For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

## **Return of Organization Exempt From Income Tax**

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

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public

2019

DLN: 93493245012271 OMB No. 1545-0047

Inspection

		e 2019 c		ning 11-01-2019 , and ending	10-31-	2020						
		pplicable:	C Name of organization	<u> </u>			D Employe	r identifi	cation number			
		change	UTAH HUMANITIES COUNCIL				87-0307	076				
□ Nai		-	Doing business as					-, -				
☐ Init		turn n/terminated	UTAH HUMANITIES									
☐ Am	endec	d return on pending	Number and street (or P.O. box if mages west 200 NORTH	ail is not delivered to street address)	oom/suite		E Telephone (801) 35					
		,	City or town, state or province, cour SALT LAKE CITY, UT 84103	try, and ZIP or foreign postal code			, ,					
			F Name and address of mineral	L = 66' =			<b>G</b> Gross receipts \$ 1,889,036					
			F Name and address of principa JANICE BROOKS	i officer:		<b>H(a)</b> Is this		urn for				
			202 WEST 300 NORTH			subord <b>H(b)</b> Are all	linates? subordinate	es.	☐Yes ☑No			
r Tax	r-exen	npt status:	SALT LAKE CITY, UT 84013			include	ed?		☐ Yes ☐No			
			<b>☑</b> 501(c)(3) <b>☐</b> 501(c)( ) ◀ (	insert no.)				•	instructions)			
) W	ebsit	:e:▶ WW	/W.UTAHHUMANITIES.ORG			H(c) Group	exemption	number	•			
<b>K</b> Forn	n of or	rganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation  Other	L	Year of forma	tion: 1975	<b>M</b> State o	of legal domicile: UT			
Pa	rt I	Sum	mary									
		_	scribe the organization's mission o	most significant activities:								
ယ္	<u> </u>	Jtah Hum	anities empowers Utahns to impro	ve their communities through activ	/e engag	ement in the	humanities	i.				
<u>ာ</u>	_											
Ĕ	_											
Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization dis	continued its operations or dispose	d of moi	e than 25%	of its net as	sets.				
	3	Number o	of voting members of the governin	g body (Part VI, line 1a)				3	19			
<b>ან</b> თ	4	Number o	of independent voting members of	the governing body (Part VI, line 1	.b) .			4	19			
Activities &	5	Total nun	nber of individuals employed in ca	endar year 2019 (Part V, line 2a)				5	13			
2	6	Total nun	nber of volunteers (estimate if nec	essary)			•	6	130			
ď	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12				7a	0			
	b	Net unrel	lated business taxable income fron	Form 990-T, line 39			•	7b	0			
						Pric	or Year		Current Year			
<u>9</u> :	8	Contribut	tions and grants (Part VIII, line 1h)				1,454,8	41	1,887,909			
Ravenue	9	Program	service revenue (Part VIII, line 2g)					0	0			
Ρÿ	10	Investme	ent income (Part VIII, column (A), li	nes 3, 4, and 7d ) . . . .			4,2	64	1,127			
	11	Other rev	enue (Part VIII, column (A), lines !	5, 6d, 8c, 9c, 10c, and 11e)				0	0			
				st equal Part VIII, column (A), line	12)		1,459,1	05	1,889,036			
			nd similar amounts paid (Part IX, c	, ,,			54,3	10	504,967			
			paid to or for members (Part IX, co	, , ,	•			0	0			
&		•	, , , ,	nefits (Part IX, column (A), lines 5-	,		732,0	69	793,283			
Expenses	16a	Professio	onal fundraising fees (Part IX, colur	nn (A), line 11e)				0	0			
â X			raising expenses (Part IX, column (D), I		_							
ш			penses (Part IX, column (A), lines :	·			483,6	_	494,075			
		•	enses. Add lines 13–17 (must equ	, , ,			1,270,0		1,792,325			
(8	19	Revenue	less expenses. Subtract line 18 fro	om line 12	•		189,0	_	96,711			
Net Assets or Fund Balances						Beginning	of Current Ye	ear	End of Year			
aga aga	20	Total ass	ets (Part X, line 16)				2,814,9	22	2,088,801			
A B			vilities (Part X, line 26)				150,8	-	142,938			
ŠĒ	22	Net asset	ts or fund balances. Subtract line 2	1 from line 20			2,664,0	82	1,945,863			
Pa	rt II	Sian	ature Block									
				ned this return, including accompa	nying so	hedules and	statements	, and to	the best of my			
knowl any ki			f, it is true, correct, and complete.	Declaration of preparer (other tha	an officer	·) is based or	n all informa	ition of w	hich preparer has			
arry 10	1011110	I.										
		Giamat					1-09-02					
Sign		Signati	ure of officer			Date	!					
Here			raham Executive Director									
		17	r print name and title		T =	1	T.					
		P	rint/Type preparer's name	Preparer's signature	Date	Chec	ck 🔲 if P	TIN				
Paid		<u> </u>	iirmla nama				employed					
Prep		71	irm's name 🕨			Firm	's EIN ►					
Use	On	ly ြ	ïrm's address ▶			Phor	ne no.		_			
Mav t	ne IR	S discuss	this return with the preparer show	un ahove? (see instructions)					es 🗆 No			

Cat. No. 11282Y

Form **990** (2019)

