### Part I

**Summary**

1. Briefly describe the organization's mission or most significant activities:

   **SEE SCHEDULE O**

2. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

   - Yes [ ]
   - No [X]  

3. Number of voting members of the governing body (Part VI, line 1a)

   - Prior Year [3]
   - Current Year [5]

4. Number of independent voting members of the governing body (Part VI, line 1b)

   - Prior Year [4]
   - Current Year [5]

5. Total number of individuals employed in calendar year 2018 (Part V, line 2a)

   - Prior Year [5]
   - Current Year [0]

6. Total number of volunteers (estimate if necessary)

   - Prior Year [6]
   - Current Year [5]

7. a. Net unrelated business revenue from Part VIII, column (C), line 12

   - Prior Year [448,568]
   - Current Year [433,545]

   b. Net unrelated business taxable income from Form 990-T, line 38

   - Prior Year [0]
   - Current Year [0]

### Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions and grants (Part VIII, line 1h)</td>
<td>456,930</td>
<td>0</td>
</tr>
<tr>
<td>Program service revenue (Part VIII, line 2g)</td>
<td>0</td>
<td>448,132</td>
</tr>
<tr>
<td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td>
<td>436</td>
<td>905,498</td>
</tr>
<tr>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
<td>905,498</td>
<td>433,545</td>
</tr>
</tbody>
</table>

### Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td>
<td>14,318</td>
<td>14,318</td>
</tr>
<tr>
<td>Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)</td>
<td>891,180</td>
<td>0</td>
</tr>
</tbody>
</table>

### Net Assets or Fund Balances

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total assets (Part X, line 16)</td>
<td>0</td>
<td>454,277</td>
</tr>
<tr>
<td>Total liabilities (Part X, line 26)</td>
<td>0</td>
<td>110,528</td>
</tr>
<tr>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
<td>0</td>
<td>343,749</td>
</tr>
</tbody>
</table>

### Part II Signature Block

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

**Signature**

**JEREMY LUND**

**PRESIDENT**

**Print/Type preparer's name**

**RICHARD SCORESBY, CPA**

**Preparer's signature**

**RICHARD SCORESBY, CPA**

**Date**

**Check if self-employed**

**PTIN**

**Firm's name**

**LARSON & COMPANY, PC**

**Firm's EIN**

**87-0516083**

**Firm's address**

**11240 S RIVER HEIGHTS DR SUITE 300**

**SOUTH JORDAN, UT 84095-5123**

**Phone no.**

**801-313-1900**

May the IRS discuss this return with the preparer shown above? (see instructions)

**Yes [ ]**

**No [X]**
1. Briefly describe the organization's mission:

   SEE SCHEDULE O

2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
   □ Yes  ❌ No
   If "Yes," describe these new services on Schedule O.

3. Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
   □ Yes  ❌ No
   If "Yes," describe these changes on Schedule O.

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Revenue</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>2,623</td>
<td></td>
<td>DURING 2018, THE ORGANIZATION RECEIVED ONE LARGE GIFT AND ESTABLISHED A DONOR ADVISED FUND FOR THE DONOR.</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4d Other program services (Describe in Schedule O.)

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,623</td>
</tr>
</tbody>
</table>

4e Total program service expenses u

2,623
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If “Yes,” complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I

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

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

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If “Yes,” complete Schedule D, Part I

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

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If “Yes,” complete Schedule D, Part III

Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If “Yes,” complete Schedule D, Part IV

Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?

Did the organization obtain separate, independent audited financial statements for the tax year?

Did the organization have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If “Yes,” complete Schedule D, Part V

If the organization’s answer to any of the following questions is “Yes,” then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If “Yes,” complete Schedule D, Part VI

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

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If “Yes,” complete Schedule D, Part VIII

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

Did the organization report an amount for other liabilities in Part X, line 25? If “Yes,” complete Schedule D, Part X

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If “Yes,” complete Schedule D, Part X

Did the organization obtain separate, independent audited financial statements for the tax year? If “Yes,” complete Schedule D, Parts XI and XII

Was the organization included in consolidated, independent audited financial statements for the tax year? If “Yes,” and if the organization answered “No” to line 12a, then completing Schedule D, Parts XI and XII is optional

Is the organization a school described in section 170(b)(1)(A)(ii)? If “Yes,” complete Schedule E

Did the organization maintain an office, employees, or agents outside of the United States?

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?

Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If “Yes,” complete Schedule F, Parts II and IV

Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If “Yes,” complete Schedule F, Parts III and IV

Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If “Yes,” complete Schedule G, Part I (see instructions)

Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If “Yes,” complete Schedule G, Part II

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

If “Yes,” complete Schedule G, Part III

Did the organization operate one or more hospital facilities? If “Yes,” complete Schedule H

If “Yes” to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If “Yes,” complete Schedule I, Parts I and II
Form 990 (2018) Page 4

Part IV Checklist of Required Schedules (continued)

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

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

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?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

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

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

If "Yes," complete Schedule L, Part I

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

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

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.

2a. 0

2b. 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).

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?

3b. If “Yes,” has it filed a Form 990-T for this year? If “No” to line 3b, provide an explanation in Schedule O.

4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a. X


5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c. If “Yes” to line 5a or 5b, did the organization file Form 8886-T?

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?

6b. If “Yes,” did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7. Organizations that may receive deductible contributions under section 170(c).

7a. 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?

7b. If “Yes,” did the organization notify the donor of the value of the goods or services provided?

7c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d. If “Yes,” indicate the number of Forms 8282 filed during the year

8. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9. Sponsoring organizations maintaining donor advised funds.

9a. Did the sponsoring organization make any taxable distributions under section 4966?

10. Section 501(c)(7) organizations. Enter:

10a. Initiation fees and capital contributions included on Part VIII, line 12

10b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11. Section 501(c)(12) organizations. Enter:

11a. Gross income from members or shareholders

11b. 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?

12b. 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.

13a. Is the organization licensed to issue qualified health plans in more than one state?

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

13b. Enter the amount of reserves on hand

13c. Enter the amount of reserves on hand

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

14b. If “Yes,” has it filed a Form 720 to report these payments? If “No,” provide an explanation in Schedule O.

15. Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?

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.
Part VI Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year.

   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.

   1b Enter the number of voting members included in line 1a, above, who are independent

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?

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?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

   b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

   a The governing body

   b Each committee with authority to act on behalf of the governing body

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

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

10a Did the organization have local chapters, branches, or affiliates?

   b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

   b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13

   b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

   c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

   a The organization's CEO, Executive Director, or top management official

   b Other officers or key employees of the organization

   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?

   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?

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

   UT

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3) only) available for public inspection. Indicate how you made these available. Check all that apply.

   [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

   COMMUNITY FOUNDATION OF UTAH 2257 SOUTH 1100 EAST

   UT 84106 801-559-3005

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) JERAMY LUND</td>
<td>0.50 X 1.50 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) BRAD DICKSON</td>
<td>0.50 X 1.50 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>(3) DIANA GEORGE</td>
<td>0.50 X 1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TREASURER</td>
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<tr>
<td>(4) LINDSEY KNUEVEN</td>
<td>0.50 X 1.00 X</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>TRUSTEE</td>
<td></td>
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<tr>
<td>(5) BRENT THOMSON</td>
<td>0.50 X 1.00 X</td>
<td></td>
<td>0</td>
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<td>0</td>
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<tr>
<td>TRUSTEE</td>
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<td>(6)</td>
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<td>(11)</td>
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</tr>
</tbody>
</table>
### Part VII
#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

1b. **Sub-total**

2. **Total number of individuals** (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization **0**

3. **Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a?** If “Yes,” complete Schedule J for such individual **X**

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

5. **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 **X**

#### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Total number of independent contractors** (including but not limited to those listed above) who received more than $100,000 of compensation from the organization **0**
### Part VIII Statement of Revenue

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>$456,930</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1h Total. Add lines 1a–1f</strong></td>
<td></td>
<td></td>
<td></td>
<td>$456,930</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2a Total. Add lines 2a–2f</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3 Investment income (including dividends, interest, and other similar amounts)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4 Income from investment of tax-exempt bond proceeds</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5 Royalties</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6a Gross rents</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6b Less: rental expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6c Rental inc. or (loss)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>6d Net rental income or (loss)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7a Gross amount from sales of assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7b Less: cost or other basis &amp; sales exps.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7c Gain or (loss)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8a Gross income from fundraising events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8b Net income or (loss) from fundraising events</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9a Gross income from gaming activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9b Less: direct expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>9c Net income or (loss) from gaming activities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10a Gross sales of inventory, less returns and allowances</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10b Less: cost of goods sold</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10c Net income or (loss) from sales of inventory</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11a YIPTELL, LLC K-1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12 Total. Add lines 11a–11d</strong></td>
<td></td>
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</tr>
</tbody>
</table>

**Total revenue. See instructions.**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>12 Total revenue. See instructions.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>12 Total. Add lines 1a–1d</strong></td>
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</table>

**Total revenue. See instructions.**

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<table>
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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>12 Total. Add lines 1a–1d</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total revenue. See instructions.**
<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>4,856</td>
<td>2,623</td>
<td>2,233</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>295</td>
<td>295</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Other employee benefits</td>
<td></td>
<td></td>
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<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
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</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td></td>
<td></td>
<td>9,137</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>30</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
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<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>14,318</td>
<td>2,623</td>
<td>11,695</td>
</tr>
<tr>
<td>26</td>
<td>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 u</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Form 990 (2018) COMMUNITY TRUST OF UTAH 82-3365355 Page 10**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**
<table>
<thead>
<tr>
<th>Assets</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Cash, non-interest-bearing</td>
<td></td>
<td>454,277</td>
</tr>
<tr>
<td>2 Savings and temporary cash investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Pledges and grants receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Accounts receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Loans and other receivables from current and former officers,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>directors, trustees, key employees, and highest compensated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Loans and other receivables from other disqualified persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(as defined under section 4958(f)(1)), persons described in section</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4958(c)(3)(B), and contributing employers and sponsoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizations of section 501(c)(9) voluntary employees' beneficiary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>organizations (see instructions). Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Notes and loans receivable, net</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Land, buildings, and equipment: cost or other basis. Complete</td>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>Part VI of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: accumulated depreciation</td>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>11 Investments—publicly traded securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Investments—other securities. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Investments—program-related. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 Intangible assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Other assets. See Part IV, line 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Accounts payable and accrued expenses</td>
<td>17</td>
<td>3,140</td>
</tr>
<tr>
<td>18 Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19 Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20 Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21 Escrow or custodial account liability. Complete Part IV of</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Loans and other payables to current and former officers,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>directors, trustees, key employees, highest compensated employees,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24 Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>25 Other liabilities (including federal income tax, payables to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>related third parties, and other liabilities not included on lines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17-24). Complete Part X of Schedule D</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Total liabilities. Add lines 17 through 25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Organizations that follow SFAS 117 (ASC 958), check here u</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and complete lines 27 through 29, and lines 33 and 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Unrestricted net assets</td>
<td>28</td>
<td>343,749</td>
</tr>
<tr>
<td>29 Temporarily restricted net assets</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30 Permanently restricted net assets</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117 (ASC 958), check here</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and complete lines 30 through 34.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Capital stock or trust principal, or current funds</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32 Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>33 Retained earnings, endowment, accumulated income, or other funds</td>
<td>33</td>
<td>343,749</td>
</tr>
<tr>
<td>34 Total liabilities and net assets/fund balances</td>
<td>34</td>
<td>454,277</td>
</tr>
</tbody>
</table>
Form 990 (2018)  COMMUNITY TRUST OF UTAH  82–3365355

Part XI  Reconciliation of Net Assets

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses; Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

Part XII  Financial Statements and Reporting

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
</tr>
<tr>
<td></td>
<td>Cash</td>
</tr>
<tr>
<td></td>
<td>Accrual</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
</tr>
<tr>
<td></td>
<td>Separate basis</td>
</tr>
<tr>
<td></td>
<td>Consolidated basis</td>
</tr>
<tr>
<td></td>
<td>Both consolidated and separate basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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?</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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.</td>
</tr>
</tbody>
</table>
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Name of the organization: COMMUNITY TRUST OF UTAH

Employer identification number: 82-3365355

Part I

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

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

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ..............................................................
5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)
8. [ ] A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9. [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: ..............................................................
10. [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
11. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).

Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a. [ ] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b. [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c. [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d. [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e. [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f. [ ] Enter the number of supported organizations ..............................................................

g. [ ] Provide the following information about the supported organization(s).

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

Total

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

Schedule A (Form 990 or 990-EZ) 2018
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received.</td>
<td>456,930</td>
<td>456,930</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1 through 3</td>
<td>456,930</td>
<td>456,930</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 4</td>
<td>456,930</td>
<td>456,930</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total support. Add lines 7 through 10</td>
<td>456,930</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Public support percentage for 2018</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 Public support percentage from 2017 Schedule A, Part II, line 14</td>
<td>15%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, and if the organization meets the &quot;facts-and-circumstances&quot; test, check this box and stop here. Explain in Part VI how the organization meets the &quot;facts-and-circumstances&quot; test. The organization qualifies as a publicly supported organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtract line 7c from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 <strong>Total support</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 9, 10c, 11, and 12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

| Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 |
| Public support percentage from 2017 Schedule A, Part III, line 15 | 16 |

#### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 |
| Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 |

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions
**Part IV Supporting Organizations**

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

### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If &quot;No,&quot; 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.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If &quot;Yes,&quot; explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If &quot;Yes,&quot; answer (b) and (c) below.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If &quot;Yes,&quot; describe in Part VI when and how the organization made the determination.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If &quot;Yes,&quot; explain in Part VI what controls the organization put in place to ensure such use.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4a Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)? If &quot;Yes,&quot; and if you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If &quot;Yes,&quot; describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If &quot;Yes,&quot; 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.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5a Did the organization add, substitute, or remove any supported organizations during the tax year? If &quot;Yes,&quot; 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 amendment to the organizing document).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If &quot;Yes,&quot; complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If &quot;Yes,&quot; provide detail in Part VI.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>c 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 &quot;Yes,&quot; provide detail in Part VI.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If &quot;Yes,&quot; answer 10b below.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Section B. Type I Supporting Organizations

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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2. Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

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 Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

1. Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a. The organization satisfied the Activities Test. Complete line 2 below.

b. The organization is the parent of each of its supported organizations. Complete line 3 below.

c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2. Activities Test. Answer (a) and (b) below.

a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3. Parent of Supported Organizations. Answer (a) and (b) below.

a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
<table>
<thead>
<tr>
<th>Part V</th>
<th>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Section A - Adjusted Net Income</td>
</tr>
<tr>
<td></td>
<td>(A) Prior Year</td>
</tr>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
</tr>
<tr>
<td>8</td>
<td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td>
</tr>
<tr>
<td></td>
<td>Section B - Minimum Asset Amount</td>
</tr>
<tr>
<td></td>
<td>(A) Prior Year</td>
</tr>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a, 1b, and 1c)</td>
</tr>
<tr>
<td>e</td>
<td>Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by .035.</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
</tr>
<tr>
<td>8</td>
<td>Minimum Asset Amount (add line 7 to line 6)</td>
</tr>
<tr>
<td></td>
<td>Section C - Distributable Amount</td>
</tr>
<tr>
<td></td>
<td>Current Year</td>
</tr>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1.</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td>Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
**Part V**

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

### Section D - Distributions

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>10</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2018 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2018</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>From 2013</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>From 2014</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>From 2015</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>From 2016</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>From 2017</td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
</tr>
<tr>
<td>i</td>
<td>Carryover from 2013 not applied (see instructions)</td>
<td></td>
</tr>
<tr>
<td>j</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2018 from Section D, line 7: $</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Applied to 2018 distributable amount</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td><strong>Excess distributions carryover to 2019.</strong> Add lines 3j and 4c.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Excess from 2014</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Excess from 2015</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Excess from 2016</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Excess from 2017</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Excess from 2018</td>
<td></td>
</tr>
</tbody>
</table>

---

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

**COMMUNITY TRUST OF UTAH**

82–3365355
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Name of the organization: COMMUNITY TRUST OF UTAH
Employer identification number: 82-3365355

Filers of:

- Form 990 or 990-EZ:
  - X 501(c)(3) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust not treated as a private foundation
  - 527 political organization

- Form 990-PF:
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering “N/A” in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer “No” on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
## Part I: Contributors

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>$456,830</td>
<td>Noncash X</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
### Part II  Noncash Property

(a) No. (c)(b) (d) from FMV (or estimate) Description of noncash property given Date received

<table>
<thead>
<tr>
<th></th>
<th>Description of noncash property given</th>
<th>FMV (or estimate)</th>
<th>Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>PARTNERSHIP INTEREST</strong></td>
<td>$456,830</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part I
### Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td>456,830</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td>445,040</td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 
   - Yes [x] No 

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 
   - Yes [x] No

## Part II
### Conservation Easements.

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

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th></th>
<th>Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register</td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
   -  

4. Number of states where property subject to conservation easement is located
   -  

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 
   - Yes [x] No

6. Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
   -  

7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
   -  

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
   - Yes [x] No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Revenue included on Form 990, Part VIII, line 1</td>
<td>u $</td>
</tr>
<tr>
<td>(ii) Assets included in Form 990, Part X</td>
<td>u $</td>
</tr>
</tbody>
</table>

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Revenue included on Form 990, Part VIII, line 1</td>
<td>u $</td>
</tr>
<tr>
<td>b. Assets included in Form 990, Part X</td>
<td>u $</td>
</tr>
</tbody>
</table>
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

- Public exhibition
- Scholarly research
- Preservation for future generations
- Loan or exchange programs
- Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection?  

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1c</td>
</tr>
<tr>
<td></td>
<td>1d</td>
</tr>
<tr>
<td></td>
<td>1e</td>
</tr>
<tr>
<td></td>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

### Part V Endowment Funds

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

<table>
<thead>
<tr>
<th></th>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Beginning of year balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net investment earnings, gains, and losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Grants or scholarships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other expenditures for facilities and programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Administrative expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g End of year balance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- Board designated or quasi-endowment  
- Permanent endowment  
- Temporarily restricted endowment

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

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

- (i) unrelated organizations  
- (ii) related organizations

b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?  

