

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2023

Open to Public Inspection

**A** For the **2023** calendar year, or tax year beginning and ending

|  |  |   |  |
|--|--|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>PARK CITY COMMUNITY FOUNDATION</b>                                 |   | <b>D</b> Employer identification number<br><b>30-0171971</b> |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>435-731-4250</b>             |
|  | Number and street (or P.O. box if mail is not delivered to street address)                             | Room/suite  |  |
|  | <b>PO BOX 681499</b>   |   | <b>G</b> Gross receipts \$ <b>11,836,582.</b>                |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>PARK CITY, UT 84068</b> |   |  |
| <b>F</b> Name and address of principal officer: <b>KATIE HOBERT</b><br><b>PO BOX 681499, PARK CITY, UT 84068</b>   |  | <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |  |

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

**J** Website: **WWW.PARKCITYCF.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2004** **M** State of legal domicile: **UT**

| Part I Summary  |   | Prior Year   | Current Year                             |
|---|---|--|--|
| Activities & Governance   | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION PLAYS A VITAL ROLE IN SOLVING GREATER PARK CITY'S MOST CHALLENGING PROBLEMS.</b> |  |  |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |  |  |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>   | <b>22</b>                                |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>   | <b>22</b>                                |
|   | <b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)   | <b>5</b>   | <b>21</b>                                |
|   | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>   | <b>450</b>                               |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>  | <b>0.</b>                                |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11     | <b>7b</b>   | <b>0.</b>  |  |
| Revenue   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>8,373,133.</b>                                      | <b>7,398,797.</b>                        |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)   | <b>0.</b>  | <b>0.</b>                                |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>747,381.</b>  | <b>1,857,069.</b>                        |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>84,076.</b>   | <b>125,607.</b>                          |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>9,204,590.</b>                                      | <b>9,381,473.</b>                        |
| Expenses  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | <b>4,756,346.</b>                                      | <b>3,694,204.</b>                        |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>  | <b>0.</b>                                |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>1,535,175.</b>                                      | <b>1,842,044.</b>                        |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  | <b>0.</b>  | <b>0.</b>                                |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>591,217.</b>  |  |  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>1,481,061.</b>                                      | <b>1,333,785.</b>                        |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | <b>7,772,582.</b>   | <b>6,870,033.</b>                                      |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                      | <b>1,432,008.</b>   | <b>2,511,440.</b>                                      |  |
| Net Assets or Fund Balances   | <b>20</b> Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br><b>24,918,835.</b> | <b>End of Year</b><br><b>28,309,859.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)   | <b>548,004.</b>  | <b>496,658.</b>                          |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20  | <b>24,370,831.</b>                                     | <b>27,813,201.</b>                       |

**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.

|  |  |                        |                 |   |                  |
|--|--|------------------------|-----------------|---|------------------|
| <b>Sign Here</b>   | Signature of officer   |                        | Date            |   |                  |
|  | <b>KATIE HOBERT, VICE PRESIDENT OF FINANCE</b><br>Type or print name and title |                        |                 |   |                  |
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name   | Preparer's signature   | Date            | Check if self-employed <input type="checkbox"/> | PTIN             |
|  | <b>MARC A. METCALF</b>   | <b>MARC A. METCALF</b> | <b>11/13/24</b> |   | <b>P00170461</b> |
| <b>Preparer Use Only</b>   | Firm's name  | Firm's EIN             |                 | Phone no.                                       |                  |
|  | <b>TANNER LLC</b>  | <b>20-2253063</b>      |                 | <b>801-532-7444</b>                             |                  |
| Firm's address   |  |                        |                 |   |                  |
| <b>36 S STATE STREET, SUITE 600</b><br><b>SALT LAKE CITY, UT 84111</b> |  |                        |                 |   |                  |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE BRING TOGETHER CARING DONORS, EXPERT NONPROFITS, AND COMMUNITY LEADERS TO CONTRIBUTE FINANCIAL RESOURCES AND INNOVATIVE IDEAS TO BENEFIT ALL THE PEOPLE OF PARK CITY - NOW AND INTO THE FUTURE. WE CARE FOR AND INVEST IN THE PEOPLE, PLACE, AND CULTURE OF GREATER PARK CITY.