D	n 990 (2019)					Page <b>2</b>
Г	art III Statement	of Program Serv	ice Accomplis	hments		
	Check if Scheo	dule O contains a res	sponse or note to a	any line in this Part III		🗆
1	Briefly describe the o	rganization's mission	n:			
build		lunteers and profes	sionals in the cultu	ıral sector; presents s	colleges, and cultural and civic gro pecial events including an annual s	
2	the prior Form 990 or	990-EZ?		- ,	which were not listed on	□ Yes ☑ No
3	If "Yes," describe the Did the organization services?	cease conducting, or		changes in how it con	ducts, any program	□Yes ☑ No
	If "Yes," describe the	se changes on Sche	dule O.			
4				nts for each of its thre	e largest program services, as me	asured by expenses.
	Section 501(c)(3) and expenses, and revenue				of grants and allocations to other	
	expenses, and revenu	ue, if any, for each p	rogram service re	ported.	of grants and allocations to others	s, the total
4a						
4a 4b	expenses, and revenu	ue, if any, for each p	rogram service re	ported.	of grants and allocations to others	s, the total
4b	(Code: See Additional Data (Code: See Additional Data	ue, if any, for each p ) (Expenses \$ ) (Expenses \$	850,732 451,367	including grants of \$ including grants of \$	of grants and allocations to others  17,276 ) (Revenue \$  449,554 ) (Revenue \$	0)
	expenses, and revent (Code: See Additional Data (Code:	ue, if any, for each p	orogram service re 850,732	ported. including grants of \$	of grants and allocations to others	0)
4b	expenses, and revent  (Code: See Additional Data  (Code: See Additional Data  (Code: See Additional Data  Other program service	) (Expenses \$ ) (Expenses \$ ) (Expenses \$ ) (Expenses \$	850,732 451,367 38,137	including grants of \$  including grants of \$  including grants of \$  including grants of \$	17,276 ) (Revenue \$ 449,554 ) (Revenue \$ 38,137 ) (Revenue \$	0 ) 0 ) 0 )
4b	expenses, and revenue (Code: See Additional Data  (Code: See Additional Data  (Code: See Additional Data	) (Expenses \$ ) (Expenses \$ ) (Expenses \$ ) (Expenses \$	850,732 451,367 38,137	including grants of \$  including grants of \$  including grants of \$  including grants of \$	of grants and allocations to others  17,276 ) (Revenue \$  449,554 ) (Revenue \$	0)

Nο

Nο

No

Nο

17

18

19

20a

20b

21

Yes

Form **990** (2019)

Form	990 (2019)			Page <b>3</b>
Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $2$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is $5\%$ or more of its total assets reported in Part X, line $16?$ If "Yes," complete Schedule D, Part VII	11b		No
	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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$ ? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and $IV$	16		No
	B111			1

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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 . . . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a 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?

18

19

Form	990 (2019)			Page <b>4</b>
Par	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		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	tV Statements Regarding Other IRS Filings and Tax Compliance			

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

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

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

(gambling) winnings to prize winners? .

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

No

Yes

35

0

**1**c

1a 1b

	Statements Berneling Other IDC Filings and Toy Compliance (continued)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
	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)?  If "Yes," enter the name of the foreign country:	4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources 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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	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 excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No	" resp	onse to i	lines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection 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 19			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			1
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply.			
	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	only) available for public inspection. Indicate how you made these available. Check all that apply.			

Part VII

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

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

Check this box if neither the organization nor (A)  Name and title	(B) Average hours per week (list any hours for related	Positio tha perso and	on (do an one son is	(C) o not ne bo both recto	) ot che ox, u h an or/tru	eck mo inless office ustee)	ore er )	(D)	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W-Z/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Jodi Graham Executive Director	50 0	(		х				88,000	0	34,922
(2) Jamie Gregersen Director of Finance	40			X				57,000	0	30,270
(3) Janice Brooks Board Chair	0	Х						0	0	0
(4) Simon Cantarero Director	1.5	Х						0	0	0
(5) Joni Crane Director	1.5	X						0	0	0
(6) Danielle Dubrasky Director	1.5 0	Х						0	0	0
(7) Don Gomes Director	1.5	Х						0	0	0
(8) Christopher Gonzalez Director	1.5	Х						0	0	0
(9) Inoke Hafoka Director	1.5	Х						0	0	0
(10) Julie Hartley Director	1.5	X						o	0	0
(11) Phyllis Hockett Director	1.5 0	Х						0	0	0
(12) Matthew Lawyer Director	1.5	Х						0	0	0
(13) Kathryn MacKay Director	1.5	Х						0	0	0
(14) Sumiko Martinez Director	1.5	Х						o	0	0
(15) Don Montoya Director	1.5	Х						o	0	0
(16) Barry Scholl Director	1.5	Х						0	0	0
(17) Erica Walz Director	1.5	Х						0	0	0

Part VII

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

(A) (B) (C) (D) (E) (F)

New York Continued (As extra book more and title and the continued)

(B) (C) (D) (E) (F)

(C) (D) (D) (E) (F)

Page 8

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than o	ne b	οx, ι n of or/t	t che unles ficer	and a	son	(D) Reportable compensation from the organization	(E) Reportable compensatior from related organizations (W-2/1099-		(F) Estima amount o compens from t	ited f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-Z/1099-		organizati relate organiza	ed
	andy Williams hair		×						0		0		0
(19) P	aul Winward or	1.5 	×						0		0		0
(20) P	onee Wopsock Pawwinnee	1.5 	×						0		0		0
(21) 7	e Min Xiao	1.5 	x						0		0		0
Direct	J												
сТ	ub-Total otal from continuation sheets to Part V otal (add lines 1b and 1c)	/II, Section A				*	•		145,000	0			65,192
2	Total number of individuals (including but of reportable compensation from the orga	not limited to				e) v	vho red	ceive	ed more than \$100	,000			
_										·		Yes	No
3	Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>					•	e, or n	-		nployee on	3		No
4	For any individual listed on line 1a, is the organization and related organizations graindividual									he	_		
5	Individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person					dual for	4		No				
Se	Section B. Independent Contractors							5		No			
1	Complete this table for your five highest of from the organization. Report compensations										pen	sation	
(A) Name and business address (B) Description of services								(C) Compens					