3b

4 Describe in Part XIII the intended uses of the organization’s endowment funds.

### Part VI Land, Buildings, and Equipment

Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 12.) u</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments—Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 13.) u</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 15.) u</td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities.

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

1. (a) Description of liability | (b) Book value |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) INCOME TAXES PAYABLE</td>
<td>107,388</td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total.</strong> (Column (b) must equal Form 990, Part X, col. (B) line 25.) u</td>
<td>107,388</td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ........................................ X
## Part XI - Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1. Total revenue, gains, and other support per audited financial statements .................................................. 1 456,900

2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a. Net unrealized gains (losses) on investments .................................................. 2a
   b. Donated services and use of facilities ........................................................................... 2b
   c. Recoveries of prior year grants .................................................................................... 2c
   d. Other (Describe in Part XIII.) ....................................................................................... 2d

3. Subtract line 2e from line 1 ................................................................................................. 3 456,900

4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   a. Investment expenses not included on Form 990, Part VIII, line 7b .......................... 4a 30
   b. Other (Describe in Part XIII.) ....................................................................................... 4b 448,568

5. Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)* ......................... 5 905,498

## Part XII - Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1. Total expenses and losses per audited financial statements .................................................. 1 113,151

2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a. Donated services and use of facilities ........................................................................... 2a
   b. Prior year adjustments ................................................................................................. 2b
   c. Other losses .................................................................................................................. 2c
   d. Other (Describe in Part XIII.) ....................................................................................... 2d 107,388

3. Subtract line 2e from line 1 ................................................................................................. 3 5,763

4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   a. Investment expenses not included on Form 990, Part VIII, line 7b .......................... 4a 30
   b. Other (Describe in Part XIII.) ....................................................................................... 4b 8,525

5. Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)* ......................... 5 14,318

## Part XIII - Supplemental Information

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

**PART X - FIN 48 FOOTNOTE**

ASC TOPIC 740, INCOME TAXES, PROVIDES GUIDANCE ON HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, DISCLOSED AND PRESENTED IN THE FINANCIAL STATEMENTS. THIS Requires THE EVALUATION BY MANAGEMENT OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN PREPARATION OF THE FOUNDATION AND THE TRUST’S TAX RETURNS TO DETERMINE IF THE POSITIONS ARE MORE–LIKELY– THAN–NOT OF BEING SUSTAINED IF EXAMINED BY THE TAXING AUTHORITIES. MANAGEMENT HAS DETERMINED THERE ARE NO UNCERTAIN INCOME TAX POSITIONS. TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION ARE 2015 FORWARD.

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

INCOME FROM S-CORP K-1 $ 448,568
<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2D</td>
<td>Accrual to cash adjustments</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Income taxes</td>
<td>107,388</td>
</tr>
<tr>
<td>4B</td>
<td>Accrual to cash adjustment</td>
<td>8,525</td>
</tr>
</tbody>
</table>
### Noncash Contributions

**Community Trust of Utah**

<table>
<thead>
<tr>
<th>Part I</th>
<th>Types of Property</th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art — Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art — Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art — Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities — Publicly traded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities — Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities — Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities — Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution — Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution — Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate — Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate — Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate — Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other (PARTNERSHIP INT)</td>
<td></td>
<td>X 1</td>
<td>456,830</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other (                       )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other (                       )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other (                       )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement**

| 29 |

**30a** During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  
**b** If “Yes,” describe the arrangement in Part II.

<table>
<thead>
<tr>
<th>30a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

<table>
<thead>
<tr>
<th>31</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
**b** If “Yes,” describe in Part II.

<table>
<thead>
<tr>
<th>32a</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**33** If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
FORM 990 - ORGANIZATION'S MISSION

The Trust was formed to benefit, perform the functions of, and carry out the charitable purposes of the Community Foundation of Utah. The foundation’s mission is to harness Utah’s entrepreneurial spirit in service to the common good. The foundation helps people gather assets and ideas that will serve the State of Utah. Its vision is to be a catalyst for philanthropy that is visionary, sustainable, and inclusive.

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

The organization has an administrative services agreement with the Community Foundation of Utah which provides management and administrative services to the organization.

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION

The organization does not have any committees that are authorized to act on behalf of the governing body.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

The board of trustees retain an independent CPA to prepare the 990. The 990 is reviewed by the CEO and finance director. A copy of the form 990 is shared with the trustees. Once the trustees and the finance and compliance committee are satisfied that the return is complete and accurate, the CEO and finance director authorize the outside CPA to electronically file the 990.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BECAUSE THE ORGANIZATION IS MANAGED BY THE COMMUNITY FOUNDATION OF UTAH (CFU), THE ORGANIZATION ADHERES TO THE CONFLICT OF INTEREST POLICY ESTABLISHED BY CFU. AS SUCH, EACH TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY; HAS READ AND UNDERSTANDS THE POLICY; HAS AGREED TO COMPLY WITH THE POLICY; AND UNDERSTAND THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IF A CONFLICT OF INTEREST EMERGES, SET PROCEDURES ARE FOLLOWED TO ADDRESS IT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES

DESCRIPTION

<table>
<thead>
<tr>
<th>TOT/PROG SERVICE</th>
<th>MGT &amp; GENERAL</th>
<th>FUNDRAISING</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHER FEES</td>
<td>$0</td>
<td>$9,137</td>
</tr>
</tbody>
</table>

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

INCOME FROM S-CORP K-1  $ -448,568
ACCRUAL TO CASH ADJUSTMENTS $ 0
INCOME TAXES  $ -107,388
ACCRUAL TO CASH ADJUSTMENT  $ 8,525
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY TRUST OF UTAH</td>
<td>82-3365355</td>
</tr>
</tbody>
</table>