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 3,304,629. including grants of \$ 656,977. ) (Revenue \$ ) LIVE PC GIVE PC, WOMEN'S GIVING FUND, COMMUNITY FUND, CLIMATE FUND, AFFORDABLE HOUSING FUND, NONPROFIT EDUCATION AND OTHER PROGRAMMING: THE COMMUNITY FOUNDATION'S PRIMARY GOAL IS TO SUPPORT GREATER PARK CITY NONPROFITS WITH THE FOLLOWING: GRANT MAKING, EDUCATION AND SEMINARS, AND COMMUNITY GIVING VEHICLES SUCH AS LIVE PC GIVE PC. IN 2023, LIVE PC GIVE PC, THE ANNUAL GIVING DAY HOSTED BY THE COMMUNITY FOUNDATION, RAISED OVER \$4.8 MILLION FROM OVER 7,000 UNIQUE DONORS AND MORE THAN 100 NONPROFITS PARTICIPATED. THE WOMEN'S GIVING FUND HAD PARTICIPATION FROM OVER 2,000 UNIQUE DONORS WHOSE CONTRIBUTIONS WERE USED TO SUPPORT FAMILY AND YOUTH SERVICES. THE COMMUNITY FUND GRANTED OVER \$450,000 TO 55 LOCAL NONPROFITS. THE CLIMATE FUND THAT FOCUSES ON LOCAL, HIGH-IMPACT CLIMATE SOLUTIONS LAUNCHED A ZERO FOOD WASTE

4b (Code: ) (Expenses \$ 609,692. including grants of \$ 553,794. ) (Revenue \$ ) MENTAL WELLNESS FUNDS: LAUNCHED IN JANUARY 2017, THE MENTAL WELLNESS ALLIANCE SUPPORTS A RANGE OF PROGRAMS AND INITIATIVES, AS PRIORITIZED IN THE COMMUNITY'S COUNTY-WIDE STRATEGIC PLAN. THE GOAL IS TO INCREASE AWARENESS, PREVENTION, TREATMENT AND OTHER SERVICES AIMED AT MENTAL HEALTH AND SUBSTANCE ABUSE. SINCE INCEPTION, OVER \$5.5M HAS BEEN DEPLOYED FOR GRANTS AND PROGRAMS IN THE COMMUNITY. THE ALLIANCE PARTNERS WITH LOCAL NONPROFITS, COMMUNITY MEMBERS, GOVERNMENTS, SCHOOL DISTRICTS, BUSINESSES, AND CARE PROVIDERS, ALL AIMING TO ADDRESS THIS CRITICAL COMMUNITY NEED.

4c (Code: ) (Expenses \$ 622,574. including grants of \$ 457,193. ) (Revenue \$ ) EARLY CHILDHOOD ALLIANCE: THE EARLY CHILDHOOD ALLIANCE WAS FORMED WITH THE VISION THAT ALL WASATCH BACK CHILDREN AGED ZERO TO THREE SHOULD HAVE EQUITABLE AND ABUNDANT OPPORTUNITIES TO THRIVE, LEARN, AND GROW INTO PARTICIPATING MEMBERS OF THE COMMUNITY. THE EARLY CHILDHOOD ALLIANCE ENGAGES, EDUCATES, AND SUPPORTS COMMUNITY PARTNERS AND FAMILIES SO THAT YOUNG CHILDREN CAN REACH THEIR FULL POTENTIAL DURING THIS CRITICAL STAGE OF DEVELOPMENT. THE ALLIANCE WORKS TO ADDRESS THE EVER-GROWING NEED FOR MORE LOCAL CHILDCARE CAPACITY, AND AIMS TO CLOSE SOCIAL EQUITY GAPS FOR CHILDREN ENTERING KINDERGARTEN BY INCREASING ACCESS TO QUALITY EARLY CHILDCARE. SINCE INCEPTION IN 2019, OVER \$1.9M HAS BEEN DEPLOYED IN THE COMMUNITY IN BOTH GRANTS AND PROGRAMMING. IN 2023, THE EARLY CHILDHOOD FUND GRANTED OVER \$450,000 TO LOCAL

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,436,335. including grants of \$ 2,026,241. ) (Revenue \$ )

4e Total program service expenses 5,973,230.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 22; 1b Enter the number of voting members included... 22; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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 X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on 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? X; 16b 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 NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOEL ZARROW - 435-214-7476
PO BOX 681499, PARK CITY, UT 84068