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

compensation from the organization  $\blacktriangleright$  0

Part	VIII	Statement	of F	Revenue						
		Check if Sched	lule	O contains a	respo	nse or note to any	/ line in this Part VIII			🗆
							( <b>A</b> ) Total revenue	(B) Related or exempt function	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections
	1:	a Federated campa	igns		1a	l		revenue		512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership dues			1b	0				
3ra nou		c Fundraising even			1c	0				
Gifts, Grants illar Amounts		d Related organizat		Ŀ	1d	0				
Gifi		e Government grants		Ŀ	1e	1,605,313				
ns, Sim		f All other contributio		Ļ	1					
er S		and similar amounts above			1f	282,596				
휼		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	- 1					
Contributions, and Other Sim				L	1g	5,184				
ರ ಕ		<b>h Total.</b> Add lines 1	La-1	f	• •	•	1,887,909	<del>,</del>		
	2-					Business Code				
	2a									
enu										
Program Service Revenue	b									
eo	c									
Şer vi										
E .	d	1								
ogra	е	<b>.</b>								
Ğ	_									
		All other program								
		Total. Add lines 2 Investment income				nterest and other	1			T
	5	similar amounts) .				,	1,12/	1,127		0 0
		Income from invest	men	t of tax-exe	mpt bo	ond proceeds	0			0 0
	5	Royalties	•		•		0	(		0
				(i) Rea	11	(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income								
	_	or (loss)	6c	(1)	0		<u>0</u>			
	•	d Net rental income	or	(i) Securi		(ii) Other				
	72	Gross amount		(I) Securi	ues	(II) Other				
		from sales of assets other	7a							
		than inventory								
	b	Less: cost or other basis and	7b							
		sales expenses					_			
	С	Gain or (loss)	<b>7</b> c		0		0			
		d Net gain or (loss)								
e Te	8a	Gross income from fu (not including \$		0 of						
en		contributions reported See Part IV, line 18								
Other Revenue	ı	<b>b</b> Less: direct expen			8a 8b					
er		c Net income or (los				ents				
						<u> </u>				
	9a	Gross income from 9 See <b>Part</b> IV, line 19	gami •	ing activities.	9a					
	ŀ	<b>b</b> Less: direct expen	ses		9b					
		c Net income or (los			activiti	es <b>&gt;</b>				
				ı						
	10	<b>a</b> Gross sales of inve returns and allowa	nces	ry, less	10a					
	Ł	<b>b</b> Less: cost of good:	s sol	ld	10b					
	(	Net income or (los			invent					
		Miscellaneo	us R	evenue		Business Code				
	11	La								
	,	<b>.</b>								
	ľ	b								
	(	C								
		d All other rovenus								
		d All other revenue e Total. Add lines 11a-11d				•				
		2 Total revenue. Se			•	•	0			
		o.u. revenue: 50	11	.50, 400,0115	•	· · · •	1,889,036	1,127	7	0 0 Form <b>990</b> (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses  Section 501(c)(2) and 501(c)(4) organizations must be	omploto all columns	All other organization	ns must complete solu	ımn (A)
Section 501(c)(3) and 501(c)(4) organizations must c		_	ns must complete coll	umn (A).
Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	504,967	504,967	g = = = p = =	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	210,192	84,077	84,077	42,038
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
<b>7</b> Other salaries and wages	367,043	249,983	58,112	58,948
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	66,665	38,068	18,371	10,226
9 Other employee benefits	104,567	62,223	19,235	23,109
<b>10</b> Payroll taxes	44,816	17,926	17,927	8,963
11 Fees for services (non-employees):				
a Management	0	0	0	0
<b>b</b> Legal	368	0	368	0
c Accounting	28,456	4,047	24,136	273
d Lobbying	8,784	0	8,784	0
e Professional fundraising services. See Part IV, line 17	0		•	0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12 Advertising and promotion	3,030	0	3,030	0
13 Office expenses	25,367	12,804	9,138	3,425
14 Information technology	29,018	17,341	11,230	447
<b>15</b> Royalties	0	0	0	0
<b>16</b> Occupancy	32,747	13,098	16,374	3,275
17 Travel	23,900	15,603	2,803	5,494
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .	0	0	0	0
19 Conferences, conventions, and meetings	4,899	2,629	2,270	0
<b>20</b> Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	2,420	1,210	1,210	0
23 Insurance	3,138	1,412	1,412	314
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Community Heritage Projects	174,327	174,327	0	0
<b>b</b> Honoraria	56,719	56,719	0	0
c Center for the Book	29,596	29,596	0	0
d Other Program Expenses	42,672	42,672	0	0
e All other expenses	28,634	11,534	15,686	1,414
<b>Total functional expenses.</b> Add lines 1 through 24e	1,792,325	1,340,236	294,163	157,926
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).				

10b

Part X	Balance Sheet									
	Check if Schedule O contains a response or note to any line in this Part IX .									
			/Δ	١				(1	۹۱	

Check it Schedule O contains a response of note to any line in this Part IX				. –	
	<b>(A)</b> Beginning of year		End	<b>(B)</b> of year	
1 Cash-non-interest-bearing	27,226	1		56,4	Į!