**TOTAL** $-547,431
**Part I** Identification of Disregarded Entities. Complete if the organization answered “Yes” on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN (if applicable) of disregarded entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Total income</td>
<td>End-of-year assets</td>
<td>Direct controlling entity</td>
</tr>
<tr>
<td>(1)</td>
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<td>(5)</td>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Exempt Code section</td>
<td>Public charity status (if section 501(c)(3))</td>
<td>Direct controlling entity</td>
<td>Section 512(b)(13) controlled entity?</td>
</tr>
<tr>
<td>(1) COMMUNITY FOUNDATION OF UTAH</td>
<td>CHARITABLE</td>
<td>UT</td>
<td>501C3</td>
<td>7</td>
<td>CFU</td>
<td>Yes</td>
</tr>
<tr>
<td>2257 SOUTH 1100 EAST, SUITE 205</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SALT LAKE CITY</td>
<td>UT 84106</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
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<td></td>
<td>X</td>
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<td>(3)</td>
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</tr>
</tbody>
</table>
### Part III

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate alloc.?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
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</tr>
</tbody>
</table>

### Part IV

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
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<td>(4)</td>
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</tr>
</tbody>
</table>
**Part V**  Transactions With Related Organizations. Complete if the organization answered “Yes” on Form 990, Part IV, line 34, 35b, or 36.

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

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong></td>
<td>Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong></td>
<td>Gift, grant, or capital contribution to related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong></td>
<td>Gift, grant, or capital contribution from related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d</strong></td>
<td>Loans or loan guarantees to or for related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e</strong></td>
<td>Loans or loan guarantees by related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f</strong></td>
<td>Dividends from related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g</strong></td>
<td>Sale of assets to related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h</strong></td>
<td>Purchase of assets from related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>i</strong></td>
<td>Exchange of assets with related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>j</strong></td>
<td>Lease of facilities, equipment, or other assets to related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>k</strong></td>
<td>Lease of facilities, equipment, or other assets from related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>l</strong></td>
<td>Performance of services or membership or fundraising solicitations for related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>m</strong></td>
<td>Performance of services or membership or fundraising solicitations by related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>n</strong></td>
<td>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>o</strong></td>
<td>Sharing of paid employees with related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>p</strong></td>
<td>Reimbursement paid to related organization(s) for expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>q</strong></td>
<td>Reimbursement paid by related organization(s) for expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>r</strong></td>
<td>Other transfer of cash or property to related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>s</strong></td>
<td>Other transfer of cash or property from related organization(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>a</strong></td>
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<tr>
<td><strong>b</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. If the answer to any of the above is “Yes,” see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
### Unrelated Organizations Taxable as a Partnership

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

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

**COMMUNITY TRUST OF UTAH**

**82-3365355**
Form **2220**

### Underpayment of Estimated Tax by Corporations

For Paperwork Reduction Act Notice, see separate instructions.

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

**Form 990-T**

<table>
<thead>
<tr>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY TRUST OF UTAH</td>
</tr>
<tr>
<td>82-3365355</td>
</tr>
</tbody>
</table>

#### Part I  Required Annual Payment

<table>
<thead>
<tr>
<th>Total tax (see instructions)</th>
<th>2</th>
<th>85,684</th>
</tr>
</thead>
</table>

- **2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1**
- **2b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method**
- **2c Credit for federal tax paid on fuels (see instructions)**
- **2d Total. Add lines 2a through 2c**

| Subtract line 2d from line 1. If the result is less than $500, do not complete or file this form. The corporation does not owe the penalty | 3 | 85,684 |

| Enter the tax shown on the corporation’s 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 | 4 | 0 |

| Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | 85,684 |

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

| The corporation is using the adjusted seasonal installment method. |
| The corporation is using the annualized income installment method. |
| The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. |

#### Part III  Figuring the Underpayment

| Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 04/15/18 | 06/15/18 | 09/15/18 | 12/15/18 |
| Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column. | 10 | 0 | 0 | 0 | 85,684 |
| Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. | 11 | |

Complete lines 12 through 18 of one column before going to the next column.

| Enter amount, if any, from line 18 of the preceding column | 12 |
| Add lines 11 and 12 | 13 |
| Add amounts on lines 16 and 17 of the preceding column | 14 |
| Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 0 | 0 | 0 | 0 |
| If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 |
| Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 | 17 |
| Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 |

**Form 2220 (2018)**
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions.</td>
<td>19</td>
<td>SEE WORKSHEET</td>
</tr>
<tr>
<td>20</td>
<td>Number of days from due date of installment on line 9 to the date shown on line 19</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Number of days on line 20 after 4/15/2018 and before 7/1/2018</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Underpayment on line 17 x Number of days on line 21 x 5% (0.05)</td>
<td>22</td>
<td>$</td>
</tr>
<tr>
<td>23</td>
<td>Number of days on line 20 after 6/30/2018 and before 10/1/2018</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Underpayment on line 17 x Number of days on line 23 x 5% (0.05)</td>
<td>24</td>
<td>$</td>
</tr>
<tr>
<td>25</td>
<td>Number of days on line 20 after 9/30/2018 and before 1/1/2019</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Underpayment on line 17 x Number of days on line 25 x 5% (0.05)</td>
<td>26</td>
<td>$</td>
</tr>
<tr>
<td>27</td>
<td>Number of days on line 20 after 12/31/2018 and before 4/1/2019</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Underpayment on line 17 x Number of days on line 27 x 6% (0.06)</td>
<td>28</td>
<td>$</td>
</tr>
<tr>
<td>29</td>
<td>Number of days on line 20 after 3/31/2019 and before 7/1/2019</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Underpayment on line 17 x Number of days on line 29 x %</td>
<td>30</td>
<td>$</td>
</tr>
<tr>
<td>31</td>
<td>Number of days on line 20 after 6/30/2019 and before 10/1/2019</td>
<td>31</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Underpayment on line 17 x Number of days on line 31 x %</td>
<td>32</td>
<td>$</td>
</tr>
<tr>
<td>33</td>
<td>Number of days on line 20 after 9/30/2019 and before 1/1/2020</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Underpayment on line 17 x Number of days on line 33 x %</td>
<td>34</td>
<td>$</td>
</tr>
<tr>
<td>35</td>
<td>Number of days on line 20 after 12/31/2019 and before 3/16/2020</td>
<td>35</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Underpayment on line 17 x Number of days on line 35 x %</td>
<td>36</td>
<td>$</td>
</tr>
<tr>
<td>37</td>
<td>Add lines 22, 24, 26, 30, 32, 34, and 36</td>
<td>37</td>
<td>$</td>
</tr>
<tr>
<td>38</td>
<td>Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns.</td>
<td>38</td>
<td>$</td>
</tr>
</tbody>
</table>