**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 the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                         | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|   |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (1) JOEL ZARROW<br>CEO                        | 45.00   |   |                       | X       |              |                              | 238,753. | 0.  | 30,492.  |   |
| (2) DIEGO ZEGARRA<br>VP OF EQUITY AND IMPACT  | 45.00   |   |                       |         |              | X                            | 135,743. | 0.  | 12,524.  |   |
| (3) KATHLEEN HOBERT<br>VP OF FINANCE          | 45.00   |   |                       |         |              | X                            | 114,339. | 0.  | 17,961.  |   |
| (4) CHRISTINE COLEMAN<br>VP OF COMMUNICATIONS | 45.00   |   |                       |         |              | X                            | 108,181. | 0.  | 26,087.  |   |
| (5) ALEXIS BROWN<br>VP OF DEVELOPMENT         | 45.00   |   |                       |         |              | X                            | 101,745. | 0.  | 14,248.  |   |
| (6) JOHN CUMMING<br>EMERITUS                  | 0.10  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (7) EYEE HSU<br>DIRECTOR                      | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (8) KAREN CONWAY<br>CHAIR                     | 5.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (9) J TAYLOR CRANDALL<br>DIRECTOR             | 3.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (10) KRISTI CUMMING<br>DIRECTOR               | 3.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (11) ANNA FRACHOU<br>DIRECTOR                 | 3.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (12) REBECA GONZALEZ<br>DIRECTOR              | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (13) SARAH HALL<br>DIRECTOR                   | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (14) MINDY HALSEY<br>DIRECTOR                 | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (15) SEAN KELLEHER<br>DIRECTOR                | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (16) WHITNEY OLCH<br>DIRECTOR                 | 3.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (17) KEVIN PARKER<br>DIRECTOR                 | 2.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) BETH PLAVAN<br>SECRETARY                                  | 5.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (19) BRANDI CONNOLLY<br>DIRECTOR                               | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) COURTNEY RAE<br>DIRECTOR                                  | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) PAIGE PENZE<br>VICE CHAIR, TREASURER                      | 5.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (22) MATTHEW DIAS<br>DIRECTOR                                  | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) DEIRDRA WALSH<br>DIRECTOR                                 | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) HEATHER KOOPMAN<br>DIRECTOR                               | 3.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) MILLICENT TRACEY<br>DIRECTOR                              | 2.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) VIRGINIA SOLOMON<br>DIRECTOR                              | 3.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 698,761.  | 0.   | 101,312.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 698,761.  | 0.   | 101,312.  |

**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 5

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | 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.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for SUSAN ROTHMAN and ENRIQUE SANCHEZ.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