_	cash hon merest bearing		_	·
2	Savings and temporary cash investments	1,352,461	2	1,489,417
3	Pledges and grants receivable, net	1,211,063	3	312,653
4	Accounts receivable, net	0	4	0
5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
		I		I

36,987

0 6 0

0

0

5,100

1,938

2,814,922

117,790

33.050

0 19

0

0 22

0 23

0

150.840

1,691,526

972,556

2,664,082

2,814,922

217,134

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2,680

1,582

2,088,801

122,602

20.336

0

0

0

0

142.938

1.071.356

1,945,863

2.088.801

Form 990 (2019)

874,507

226,012

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . . Assets Inventories for sale or use . . . . Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other 10a 39,667 basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

11

12

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31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30

Form	990 (2019)				Page <b>12</b>
Pai	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<b>✓</b>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.	,889,036
2	Total expenses (must equal Part IX, column (A), line 25)	2			,792,325
3	Revenue less expenses. Subtract line 2 from line 1	3			96,711
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2.	,664,082
5	Net unrealized gains (losses) on investments	5			8,953
6	Donated services and use of facilities	6			0
7	Investment expenses	7			
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			823,883
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,	945,863
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	,			Yes	No
1	Accounting method used to prepare the Form 990:				
-	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle	3a	Yes	

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b Yes Form **990** (2019)

#### Additional Data

**Software ID:** 19009572

**Software Version:** v1.00

EIN: 87-0307076

Name: UTAH HUMANITIES COUNCIL

Form 990 (2019)

#### Farma 000 Park III Line 4

Form 990, Part III, Line 4a:

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 conversations...all 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.

# Form 990, Part III, Line 4b: In 2020, UH was honored to provide rapid-response emergency relief funding from the National Endowment for the Humanities (NEH) to redistribute to Utah nonprofits with humanities programs as part of the Federal Coronavirus Aid, Relief, and Economic Security Act (CARES) legislation. 35 Organizations across the state benefited from this

program. All CARES funds were re-granted to Utah cultural nonprofit organizations with the exception of \$1.813, which was used for expenses directly related to the

administration of the CARES grants.

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. We are a proud supporter of local communities, grassroots activities, tradition, and innovation. Our grants provide invaluable financial support to help bring educational programs, interpretive exhibits and activities, local history projects, oral history projects, media projects.

Form 990, Part III, Line 4c:

and more around the state of Utah.

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493245012271
SCI		ULE A	- Dublic :	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
/TE 000				rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		the Treasury	► Go to <u>www.irs</u>	<u>s.gov/Form990</u> for in			ormation.	Open to Public Inspection
Nam	e of th	nue Service ne organiza IITIES COUNCI					Employer identific	
							87-0307076	
	rt I		for Public Charity Stat				See instructions.	
1 ne o	rganız		a private foundation because	•	•		(A)(:)	
		·	onvention of churches, or as					
2			scribed in section 170(b)(		`	, ,		
3	Ш		or a cooperative hospital ser	-			-	
4		A medical r name, city,	esearch organization operat and state:	ed in conjunction with	a hospital descri	ibed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	ation operated for the benefi (iv). (Complete Part II.)	J	,	, ,		bed in <b>section 170</b>
6		A federal, s	tate, or local government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
7	✓		ation that normally receives ( <b>0(b)(1)(A)(vi).</b> (Complete		s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust described in <b>sectio</b> :	n 170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. S					ege or university or a
10		from activit investment	ation that normally receives: dies related to its exempt fur income and unrelated busin dee section 509(a)(2). (Co	nctions—subject to cer ness taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See <b>section 509</b>	(a)(4).	
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in <b>section 5</b>	<b>09(a)(1)</b> or <b>se</b>	ction 509(a)(2	). See <b>section 509(</b> a	
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B	appoint or elect a majo				
b		manageme	supporting organization sup nt of the supporting organiz plete Part IV, Sections A	ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instruct	supporting organizatio				ted with, its
d		Type III n functionally	on-functionally integrate integrated. The organizations). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization recei or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organizations		-			
g	Provi	de the follow	ing information about the su	upported organization(	s).			
	(i) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the I		Cat. No. 11285		Schedule A (Form 9	

	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	1,155,882	1,379,940	1,320,529	1,454,841	1,887,909	7,199,101
5	The portion of total contributions by	, ,	, ,	, ,	, ,	, ,	<del>, , ,</del>
_	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)						
6	Public support. Subtract line 5 from						
	line 4.						7,199,101
S	Section B. Total Support						
	Calendar year	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
_	(or fiscal year beginning in) ▶			` ′	` ′	` '	
7		1,155,882	1,379,940	1,320,529	1,454,841	1,887,909	7,199,101
8	,						
	dividends, payments received on	3,134	836	916	4,264	1,127	10,277
	securities loans, rents, royalties and income from similar sources.						
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	<b>5</b> ,						-
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through						7,209,378
	10						7,205,570
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is fo	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	anization,
	check this box and ${f stop\ here}$					▶□	]
S	Section C. Computation of Public						
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, o	column (f))		14	99.857 %
15	Public support percentage for 2018 Sc	hedule A, Part II, l	ine 14			15	99.84 %
16a	33 1/3% support test—2019. If the	organization did r	not check the box	on line 13, and lin	e 14 is 33 1/3% or	more, check this	box

h 33 1/3% support test-2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 

17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

h 10%-facts-and-circumstances test-2018. 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

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513  Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
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.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. 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 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

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

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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