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.*
Form 2220 (2018)  

**Part II**  
Annualized Income Installment Method

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>First 2 months</td>
<td>First 3 months</td>
<td>First 6 months</td>
<td>First 9 months</td>
</tr>
<tr>
<td>21</td>
<td>6.00000</td>
<td>4.00000</td>
<td>2.00000</td>
<td>1.33333</td>
</tr>
<tr>
<td>22</td>
<td>247,568</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23a</td>
<td>Annualized taxable income. Multiply line 21 by line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23b</td>
<td>Extraordinary Items (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23c</td>
<td>330,090</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2, or comparable line of corporation's return</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Enter any alternative minimum tax for each payment period (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Enter any other taxes for each payment period. See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Total tax. Add lines 24 through 26</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c. See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Applicable percentage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>25%</td>
<td>50%</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>32</td>
<td>Multiply line 29 by line 30</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part III**  
Required Installments

**Note:** Complete lines 32 through 38 of one column before completing the next column.

<table>
<thead>
<tr>
<th></th>
<th>1st installment</th>
<th>2nd installment</th>
<th>3rd installment</th>
<th>4th installment</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>120,520</td>
</tr>
<tr>
<td>33</td>
<td>Add the amounts in all preceding columns of line 38. See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Enter 25% (0.25) of line 5 on page 1 of Form 2220 in each column. <strong>Note:</strong> &quot;Large corporations,&quot; see the instructions for line 10 for the amounts to enter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Subtract line 38 of the preceding column from line 37 of the preceding column</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Add lines 35 and 36</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10. See instructions</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 2220 (2018)
**Form 2220 Worksheet**

**For calendar year 2018, or tax year beginning ______ and ending ______**

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer Identification Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY TRUST OF UTAH</td>
<td>82-3365355</td>
</tr>
</tbody>
</table>

Due date of estimated payment:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quarter</td>
<td>04/15/18</td>
</tr>
<tr>
<td>2nd Quarter</td>
<td>06/15/18</td>
</tr>
<tr>
<td>3rd Quarter</td>
<td>09/15/18</td>
</tr>
<tr>
<td>4th Quarter</td>
<td>12/15/18</td>
</tr>
</tbody>
</table>

Amount of underpayment:

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85,684</td>
</tr>
</tbody>
</table>

Prior year overpayment applied: ________________

<table>
<thead>
<tr>
<th>Date of payment</th>
<th>Amount of payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Payment</td>
<td></td>
</tr>
<tr>
<td>2nd Payment</td>
<td></td>
</tr>
<tr>
<td>3rd Payment</td>
<td></td>
</tr>
<tr>
<td>4th Payment</td>
<td></td>
</tr>
<tr>
<td>5th Payment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>QTR</th>
<th>FROM</th>
<th>TO</th>
<th>UNDERPAYMENT</th>
<th>#DAYS</th>
<th>RATE</th>
<th>PENALTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>12/15/18</td>
<td>12/31/18</td>
<td>85,684</td>
<td>16</td>
<td>5.00</td>
<td>188</td>
</tr>
<tr>
<td>4</td>
<td>12/31/18</td>
<td>5/15/19</td>
<td>85,684</td>
<td>135</td>
<td>6.00</td>
<td>1,901</td>
</tr>
</tbody>
</table>

**TOTAL PENALTY**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PENALTY</td>
<td>2,089</td>
</tr>
</tbody>
</table>
### Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning __________, and ending __________.

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

Department of the Treasury
Form 990-T

<table>
<thead>
<tr>
<th>Name of organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMUNITY TRUST OF UTAH</td>
<td>82-3365355</td>
</tr>
</tbody>
</table>

Part I - Unrelated Trade or Business Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(A) Income</th>
<th>(B) Expenses</th>
<th>(C) Net</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Less returns and allowances</td>
<td>(balance)</td>
<td>u</td>
<td>1c</td>
</tr>
<tr>
<td>2</td>
<td>Cost of goods sold (Schedule A, line 7)</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Gross profit. Subtract line 2 from line 1c</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>4a</td>
<td>Capital gain net income (attach Schedule D)</td>
<td></td>
<td>4a</td>
<td>448,132</td>
</tr>
<tr>
<td>4b</td>
<td>Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)</td>
<td></td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Capital loss deduction for trusts</td>
<td>(see instructions)</td>
<td>4c</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Income (loss) from partnership and S corporation (attach statement)</td>
<td>(see statement 1)</td>
<td>5</td>
<td>436</td>
</tr>
<tr>
<td>6</td>
<td>Rent income (Schedule C)</td>
<td>(see instructions)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Unrelated debt-financed income (Schedule E)</td>
<td></td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Interest, annuities, royalties, and rents from controlled organization (Schedule F)</td>
<td></td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Income of a section 501(c)(7), (9), or (17) organization (Schedule G)</td>
<td></td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Exploited exempt activity income (Schedule I)</td>
<td></td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Advertising income (Schedule J)</td>
<td>(see instructions)</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Other income (See instructions; attach schedule)</td>
<td>(see instructions)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Total. Combine lines 3 through 12</td>
<td>(see instructions)</td>
<td>13</td>
<td>448,568</td>
</tr>
</tbody>
</table>