|  |  |  | (A)                  | (B)                                | (C)                        | (D)  |  |
|--|--|--|----------------------|------------------------------------|----------------------------|--|--|
|  |  |  | Total revenue        | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns .....  | <b>1a</b>            |                                    |                            |  |  |
|  | <b>b</b>   | Membership dues .....  | <b>1b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Fundraising events .....   | <b>1c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Related organizations .....  | <b>1d</b>            |                                    |                            |  |  |
|  | <b>e</b>   | Government grants (contributions) .....  | <b>1e</b>            | 96,186.                            |                            |  |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 7,302,611.                         |                            |  |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$ 2,522,389.                      |                            |  |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f .....  |                      | 7,398,797.                         |                            |  |  |
| Program Service Revenue                                | <b>2 a</b>   | .....  | <b>Business Code</b> |                                    |                            |  |  |
|  | <b>b</b>   | .....  |                      |                                    |                            |  |  |
|  | <b>c</b>   | .....  |                      |                                    |                            |  |  |
|  | <b>d</b>   | .....  |                      |                                    |                            |  |  |
|  | <b>e</b>   | .....  |                      |                                    |                            |  |  |
|  | <b>f</b>   | All other program service revenue .....  |                      |                                    |                            |  |  |
|  | <b>g</b>   | <b>Total.</b> Add lines 2a-2f .....  |                      |                                    |                            |  |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) ..... |                      | 651,065.                           |                            | 651,065.   |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds .....                           |                      |                                    |                            |  |  |
|  | <b>5</b>   | Royalties .....  |                      |                                    |                            |  |  |
|  | <b>6 a</b>   | Gross rents .....  | <b>6a</b>            | (i) Real                           |                            |  |  |
|  |  |  |                      | (ii) Personal                      |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | <b>b</b>   | Less: rental expenses ...  | <b>6b</b>            |                                    |                            |  |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>            |                                    |                            |  |  |
|  | <b>d</b>   | Net rental income or (loss) .....  |                      |                                    |                            |  |  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory .....                       | <b>7a</b>            | (i) Securities                     |                            |  |  |
|  |  |  |                      | (ii) Other                         |                            |  |  |
|  |  |  |                      |                                    |                            |  |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 2,455,109.                         |                            |  |  |
|  | <b>c</b>   | Gain or (loss) .....   | <b>7c</b>            | 1,206,004.                         |                            |  |  |
|  | <b>d</b>   | Net gain or (loss) .....   |                      | 1,206,004.                         |                            | 1206004.   |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>8b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....   |  |                      |                                    |                            |  |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>  |                      |                                    |                            |  |  |
| <b>b</b>   | Less: direct expenses .....  | <b>9b</b>  |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....  |  |                      |                                    |                            |  |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....  | <b>10a</b>   |                      |                                    |                            |  |  |
| <b>b</b>   | Less: cost of goods sold .....   | <b>10b</b>   |                      |                                    |                            |  |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....   |  |                      |                                    |                            |  |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  | OTHER INCOME .....   | <b>Business Code</b> | 900099                             | 125,607.                   | 125,607.   |  |
|  | <b>b</b>   | .....  |                      |                                    |                            |  |  |
|  | <b>c</b>   | .....  |                      |                                    |                            |  |  |
|  | <b>d</b>   | All other revenue .....  |                      |                                    |                            |  |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d .....  |                      | 125,607.                           |                            |  |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....   |  | 9,381,473.           | 125,607.                           | 0.                         | 1857069.   |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 3,694,204.            | 3,694,204.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 238,753.              | 136,089.                        | 45,363.                                | 57,301.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 1,275,386.            | 904,080.                        | 106,545.                               | 264,761.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  | 221,943.              | 152,468.                        | 22,267.                                | 47,208.                     |
| <b>10</b> Payroll taxes .....   | 105,962.              | 72,793.                         | 10,631.                                | 22,538.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 1,308.                |                                 | 1,308.                                 |                             |
| <b>c</b> Accounting .....   | 49,477.               | 32,160.                         | 9,401.                                 | 7,916.                      |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 46,203.               | 42,507.                         | 3,696.                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 273,582.              | 133,028.                        | 70,277.                                | 70,277.                     |
| <b>12</b> Advertising and promotion .....   | 81,402.               | 40,701.                         |  | 40,701.                     |
| <b>13</b> Office expenses .....   | 45,675.               | 31,973.                         | 6,851.                                 | 6,851.                      |
| <b>14</b> Information technology .....  | 28,796.               | 14,398.                         | 7,199.                                 | 7,199.                      |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 77,516.               | 55,258.                         | 5,574.                                 | 16,684.                     |
| <b>17</b> Travel .....  | 8,908.                | 6,236.                          |  | 2,672.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 33,693.               | 28,856.                         | 1,211.                                 | 3,626.                      |
| <b>23</b> Insurance .....   | 10,077.               | 5,039.                          | 3,023.                                 | 2,015.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| <b>a</b> <b>FUND EXPENSES</b>   | 443,591.              | 443,591.                        |  |                             |
| <b>b</b> <b>OTHER EXPENSES</b>  | 232,633.              | 179,572.                        | 12,240.                                | 40,821.                     |
| <b>c</b> <b>COMMUNITY PASS</b>  | 924.                  | 277.                            |  | 647.                        |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 6,870,033.            | 5,973,230.                      | 305,586.                               | 591,217.                    |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year  |
|---|--|--------------------------|-------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 612,133.                 | <b>1</b>    | 306,303.            |
|   | <b>2</b> Savings and temporary cash investments .....  | 1,283,881.               | <b>2</b>    | 1,857,003.          |
|   | <b>3</b> Pledges and grants receivable, net .....  | 891,978.                 | <b>3</b>    | 319,769.            |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>    | 67,566.             |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                     |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>    |                     |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 9,999.                   | <b>9</b>    | 9,999.              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 774,007.      |             |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 163,668.      | 640,770.    | <b>10c</b> 610,339. |
|   | <b>11</b> Investments - publicly traded securities .....   | 20,764,850.              | <b>11</b>   | 24,200,039.         |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                     |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 715,224.                 | <b>15</b>   | 938,841.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 24,918,835.  | <b>16</b>                | 28,309,859. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 30,429.                  | <b>17</b>   | 11,307.             |
|   | <b>18</b> Grants payable .....   | 114,600.                 | <b>18</b>   | 95,277.             |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                     |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  | 194,520.                 | <b>21</b>   | 220,730.            |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>   |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 208,455.                 | <b>25</b>   | 169,344.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 548,004.                 | <b>26</b>   | 496,658.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                     |
|   | <b>27</b> Net assets without donor restrictions .....  | 9,987,706.               | <b>27</b>   | 12,257,240.         |
|   | <b>28</b> Net assets with donor restrictions .....   | 14,383,125.              | <b>28</b>   | 15,555,961.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                     |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                     |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                     |
|   | <b>32</b> Total net assets or fund balances .....  | 24,370,831.              | <b>32</b>   | 27,813,201.         |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 24,918,835.  | <b>33</b>                | 28,309,859. |                     |

**Part XI Reconciliation of Net Assets**

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

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1  | 9,381,473.  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 6,870,033.  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 2,511,440.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 24,370,831. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 930,930.    |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | 0.          |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 27,813,201. |

**Part XII Financial Statements and Reporting**

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

|  | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant?   |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     |    |
| b Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:   |     |    |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |     |    |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |     |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

|  |  |
|--|--|
| <b>Name of the organization</b><br><b>PARK CITY COMMUNITY FOUNDATION</b> | <b>Employer identification number</b><br><b>30-0171971</b> |
|--|--|