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

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

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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 Part VI.
```

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,"

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

ciie	ddie A (Form 990 of 990-22) 2019			age :
Pai	Tt IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	ection B. Type I Supporting Organizations			
	solon Britype Leapporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	Did the supprise time and the bounds of any supprised arrangement of the theory of a constant arrangement of the	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	ection C. Type II Supporting Organizations			
	second Type 11 supporting organizations		Yes	No
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
L	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
,	Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the	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		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
á	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
i	Did the organizations? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O	)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter $1-1/2\%$ of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in <b>Part VI</b> ). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions	nich the organization is respon	sive (provide	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

O other distributions (describe in Fare 42). See mistractions					
7 Total annual distributions. Add lines 1 through 6.					
Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions					
Distributable amount for 2019 from Section C, line 6					
10 Line 8 amount divided by Line 9 amount					
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
	Underdistributions	Distributable			

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

**a** Excess from 2015. . . . . **b** Excess from 2016. . . . . c Excess from 2017. . . . . **d** Excess from 2018. . . . . e Excess from 2019. . . . .

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. . . . . . **b** From 2015. . . . . . . . . . c From 2016. . . . . . . **d** From 2017. . . . . . . e From 2018. . . . . . f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

### **Additional Data**

**Software ID:** 19009572 **Software Version:** v1.00

**EIN:** 87-0307076

Name: UTAH HUMANITIES COUNCIL

Schedule A (	(Form 990 or 990-EZ) 2019	Pag
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part I 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 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, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional infoinstructions).	V, Section C, line 1; 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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

## Political Campaign and Lobbying Activities

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

2019

DLN: 93493245012271

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

omplete if the organization is described below. Attach to Form 900 or Form 900 E7

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

• S • S • S • S • S • S • S	Section 501(c) (other than section 5 Section 527 organizations: Complet corganization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form have filed Form 5768 (election unde have NOT filed Form 5768 (election Form 990, Part IV, Line 5 (Proxy T s), then	arts I-A and C below.	ne <b>47 (Lobbying Activities</b> omplete Part II-A. Do not co i)): Complete Part II-B. Do	omplete Part II-B. not complete Part II-A.
	me of the organization			Employer ider	ntification number
UTA	H HUMANITIES COUNCIL				
Dow	t I-A Complete if the orga	nization is exempt under sect	ion E01(a) on io	87-0307076	-ation
1	Provide a description of the organ	ization's direct and indirect political c			
_	"political campaign activities")				<b>.</b>
2 3		itures (see instructions)aign activities (see instructions)			\$
		nization is exempt under sect			
	<u> </u>	•			
1	•	<ul> <li>incurred by the organization under</li> <li>incurred by organization managers</li> </ul>			\$
2 3	•	ix incurred by organization managers tion 4955 tax, did it file Form 4720 fo			\$
3	3	,	,		☐ Yes ☐ No
4a	Was a correction made?				☐ Yes ☐ No
b	If "Yes," describe in Part IV.				
Par	t I-C Complete if the orga	nization is exempt under sect	ion 501(c), exc	ept section 501(c)(3)	•
1	Enter the amount directly expend	ed by the filing organization for section	on 527 exempt funct	tion activities 🕨	\$
2		anization's funds contributed to other			\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and	on Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			Yes No
5	organization made payments. For of political contributions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deliv see (PAC). If additional space is neede	mount paid from the ered to a separate p	e filing organization's funds political organization, such a	. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-E2	Z. Cat	. No. 50084S Schedule C (	Form 990 or 990-EZ) 2019

r o	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)		(b)	
tivi		Yes	No	,	Amour	nt
L	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 referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				5,78
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes				3,00
j	Total. Add lines 1c through 1i					8,78
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	501(c)(6).				Yes	No
L	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				501(c	)(6
L	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a				
a b	Current year	2b	-			
c	Total	2c	-			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
1	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
_	expenditure next year?	5	ļ			
5 •)=	Taxable amount of lobbying and political expenditures (see instructions)	)				
	ride the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list);	Part II	-Δ lines	: 1 an	d 2 (se	
	ructions), and Part II-B, line 1. Also, complete this part for any additional information.		,		(30	_
	Return Reference Explanation					
_						

were used for lobbying activities.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493245012271

OMB No. 1545-0047

### **SCHEDULE D**

(Form 990)

**Supplemental Financial Statements** ▶ Complete if the organization answered "Yes," on Form 990,

2019

Schedule D (Form 990) 2019

Cat. No. 52283D

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

	me of the organization AH HUMANITIES COUNCIL			Emp	oloyer identification number
UIF	AN NOMANTHES COUNCIL			87-0	3307076
Pā	art I Organizations Maintaining Donor Advi			r Acc	counts.
	Complete if the organization answered "Ye				(I-) F
	Tatal number at and af year	(a) Donor advised	1 runas		(b) Funds and other accounts
•	Total number at end of year				