Part II - Deductions Not Taken Elsewhere

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>Compensation of officers, directors, and trustees (Schedule K)</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Salaries and wages</td>
<td>15</td>
</tr>
<tr>
<td>16</td>
<td>Repairs and maintenance</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>Bad debts</td>
<td>17</td>
</tr>
<tr>
<td>18</td>
<td>Interest (attach schedule) (see instructions)</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Taxes and licenses</td>
<td>19</td>
</tr>
<tr>
<td>20</td>
<td>Charitable contributions (See instructions for limitation rules)</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Depreciation (attach Form 4562)</td>
<td>21</td>
</tr>
<tr>
<td>22</td>
<td>Less depreciation claimed on Schedule A and elsewhere on return</td>
<td>22a</td>
</tr>
<tr>
<td>23</td>
<td>Depletion</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Contributions to deferred compensation plans</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Employee benefit programs</td>
<td>25</td>
</tr>
<tr>
<td>26</td>
<td>Excess exempt expenses (Schedule I)</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Excess readership costs (Schedule J)</td>
<td>27</td>
</tr>
<tr>
<td>28</td>
<td>Other deductions (attach schedule)</td>
<td>(see statement 2)</td>
</tr>
<tr>
<td>29</td>
<td>Total deductions. Add lines 14 through 28</td>
<td>28</td>
</tr>
</tbody>
</table>

Total business taxable income before net operating loss deduction. Subtract line 29 from line 13

Total deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income. Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)
### Part III  Total Unrelated Business Taxable Income

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)</td>
<td>434,545</td>
</tr>
<tr>
<td>34</td>
<td>Amounts paid for disallowed fringes</td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34</td>
<td>434,545</td>
</tr>
<tr>
<td>37</td>
<td>Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)</td>
<td>1,000</td>
</tr>
<tr>
<td>38</td>
<td>Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36</td>
<td>433,545</td>
</tr>
</tbody>
</table>

### Part IV  Tax Computation

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>39</td>
<td>Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: [ ] Tax rate schedule or [X] Schedule D (Form 1041)</td>
<td>85,684</td>
</tr>
<tr>
<td>41</td>
<td>Proxy tax. See instructions</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Alternative minimum tax (trusts only)</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Tax on Noncompliant Facility Income. See instructions</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies</td>
<td>85,684</td>
</tr>
</tbody>
</table>

### Part V  Tax and Payments

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>45a</td>
<td>Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other credits (see instructions)</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>General business credit. Attach Form 3800 (see instructions)</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Credit for prior year minimum tax (attach Form 8801 or 8827)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total credits. Add lines 45a through 45d</td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Subtract line 45e from line 44</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Other taxes. Check if from: [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (att. sch.)</td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Total tax. Add lines 46 and 47 (see instructions)</td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2</td>
<td>85,684</td>
</tr>
</tbody>
</table>

#### Part VI  Statements Regarding Certain Activities and Other Information

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>50a</td>
<td>Payments: A 2017 overpayment credited to 2018</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>2018 estimated tax payments</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Tax deposited with Form 8868</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Foreign organizations: Tax paid or withheld at source (see instructions)</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Backup withholding (see instructions)</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Credit for small employer health insurance premiums (attach Form 8941)</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other credits, adjustments, and payments: Form 2439</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Form 4136 Other Total U</td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Total payments. Add lines 50a through 50g</td>
<td></td>
</tr>
<tr>
<td>52</td>
<td>Estimated tax penalty (see instructions). Check if Form 2220 is attached</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed</td>
<td></td>
</tr>
<tr>
<td>54</td>
<td>Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid</td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>Enter the amount of line 54 you want: Credited to 2019 estimated tax u</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refunded u</td>
<td></td>
</tr>
</tbody>
</table>

### Sign Here

**U** PRESIDENT

**U**

Signature of officer

Date

Title

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN P00573067

Preparer's name

**RICHARD SCORESBY, CPA**

Preparer's address

**11240 S RIVER HEIGHTS DR SUITE 300**

Phone no.

801-313-1900

Firm's address

**SOUTH JORDAN, UT 84095-5123**

Firm's EIN

87-0516083

Use Only

**7/12 INT 792 0 0 TOT 88,565**
**Form 990-T (2018)**

**COMMUNITY TRUST OF UTAH**  
82-3365355

### Schedule A – Cost of Goods Sold

Enter method of inventory valuation

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Inventory at beginning of year</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Purchases</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cost of labor</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4a</td>
<td>Additional sec. 263A costs</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other costs</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Total. Add lines 1 through 4b</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

### Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Description of property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Rent received or accrued</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Straight line depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Other deductions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Average adjusted basis of or allocable to debt-financed property (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Column 4 divided by column 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Gross income reportable (column 2 x column 6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Allocable deductions (column 6 x total of columns 3(a) and 3(b))</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Schedule E – Unrelated Debt-Financed Income

(see instructions)

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Description of debt-financed property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Gross income from or allocable to debt-financed property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Deductions directly connected with or allocable to debt-financed property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Straight line depreciation (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Other deductions (attach schedule)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Average adjusted basis of or allocable to debt-financed property (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Column 4 divided by column 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Gross income reportable (column 2 x column 6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Allocable deductions (column 6 x total of columns 3(a) and 3(b))</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total dividends-received deductions included in column 8**

Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).
### Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations

<table>
<thead>
<tr>
<th>1. Name of controlled organization</th>
<th>2. Employer identification number</th>
<th>Exempt Controlled Organizations</th>
<th>Nonexempt Controlled Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Totals

Add columns 5 and 10. Enter here and on page 1, Part I, line 10, column (A).

### Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization

#### 1. Description of income

<table>
<thead>
<tr>
<th>2. Amount of income</th>
<th>3. Deductions directly connected (attach schedule)</th>
<th>4. Set-asides (attach schedule)</th>
<th>5. Total deductions and set-asides (col. 3 plus col.4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Totals

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

### Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income

<table>
<thead>
<tr>
<th>2. Gross unrelated business income from trade or business</th>
<th>3. Expenses directly connected with production of unrelated business income</th>
<th>4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Gross income from activity that is not unrelated business income</th>
<th>6. Expenses attributable to column 5</th>
<th>7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Totals

Enter here and on page 1, Part I, line 9, column (A).

### Schedule J – Advertising Income

#### Part I Income From Periodicals Reported on a Consolidated Basis

<table>
<thead>
<tr>
<th>2. Gross advertising income</th>
<th>3. Direct advertising costs</th>
<th>4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.</th>
<th>5. Circulation income</th>
<th>6. Readership costs</th>
<th>7. Excess readership costs (column 6 minus column 5, but not more than column 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Totals

(carry to Part II, line (5))
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals from Part I**

Enter here and on page 1, Part I, line 11, col. (B). Enter here and on page 1, Part I, line 11, col. (B).