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

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 7009497. | 9455822. | 5978856. | 8373133. | 7398797. | 38216105. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 7009497. | 9455822. | 5978856. | 8373133. | 7398797. | 38216105. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 3307218.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 34908887. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 7009497. | 9455822. | 5978856. | 8373133. | 7398797. | 38216105.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 338,375. | 330,703. | 343,514. | 389,828. | 651,065. | 2053485.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          | 2,465.   | 52,004.  | 84,076.  | 125,596. | 264,141.                 |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 40533731.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |           |       |                                     |
|---|-----------|-------|-------------------------------------|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 86.12 | %                                   |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....  | <b>15</b> | 85.00 | %                                   |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           |       | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           |       | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |       | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |       | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           |       | <input type="checkbox"/>            |

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 of line 1.   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2023 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2023</b> | <b>(iii)<br/>Distributable<br/>Amount for 2023</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2023 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2023   |                                     |   |  |
| <b>a</b> From 2018   |                                     |   |  |
| <b>b</b> From 2019   |                                     |   |  |
| <b>c</b> From 2020   |                                     |   |  |
| <b>d</b> From 2021   |                                     |   |  |
| <b>e</b> From 2022   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2018 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2023 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2019  |                                     |   |  |
| <b>b</b> Excess from 2020  |                                     |   |  |
| <b>c</b> Excess from 2021  |                                     |   |  |
| <b>d</b> Excess from 2022  |                                     |   |  |
| <b>e</b> Excess from 2023  |                                     |   |  |

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**PARK CITY COMMUNITY FOUNDATION**

Employer identification number

**30-0171971**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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**

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

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

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

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

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

Schedule B (Form 990) (2023)

|   |   |
|---|---|
| Name of organization<br><br><b>PARK CITY COMMUNITY FOUNDATION</b> | Employer identification number<br><br><b>30-0171971</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          | <hr/><br><hr/><br><hr/>           | \$ <u>500,500.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 2          | <hr/><br><hr/><br><hr/>           | \$ <u>480,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | <hr/><br><hr/><br><hr/>           | \$ <u>1,045,770.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/><br><hr/><br><hr/>           | \$ <u>595,151.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | <hr/><br><hr/><br><hr/>           | \$ <u>300,539.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | <hr/><br><hr/><br><hr/>           | \$ <u>268,200.</u>         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>PARK CITY COMMUNITY FOUNDATION</b> | Employer identification number<br><br><b>30-0171971</b> |
|---|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 7          | <hr/> <hr/> <hr/>                 | \$ <u>201,730.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |



|   |   |
|---|---|
| Name of organization<br><br><b>PARK CITY COMMUNITY FOUNDATION</b> | Employer identification number<br><br><b>30-0171971</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given   | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 3                            | ANONYMOUS DONATION OF 9,000 SHARES OF 3M COMPANY (MMM)<br>RECEIVED ON 6/14/2023 FOR THE GRACE FUND.  | \$ 917,550.                                     | 06/14/23             |
| 4                            | DONATION OF 1,331 SHARES OF VANGUARD LARGE CAP INDEX FUND<br>(VV), 248 SHARES OF SPDR S&P 500 ETF TRUST (SPY) AND 3575<br>SHARES OF VANGUARD TOTAL INTL STOCK IDX FUND (VXUS)    | \$ 565,151.                                     | 10/17/23             |
| 5                            | SUMMER LIFT PASSES 4 X 35, 10 DIRECT-TO-LIFT TICKETS X 35  | \$ 180,539.                                     | 11/01/23             |
| 6                            | GIFT OF 400 UNITS (4% INTEREST) IN SOUTH OF BARN, LLC;<br>PURPOSE: OPEN LANDS GRANT TO UTAH OPEN LANDS CONSERVATION<br>ASSOCIATION   | \$ 268,200.                                     | 12/31/23             |
| 7                            | IN KIND COMMUNITY PASS DONATION: SUMMER LIFT PASSES 4 X<br>35, COMMUNITY PASS DONATION:: 10 DIRECT-TO-LIFT TICKETS X<br>35 AND HOSTED COMMUNITY FUND GRANT CELEBRATION 9/12/2023 | \$ 101,730.                                     | 11/01/23             |
|                              |  | \$  |                      |

|   |   |
|---|---|
| Name of organization<br><br><b>PARK CITY COMMUNITY FOUNDATION</b> | Employer identification number<br><br><b>30-0171971</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
|   |                     |  |                                     |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization PARK CITY COMMUNITY FOUNDATION Employer identification number 30-0171971

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (table with 2a-2d). 3-9. Monitoring and reporting requirements (checkboxes for policy, expenses, and section 170(h) requirements).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Footnote for public service. 1b: Amounts for art collection (revenue/assets). 2: Amounts for financial gain (revenue/assets).