<u>.</u>	Aggregate value of contributions to (during year)				
•	Aggregate value of grants from (during year)				
٠	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex				funds are the
•	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit? .	or donor advisor, or for any	other purpose o		
Pa	rt II Conservation Easements.	"			
	Complete if the organization answered "Ye				
-	Purpose(s) of conservation easements held by the orga		•		
	Preservation of land for public use (e.g., recreation	n or education)	reservation of an	histor	ically important land area
	Protection of natural habitat	☐ Pr	reservation of a c	ertifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contr	ibution in the for	m of a	a conservation  Held at the End of the Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified histori		<b>-</b>	2c	
d	Number of conservation easements included in (c) acqu structure listed in the National Register	, ,	<b> </b>	2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, o	or terminated by t	the or	ganization during the
	·				
ŀ	Number of states where property subject to conservation	<del></del>			_
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			of viola	ations,  Yes No
,	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations,	and enforcing co	nserv	ation easements during the year
,	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violations, and	enforcing conserv	vation	easements during the year
3	Does each conservation easement reported on line 2(d) and section 170(h)(4)(B)(ii)?			70(h)(	4)(B)(i)
)	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the	footnote to the organization			atement, and
_	the organization's accounting for conservation easemen			Ci.	wile. A costs
(a)	rt III Organizations Maintaining Collections Complete if the organization answered "Ye			er Sii	milar Assets.
.a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	public exhibition, education	, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items:				
(	(i) Revenue included on Form 990, Part VIII, line 1				<b>▶</b> \$
	ii)Assets included in Form 990, Part X				
2	If the organization received or held works of art, histori following amounts required to be reported under SFAS	cal treasures, or other simila	ar assets for finar		-
а	Revenue included on Form 990, Part VIII, line 1	, , ,			. ▶\$
b	Assets included in Form 990, Part X				. ▶\$

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

**b** Buildings . . . .

 ${f c}$  Leasehold improvements

**d** Equipment . . . .

e Other . .

		(Form 990) 2019											Page 2
	t III	Organizations Ma											
3		g the organization's acqu s (check all that apply):	uisition, accession	, and other	records, o		any of	the fo	ollowing 1	that are a	significant	use of its o	collection
а		Public exhibition				d		Loan	or exch	ange prog	rams		
b		Scholarly research				е		Othe	er				
С		Preservation for future	generations										
4	Provi Part :	de a description of the o	organization's coll	ections and	l explain h	ow the	y furtl	her th	e organiz	zation's ex	empt purpo	ose in	
5		ig the year, did the orga is to be sold to raise fun										☐ Yes	□ No
Pai	rt IV	Escrow and Custon Complete if the orgon, line 21.			" on Forn	n 990,	, Part	IV,	ine 9, o	r reporte	d an amoi		rm 990, Part
1a		e organization an agent ded on Form 990, Part )										☐ Yes	□ No
	TE 111/-	"lain Maa amaa			-4- 4 6-11	l = <del>.</del>	<b>.</b>					Amount	
b c		es," explain the arrange				-				1c		amount	
d	_	nning balance ions during the year .								1d			
e		butions during the year								1e			
f		ng balance								1f			
2a	Did tl	- he organization include	an amount on Foi	rm 990, Pai	rt X, line 2	!1, for e	escrow	or cu	ustodial a	account lia	bility?	Yes	 □ No
b	If "Y∈	es," explain the arrange	ment in Part XIII.	Check here	e if the exi	planatio	on has	beer	provide	d in Part )	(III		
Pa	rt V	Endowment Fund							'				
		Complete if the org	ganization answ										
1.	Dogina	ing of year balance .		(a) Curre	nt year 207,009	<b>(b)</b> Pr	rior yea	nr 7,009	<b>(c)</b> Two y	ears back 207,009	(d) Three ye	207,009	e) Four years back 207,009
	-	outions			0		207	0		207,009		0	0
		/estment earnings, gain	e and losses		0			0		0		0	0
		or scholarships			0			0		0		0	0
		expenditures for facilities											
	and pr	ograms			0			0		0		0	0
		istrative expenses .			0			0		0		0	0
g	End of	year balance			207,009		207	7,009		207,009		207,009	207,009
2		de the estimated percer	-	•	i balance (	(line 1g	g, colu	mn (a	)) held a	is:			
а	Board	d designated or quasi-e	ndowment 🟲	0 %									
b	Perm	anent endowment ►	100 %										
c	Temp	orarily restricted endov	vment ► 0	%									
		percentages on lines 2a,		•									
3a	orgar	here endowment funds nization by:	·	sion of the	organizatio	on that	are h	eld ar	nd admin	istered for	the		Yes No
	` ,	nrelated organizations					•					3a(	
b		elated organizations .es" on 3a(ii), are the rel				 n Sche	 dule R	. ?				3a(i	
4		ribe in Part XIII the inte											
Pai	rt VI	Land, Buildings,				000	_			<u> </u>			10
	Descri	Complete if the orginal complete if the orginal complete if the orginal complete.	ganization answ (a) Cost or oth		(b) Cost o					. See For cumulated d			10. Book value
	Desci	ipaon or property	(investme		(D) Cost o	, Julei	24313 (I	J. 161 )		amaiateu u	epreciation	[	, Dook value
1a	Land			0				0					0

0 0

39,667

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

0

0

36,987

2,680

Part VII	Complete if the organization answered "Yes" on Form 990, I	Part IV	ine 11h	See Form 990 F	Part X line	12
	(a) Description of security or category (including name of security)	(b) Book value	11		d of valuation	n:
	l derivatives					
( <b>2)</b> Closely- ( <b>3)</b> Other	held equity interests					
(A)						
В)						
C)						
D)						
E)						
F)						
G)						
H)						
otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, I	Part IV. I	ne 110	. See Form 990. I	Part X. line	13.
	(a) Description of investment			(b) Book value	(c) Methor	od of valuation: d-of-year market value
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
	n (b) must equal Form 990, Part X, col.(B) line 13.)		•			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990, P	art IV, liı	ne 11d	. See Form 990, Par		
1)	(a) Description				(1	<b>b)</b> Book value
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>	
Part X	Other Liabilities.					/ II
l.	Complete if the organization answered 'Yes' on Form 990, P  (a) Description of liability		<u>1e 11e</u>	or 11f.See Form	990, Part X	(b) Book value
1) Federal	income taxes					
2)						1
3)						
4)						
5)						
6)						
7)						
8)						
9)						
(10)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)			<b>•</b>		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the text of the footnot		-	cion's financial stater		
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en provided	in Part XIII 🔲

2

4

b

C 5

1

2

C

d

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