**Totals, Part II (lines 1-5)**

Enter here and on page 1, Part II, line 27.

---

**Schedule K – Compensation of Officers, Directors, and Trustees**

(see instructions)

<table>
<thead>
<tr>
<th>1. Name</th>
<th>2. Title</th>
<th>3. Percent of time devoted to business</th>
<th>4. Compensation attributable to unrelated business</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) N/A</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** Enter here and on page 1, Part II, line 14
**Capital Gains and Losses**

**SCHEDULE D**

**Form 1041**

Department of the Treasury
Internal Revenue Service

Name of estate or trust

<table>
<thead>
<tr>
<th>Employer identification number</th>
<th>82-3365355</th>
</tr>
</thead>
</table>

**Note:** Form 5227 filers need to complete only Parts I and II.

### Part I: Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (See instructions)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Formula</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . .</td>
<td>Column (h)</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Totals for all transactions reported on Form(s) 8949 with Box A checked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Totals for all transactions reported on Form(s) 8949 with Box B checked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Totals for all transactions reported on Form(s) 8949 with Box C checked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2017 Capital Loss Carryover Worksheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (See instructions)

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Formula</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td>Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . .</td>
<td>Column (h)</td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Totals for all transactions reported on Form(s) 8949 with Box D checked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Totals for all transactions reported on Form(s) 8949 with Box E checked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Totals for all transactions reported on Form(s) 8949 with Box F checked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824</td>
<td></td>
<td>448,132</td>
</tr>
<tr>
<td>12</td>
<td>Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts</td>
<td></td>
<td>448,132</td>
</tr>
<tr>
<td>13</td>
<td>Capital gain distributions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Gain from Form 4797, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2017 Capital Loss Carryover Worksheet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the instructions for Form 1041.
### Part III
#### Summary of Parts I and II

**Caution:** Read the instructions before completing this part.

<table>
<thead>
<tr>
<th>(1) Beneficiaries' (see instr.)</th>
<th>(2) Estate's or trust's</th>
<th>(3) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Net short-term gain or (loss)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Net long-term gain or (loss):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Total for year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Unrecaptured section 1250 gain (see line 18 of the worksheet.)</td>
<td>448,132</td>
<td>448,132</td>
</tr>
<tr>
<td>c 28% rate gain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Total net gain or (loss). Combine lines 17 and 18a</td>
<td>448,132</td>
<td>448,132</td>
</tr>
</tbody>
</table>

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

### Part IV
#### Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:

- The loss on line 19, column (3) or
- $3,000

**Note:** If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 38), is a loss, complete the Capital Loss Carryover Worksheet in the instructions to figure your capital loss carryover.

### Part V
#### Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the Schedule D Tax Worksheet in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 38, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

<table>
<thead>
<tr>
<th>21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 38)</th>
<th>433,545</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Enter the smaller of line 18a or 19 in column (2) but not less than zero</td>
<td>448,132</td>
</tr>
<tr>
<td>23 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)</td>
<td></td>
</tr>
<tr>
<td>24 Add lines 22 and 23</td>
<td>448,132</td>
</tr>
<tr>
<td>25 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-</td>
<td>0</td>
</tr>
<tr>
<td>26 Subtract line 25 from line 24. If zero or less, enter -0-</td>
<td>448,132</td>
</tr>
<tr>
<td>27 Subtract line 26 from line 21. If zero or less, enter -0-</td>
<td>0</td>
</tr>
<tr>
<td>28 Enter the smaller of the amount on line 21 or $2,600</td>
<td>2,600</td>
</tr>
<tr>
<td>29 Enter the smaller of the amount on line 27 or line 28</td>
<td></td>
</tr>
<tr>
<td>30 Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0%</td>
<td>2,600</td>
</tr>
<tr>
<td>31 Enter the smaller of line 21 or line 26</td>
<td>433,545</td>
</tr>
<tr>
<td>32 Subtract line 30 from line 26</td>
<td>445,532</td>
</tr>
<tr>
<td>33 Enter the smaller of line 21 or $12,700</td>
<td>12,700</td>
</tr>
<tr>
<td>34 Add lines 27 and 30</td>
<td>2,600</td>
</tr>
<tr>
<td>35 Subtract line 34 from line 33. If zero or less, enter -0-</td>
<td>10,100</td>
</tr>
<tr>
<td>36 Enter the smaller of line 32 or line 35</td>
<td>10,100</td>
</tr>
<tr>
<td>37 Multiply line 36 by 15% (0.15)</td>
<td>1,515</td>
</tr>
<tr>
<td>38 Enter the amount from line 31</td>
<td>433,545</td>
</tr>
<tr>
<td>39 Add lines 30 and 36</td>
<td>12,700</td>
</tr>
<tr>
<td>40 Subtract line 39 from line 38. If zero or less, enter -0-</td>
<td>420,845</td>
</tr>
<tr>
<td>41 Multiply line 40 by 20% (0.20)</td>
<td>84,169</td>
</tr>
<tr>
<td>42 Figure the tax on the amount on line 27. Use the 2018 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)</td>
<td>85,684</td>
</tr>
<tr>
<td>43 Add lines 37, 41, and 42</td>
<td>158,798</td>
</tr>
</tbody>
</table>

Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 40) | 85,684 |

---

**Note:** The amounts listed above are examples and should be adjusted according to the actual financial data of the entity. The instructions and calculations are based on the provided framework and may require adjustments based on specific financial data and tax regulations.
<table>
<thead>
<tr>
<th>Name of Partnership or S-Corp</th>
<th>Gross Income</th>
<th>Direct Deductions (Part. only)</th>
<th>Net Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>YIPTELL, LLC K-1</td>
<td>$436</td>
<td>$0</td>
<td>$436</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$436</td>
<td>$0</td>
<td>$436</td>
</tr>
</tbody>
</table>

**Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>BANK FEES</td>
<td>$30</td>
</tr>
<tr>
<td>CFU FEE</td>
<td>$9,137</td>
</tr>
<tr>
<td>LEGAL FEES</td>
<td>$4,856</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$14,023</td>
</tr>
</tbody>
</table>