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 10,678,462.      | 12,183,083.    | 10,695,309.        | 8,375,766.           | 5,187,525.          |
| b Contributions                                  | 112,007.         | 491,116.       | 546,384.           | 1,619,139.           | 2,509,295.          |
| c Net investment earnings, gains, and losses     | 1,500,980.       | -1,610,823.    | 1,343,999.         | 837,962.             | 791,725.            |
| d Grants or scholarships                         | 422,865.         | 384,914.       | 402,609.           | 81,858.              | 64,080.             |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    | 55,700.              | 48,699.             |
| g End of year balance                            | 11,868,584.      | 10,678,462.    | 12,183,083.        | 10,695,309.          | 8,375,766.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 100%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes       | No                                  |
|---|-----------|-------------------------------------|
| (i) Unrelated organizations?  |           | <input checked="" type="checkbox"/> |
| (ii) Related organizations?   |           | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <b>3b</b> |                                     |
- 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.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land   |                                      |                                 |                              |                |
| b Buildings   |                                      | 675,000.                        | 73,636.                      | 601,364.       |
| c Leasehold improvements  |                                      | 23,394.                         | 23,394.                      | 0.             |
| d Equipment   |                                      | 32,508.                         | 25,519.                      | 6,989.         |
| e Other   |                                      | 43,105.                         | 41,119.                      | 1,986.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 610,339.       |

**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.

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

**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.

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

**Part IX Other Assets**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**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 |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) PAYROLL LIABILITY   | 52,190.        |
| (3) CREDIT CARD PAYABLE   | 11,958.        |
| (4) LEASE LIABILITY   | 105,196.       |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) |                |

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

**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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 10,378,411. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | 930,930.    |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 112,211.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 1,043,141.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 9,335,270.  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 46,203.     |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 46,203.     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 9,381,473.  |

**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.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 6,936,041. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |            |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 112,211.   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 112,211.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 6,823,830. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 46,203.    |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 46,203.    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 6,870,033. |

**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 V, LINE 4:**

PERMANENTLY RESTRICTED ENDOWMENT FUNDS WILL BE HELD IN PERPETUITY.  
 EARNINGS FROM THE FUND ARE USED TO SUPPORT PARK CITY COMMUNITY FOUNDATION PROGRAMS AND OPERATIONS.

**PART X, LINE 2:**

THE COMMUNITY FOUNDATION REVIEWS AND ASSESSES ALL ACTIVITIES ANNUALLY TO IDENTIFY ANY CHANGES IN THE SCOPE OF THE ACTIVITIES AND REVENUE SOURCES, AND THE TAX TREATMENT THEREOF, TO IDENTIFY ANY UNCERTAINTY IN INCOME TAX. FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022, MANAGEMENT DID NOT IDENTIFY ANY UNCERTAINTY IN INCOME TAX REQUIRING RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GIFT IN KIND EXPENSE 112,211.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GIFT IN KIND EXPENSE 112,211.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **PARK CITY COMMUNITY FOUNDATION** Employer identification number **30-0171971**

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government   | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| PC TOTS<br>1850 SIDEWINDER DRIVE<br>PARK CITY, UT 84060  | 47-2876497 | 501 (C) (3)                     | 291,516.                 | 0.                               |   |                                       | EARLY CHILDHOOD                    |
| HOLY CROSS MINISTRIES<br>860 EAST 4500 SOUTH<br>SALT LAKE CITY, UT 84107                         | 87-0359324 | 501 (C) (3)                     | 210,670.                 | 0.                               |   |                                       | EARLY CHILDHOOD                    |
| PARK CITY EDUCATION FOUNDATION<br>PO BOX 681422<br>PARK CITY, UT 84068                           | 74-2552454 | 501 (C) (3)                     | 133,790.                 | 0.                               |   |                                       | EDUCATION                          |
| JEWISH FAMILY SERVICE<br>495 EAST 4500 SOUTH SUITE 1<br>SALT LAKE CITY, UT 84107                 | 87-0227089 | 501 (C) (3)                     | 131,750.                 | 0.                               |   |                                       | MENTAL WELLNESS                    |
| LATINO BEHAVIORAL HEALTH SERVICES<br>3269 SOUTH MAIN STREET SUITE 230<br>SALT LAKE CTY, UT 84115 | 46-5038499 | 501 (C) (3)                     | 130,000.                 | 0.                               |   |                                       | HEALTH, GENERAL                    |
| PEOPLE'S HEALTH CLINIC<br>650 ROUND VALLEY DRIVE<br>PARK CITY, UT 84060                          | 87-0638042 | 501 (C) (3)                     | 107,770.                 | 0.                               |   |                                       | HEALTH, GENERAL                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 85.
- 3 Enter total number of other organizations listed in the line 1 table \_\_\_\_\_