8,953

1,889,036

1,889,036

1,792,325

1,792,325

1.792.325

Schedule D (Form 990) 2019

а Net unrealized gains (losses) on investments . . . . Donated services and use of facilities . . . . . b Other (Describe in Part XIII.) е Subtract line **2e** from line **1** . . . . . . . . 3

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

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . . . .

Subtract line 2e from line 1 . . . . . . . . . . .

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

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other losses . . . . . .

Add lines 2a through 2d .

Return Reference

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

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

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Total expenses and losses per audited financial statements . . . . . .

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

2b 2c

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

2d Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b

2a

2a 2b

2c

2d

4a 4b

Explanation

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

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

8.953

0

2e

3

4c 5

2e

3

4c

5

chedule D (Forn	n 990) 2019	Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2019

### **Additional Data**

Software ID: 19009572
Software Version: v1.00

**EIN:** 87-0307076

Name: UTAH HUMANITIES COUNCIL

#### Supplemental Information

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4	Endowment funds are restricted for two Research Fellowships - the Albert J. Colton Fellows hip for Projects of National or International Scope and the Delmont R. Oswald Fellowship f or Utah Studies. These fellowships provide financial support for scholars doing research i n the humanities, and require a public presentation of their work. The fellowships are mad e possible by endowment funds established in memory of Albert J. Colton, a former UH board member, and Delmont R. Oswald, UH's founding director.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

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

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

OMB No. 1545-0047

DLN: 93493245012271

Open to Public Inspection

Internal Revenue Service		P do to www	<u>w.ns.gov/romi1990</u> 101	the latest illiormatic	JII.		
Name of the organization						Employer identifi	cation number
UTAH HUMANITIES COUNCIL						87-0307076	
		and Assistance					
Does the organization main the selection criteria used	ntain records to sub to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistan	ce, and	☑ Yes ☐ N
2 Describe in Part IV the org	•	-	_				
Part II Grants and Other that received more	<b>Assistance to Don</b> than \$5,000. Part II	<b>nestic Organizations a</b> I can be duplicated if add	i <b>nd Domestic Governme</b> ditional space is needed.	ents. Complete if the o	rganization answered "Yes	;" on Form 990, Part IV, lin	e 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section		-					29
3 Enter total number of othe			<del></del>				4
For Paperwork Reduction Act Notice	ce, see the Instructio	ns for Form 990.		Cat. No. 50055	5P	Sc	hedule I (Form 990) 2019

(1)

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Return Reference

Schedule I, Part I, Line 1

Schedule I. Part I. Line 2

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

Page 2

Part III can be duplicated if additional space is needed.

**Explanation** 

(b) Number of

recipients

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

(c) Amount of

cash grant

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

grant funds are committed or expended. UH grants and fellowships are only awarded in the United States.

UH keeps careful and accurate records of grants and awards given. See explanation and procedures detail related to Part 1, line 2 for more detail.

All grant and fellowship applicants are required to describe the planned use of funds in detail. Awardees are required to: 1. Set up a separate account number or financial tracking system for each project using UH grant funds. All UH grant funds and other funds committed to the project should be received into and expended from this account. Financial records must demonstrate that UH grant funds have been spent only for the approved project. 2. Documentation of all expenditures: Accounting records must be supported by such source documentation as canceled checks, bank statements, invoices, paid bills, donor letters, time and attendance records, activity report travel reports, and contractual and consultant agreements. Financial records must be retained including supporting documentation, statistical records, and other records pertinent to the grant for no less than three (3) years after the project concludes, or they may be sent to UH with the final reports. Financial records must ladequately identify the source and application of funds, including obligations, unobligated balances, assets, liabilities, expenditures, and income. Records that relate to audits, appeals, litigation, or the settlement of claims arising out of the performance of the grant project shall be retained until such issues are resolved. 3. Cash and In-Kind Match: Awardees must show a total match at least equal to the UH grant award. In-kind contribution records should indicate source, date, purpose, cost-basis, land dollar value, 4. Funds are to be spent only as outlined in the application approved by the UH board. Adjustments may be made among approved line items, if the changes don't alter the project. 5. A budget line item may not be eliminated without written UH approval. The desired changes must be requested in writing before

(d) Amount of

noncash assistance

FMV, appraisal, other)

### **Additional Data**

3419 Olympic Parkway Park City, UT 840980187 Brigham City Museum of Art &

Brigham City, UT 843022030

History 24 N 300 W 45-2605362

**Software ID:** 19009572 **Software Version:** v1.00

501(c)(3)

**EIN:** 87-0307076

Name: UTAH HUMANITIES COUNCIL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	<b>(c)</b> IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Alf Engen Ski Museum PO Box 980187	87-0513670	501(c)(3)	15,000	0			COVID Relief				

10,000

COVID Relief

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Brolly Arts 87-0538724 501(c)(3) 10.000 COVID Relief 3680 Ecker Hill Drive

COVID Relief

7.500

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

501(c)(3)

Park City, UT 840985324

Cache Daughters of Utah Pioneers Museum 160 N Main Street

Logan, UT 843214566

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Edge of the Cedars State Park 87-6000545 Utah State Parks 14.233 COVID Relief Museum 660 W 400 N

COVID Relief

10.000

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

501(c)(3)

Blanding, UT 845114000 Emerald Hills Institute

3780 S West Temple South Salt Lake City, UT

841154464

