidential conduit for the distribution, receipt, compilation and summary of the evaluation results. 2. The Board seeks evaluations and comments about the Executive Director from board and staff members in September and October each year. 3. The Chair compiles the results and associated comments from the completed evaluation forms and anonymize summaries from the staff for presentation to the Executive Director and the Executive Committee. 4. The Executive Committee reviews the results Executive Session in October. In addition, the Executive Committee reviews the evaluation tool, and if necessary, edits for the following year and recommends the ED salary for the upcoming fiscal year. 5. The Chair meets with the Executive Director to develop goals for the coming year. Goals, compensation, and any action recommendations will be shared with the full board at the November meeting for approval. 6. At the conclusion of each year's evaluation, the Chair shall destroy all received staff evaluation forms, retaining only the prepared summaries. Form 990, Part VI, Section B, Line 15B: The Executive Director recommends staff compensation amounts to the Executive Committee annually, as part of the proposed budget presentation, and provides comparability data annually from their national membership association.

| Schedule O (Form 990 or 990-EZ) (2018)                                      |  |
|---|--|
| Name of the organization  | Employer identification number   |
| UTAH HUMANITIES COUNCIL (UH)  | 87-0307076   |
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| Form 990, Part VI, Section C, Line 19: Documents are available on WWW.      | UTAHHUMANITIES.ORG   |
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| Form 990, Schedule I, Part II: None of the regrant recipients received more | than \$5,000 in grants or assistance from UH during the tax year.  |
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