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

Schedule I (Form 990) 2023



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PROJECT C.U.R.E.<br>10377 E. GEDDES AVE. STE. 200 SUITE<br>CENTENNIAL, CO 80112           | 84-1568566 | 501 (C) (3)                   | 100,000.                 | 0.                               |   |  | HEALTH, GENERAL                    |
| PEACE HOUSE<br>700 ROUND VALLEY DR #115<br>PARK CITY, UT 84060                            | 87-0500067 | 501 (C) (3)                   | 96,943.                  | 0.                               |   |  | HOUSING, SHELTER                   |
| MOUNTAINLANDS COMMUNITY HOUSING<br>TRUST - 1960 SIDEWINDER DRIVE -<br>PARK CITY, UT 84060 | 87-0514438 | 501 (C) (3)                   | 91,579.                  | 0.                               |   |  | HOUSING, SHELTER                   |
| CHRISTIAN CENTER OF PARK CITY<br>PO BOX 683480<br>PARK CITY, UT 84068                     | 87-0643778 | 501 (C) (3)                   | 75,130.                  | 0.                               |   |  | ARTS, CULTURE                      |
| SOS OUTREACH<br>PO BOX 2020<br>AVON, CO 81620   | 84-1332544 | 501 (C) (3)                   | 56,855.                  | 0.                               |   |  | HEALTH, GENERAL                    |
| LIVE LIKE SAM FOUNDATION<br>1335 FIDDICH GLEN LANE<br>PARK CITY, UT 84098                 | 85-2202987 | 501 (C) (3)                   | 47,650.                  | 0.                               |   |  | MENTAL WELLNESS                    |
| SUMMIT COUNTY CLUBHOUSE<br>6304 HIGHLAND DRIVE<br>PARK CITY, UT 84098                     | 83-3917769 | 501 (C) (3)                   | 46,410.                  | 0.                               |   |  | MENTAL WELLNESS                    |
| SUMMIT COMMUNITY GARDENS AND EATS<br>PO BOX 683984<br>PARK CITY, UT 84068                 | 47-3560666 | 501 (C) (3)                   | 41,550.                  | 0.                               |   |  | HEALTH, GENERAL                    |
| YOUTH SPORTS ALLIANCE<br>PO BOX 681698<br>PARK CITY, UT 84068                             | 52-2383750 | 501 (C) (3)                   | 40,150.                  | 0.                               |   |  | SPORTS/LEISURE                     |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MORE THAN MUSIC INC<br>PO BOX 982733<br>PARK CITY, UT 84098                         | 92-2452067 | 501 (C) (3)                   | 36,010.                  | 0.                               |   |  | ARTS, CULTURE                      |
| SUMMIT LAND CONSERVANCY<br>1887 GOLD DUST LANE<br>PARK CITY, UT 84060               | 42-1538872 | 501 (C) (3)                   | 33,390.                  | 0.                               |   |  | ENVIRONMENTAL                      |
| SUMMIT COUNTY RECOVERY FOUNDATION<br>1996 UINTAH VIEW DR.,<br>COALVILLE, UT 84017   | 30-0785676 | 501 (C) (3)                   | 30,000.                  | 0.                               |   |  | MENTAL WELLNESS                    |
| KIMBALL ART CENTER<br>PO BOX 1478<br>PARK CITY, UT 84060                            | 87-0321132 | 501 (C) (3)                   | 28,890.                  | 0.                               |   |  | ARTS, CULTURE                      |
| PARK CITY INSTITUTE<br>PO BOX 1297<br>PARK CITY, UT 84060                           | 87-0513186 | 501 (C) (3)                   | 28,087.                  | 0.                               |   |  | ARTS, CULTURE                      |
| PARK CITY SKI & SNOWBOARD<br>PO BOX 981763<br>PARK CITY, UT 84098                   | 84-1367913 | 501 (C) (3)                   | 26,800.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| EGYPTIAN THEATRE<br>PO BOX 3119<br>PARK CITY, UT 84060                              | 94-2773017 | 501 (C) (3)                   | 26,230.                  | 0.                               |   |  | ARTS, CULTURE                      |
| CONNECT SUMMIT COUNTY<br>PO BOX 982918<br>PARK CITY, UT 84098                       | 81-2075871 | 501 (C) (3)                   | 26,100.                  | 0.                               |   |  | MENTAL WELLNESS                    |
| PARK CITY SOCCER CLUB<br>6443 NORTH BUSINESS PARK LOOP SUITE<br>PARK CITY, UT 84098 | 87-0609360 | 501 (C) (3)                   | 25,770.                  | 0.                               |   |  | SPORTS/LEISURE                     |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| PARK CITY HIGH SCHOOL -<br>SCHOLARSHIP - 1750 KEARNS<br>BOULEVARD - PARK CITY, UT 84060     | 87-6000509 | GOVERNMENT                    | 24,500.                  | 0.                               |   |  | EDUCATION                          |