82-0675900

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

Epicenter 180 South Broadway Green River, UT 845259997	46-5526283	501(c)(3)	9,234	0		COVID Relief
Friends of Cedar Mesa	35-2426283	501(c)(3)	15,000	0		COVID Relief

PO Box 338 Bluff, UT 845120338

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) John Hutchings Museum of 82-2425449 501(c)(3) 15,000 COVID Relief

Natural History 55 N Center Street Lehi, UT 840431826						
John Wesley Powell River History Museum 1765 F Main Street	87-6000230	501(c)(3)	15,000	0		COVID Rel

Green River, UT 845250387

Relief PO Box 387

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government 80-0166208 501(c)(3) 20.000 COVID Relief

KCPW Radio 210 E 400 S STE 7 Salt Lake City, UT 841112849

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

Murray, UT 841076431

Murray City Cultural Arts 87-6000254 Murray City 15.000l COVID Relief 296 E Murray Park Avenue

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Museum of Moah 87-0255102 501(c)(3) 10 0001 COVID Relief

118 E Center Street Moab, UT 845322430	0, 0233102	301(0)(3)	10,000	J		COVID Rener
Natural History Museum of	87-6000525	501(c)(3)	15,000	0		COVID Relief

301 S Wakara Way

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 94-2792051 501(c)(3) 10.000 COVID Relief Park City Museum

DDG III I (I(IIED)	07 6000505	504( )(0)	1 - 000		CO. (TD D II (
PO Box 555 528 Main Street Park City, UT 840600555					

PBS Utah (KUED) 87-6000525 501(c)(3) 15.0001 ICOVID Relief

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

101 Wasatch Drive

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Cilven Deef Museum 46 3304435 E01/-1/21 10 0001 COVED Dallas

Sliver Reet Museum	46-2394425	501(c)(3)	10,000	l o	1	ICOVID Kellet
PO Box 461388						
1903 Wells Fargo Road						
Leeds, UT 847460700						

Spy Hop Productions 87-0642304 501(c)(3) 15.000l COVID Relief 699 S West Temple STE 202

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government St George Dinosaur Discovery 87-0658000 501(c)(3) 11.500 COVID Relief

Site at Johnson Farm 2180 E Riverside Drive St George, UT 847902483						
Stokes Nature Center	31-1513495	501(c)(3)	10,000	0		COVID Relief

2696 East Hwy 89 Logan, UT 843237941

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CITI Callaga of Humanistan and 07 6000404 E01/-1/21 10 0001 COVID Relief

Project

500 College of Humanities and [	67-0000461	JOI(C)(3)	10,000	l o		ICOATO K
Social Science						
351 W University Blvd						
Cedar City, UT 847202415						

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

351 W Center Street

Cedar City, UT 847202470

87-6000481 501(c)(3) 6.550 Public Humanities Southern Utah University

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Curanas Duanamia and 07 6000530 E01/-1/21 1 E 000 l COVID Relief

EcoCenter 1258 Center Drive Park City, UT 840987653	87-6000328	501(5)(3)	15,000			COVID Relief
The Treehouse Museum	87-0471636	501(c)(3)	10,000	0		COVID Relief

347 22nd Street Oaden, UT 844011415

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Torrev House Press 47-5055025 501(c)(3) 20.000 COVID Relief 2806 E Melony Drive

2806 E Melony Drive
Salt Lake City, UT 841243077

U of U Department of Writing and Rhetoric Studies
255 S Central Campus Drive
LNCO 2100

COVID Relief

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) U of U Honors College 87-6000525 501(c)(3) 15.000l COVID Relief 1975 Detrobriand Street Ft Douglas Building 619 Salt Lake City, UT 841135003

COVID Relief

10.000

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

Uintah County

87-6000318

Uintah County Heritage

Museum 155 E Main Street Vernal, UT 840782603

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Union Station Museums 87-6000257 Oaden City 15 0001 COVID Relief

2501 Wall Avenue Ogden, UT 844011359	07-0000237	Oguen city	13,000	0		COVID
Utah Council for Citizen	87-6128308	501(c)(3)	15,000	0		COVID R

Salt Lake City, UT 841053617

Relief Diplomacy 1840 S 1300 E

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

Utah Pioneer Heritage Arts	26-1953184	501(c)(3)	10,000	0		COVID
1258 W Pitchfork RD						
Murray, UT 841237671						

745 N 1200 E Logan, UT 84321

Utah Public Radio 87-6000528 501(c)(3) 15.000l COVID Relief

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 87-6000481 501(c)(3) 10.000 COVID Relief

Utah Shakespeare Festival 351 W Center Street Cedar City, UT 847202470

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

Cedar City, UT 847202470

Utah Shakespeare Festival 87-6000481 501(c)(3) 6.500 Public Humanities 351 W Center Street Project

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government UtahPresents 87-6000525 501(c)(3) 9.087 COVID Relief 1395 Presidents Circle Room

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SCHEDULE O (Form 990 or 990- EZ)  Department of the Treasury  Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Sopen for the latest information.						
Namel & the of UTAH HUMANITIES 990 Schedul	S COUNCIL	emental Informatio	n		<b>Employer ide</b> 87-0307076	entification number
Return Reference				Explanation		
Form 990, Part VI, Section B, Line 11b	1	ecutive Committee has the ectors any items they rec		w FORM 990 and reports to the on.	full	

Return Explanation

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Line 12c

UH regularly and consistently monitors and enforces compliance with the conflict of intere
st policy. Board members sign a pledge to abide by the policy, and conflicts are identifie
d prior to every grant review session and any investment decisions.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15	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 highe st 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 eva luation 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 summari es 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 follo wing year and recommends the ED salary for the upcoming fiscal year. 5. The Chair meets wi th the Executive Director to develop goals for the coming year. Goals, compensation, and a ny action recommendations will be shared with the full board at the fall meeting for appro val. 6. At the conclusion of each year's evaluation, the Chair shall destroy all received staff evaluation forms, retaining only the prepared summaries. The Executive Director recommends staff compensation amounts to the Executive Committee annually, as part of the prop osed budget presentation, and provides comparability data annually from their national mem bership association and the Utah Nonprofits Association. The Executive Committee's decisions are summarized in meeting minutes.

Return Explanation
Reference

990 Schedule O, Supplemental Information

Line 19

Form 990,
Part VI,
Section C,

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, Adoption of new accounting standard for revenue recognition resulted in an adjustment to beginning net assets.

Part XI, Line