| UTAH OLYMPIC LEGACY FOUNDATION<br>PO BOX 980337<br>PARK CITY, UT 84098                      | 84-1367913 | 501 (C) (3)                   | 24,100.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| RECYCLE UTAH<br>PO BOX 682998<br>PARK CITY, UT 84068  | 87-0480848 | 501 (C) (3)                   | 23,780.                  | 0.                               |   |  | ENVIRONMENTAL                      |
| UTAH CLEAN ENERGY<br>1014 2ND AVE<br>SALT LAKE CITY, UT 84103                               | 37-1438788 | 501 (C) (3)                   | 23,705.                  | 0.                               |   |  | ENVIRONMENTAL                      |
| KPCW<br>PO BOX 1372<br>PARK CITY, UT 84060  | 94-2528451 | 501 (C) (3)                   | 23,080.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| SKI UTAH<br>2749 E PARLEYS WAY<br>SALT LAKE CITY, UT 84109                                  | 87-0316293 | 501 (C) (3)                   | 21,980.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| UNITED JEWISH FEDERATION OF UTAH<br>2 N MEDICAL DR.<br>SALT LAKE CITY, UT 84113             | 87-0282380 | 501 (C) (3)                   | 21,000.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| BIG BROTHERS BIG SISTERS OF UTAH<br>2121 S STATE STREET STE 201<br>SALT LAKE CITY, UT 84115 | 87-0336168 | 501 (C) (3)                   | 20,050.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| THE HOPE ALLIANCE<br>1912 SIDEWINDER DRIVE<br>PARK CITY, UT 84060                           | 87-0641198 | 501 (C) (3)                   | 19,690.                  | 0.                               |   |  | HUMAN SERVICE                      |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                          | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SWANER PRESERVE AND ECOCENTER<br>1258 CENTER DRIVE<br>PARK CITY, UT 84098   | 87-6000528 | 501 (C) (3)                   | 16,800.                  | 0.                               |   |  | ENVIRONMENTAL                      |
| MOUNTAIN TRAILS FOUNDATION<br>P.O. BOX 754<br>PARK CITY, UT 84060           | 87-0514223 | 501 (C) (3)                   | 16,160.                  | 0.                               |   |  | ENVIRONMENTAL                      |
| SOUTH SUMMIT SCHOOL DISTRICT<br>285 E 400 S<br>KAMAS, UT 84036              | 87-6000519 | GOVERNMENT                    | 15,500.                  | 0.                               |   |  | EDUCATION                          |
| BALLET WEST<br>2780 RASMUSSEN ROAD<br>PARK CITY, UT 84098                   | 87-0264274 | 501 (C) (3)                   | 15,000.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| PUENTE INSTITUTE<br>PO BOX 1655<br>NEDERLAND, CO 80466                      | 45-0499849 | 501 (C) (3)                   | 14,000.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| PARK CITY DAY SCHOOL<br>3120 PINEBROOK ROAD<br>PARK CITY, UT 84098          | 87-0530835 | 501 (C) (3)                   | 13,600.                  | 0.                               |   |  | EDUCATION                          |
| YMCA OF NORTHERN UTAH<br>675 E 2100 S SUITE 200<br>SALT LAKE CITY, UT 84106 | 87-0212472 | 501 (C) (3)                   | 13,510.                  | 0.                               |   |  | HUMAN SERVICE                      |
| NATIONAL ABILITY CENTER<br>1000 ABILITY WAY<br>PARK CITY, UT 84060          | 94-3025807 | 501 (C) (3)                   | 13,400.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| PARK CITY READS<br>1109 FOXCREST DRIVE<br>PARK CITY, UT 84098               | 47-4235287 | 501 (C) (3)                   | 12,860.                  | 0.                               |   |  | EDUCATION                          |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| RISE BOXING<br>2720 RASMUSSEN RD<br>PARK CITY, UT 84098   | 82-2105753 |                               | 12,600.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| UTAH DIAPER BANK<br>615 E PIONEER AVE.<br>SANDY, UT 84070   | 46-2823588 | 501 (C) (3)                   | 12,000.                  | 0.                               |   |  | HUMAN SERVICE                      |
| PARK CITY FILM<br>PO BOX 683058<br>PARK CITY, UT 84068  | 87-0640501 | 501 (C) (3)                   | 10,510.                  | 0.                               |   |  | ARTS, CULTURE                      |
| THE DOLLYWOOD FOUNDATION<br>ATTN: OPERATIONS DEPARTMENT 111<br>DOLLYWOOD LANE - PIGEON FORGE, TN<br>37863 | 62-1348105 | 501 (C) (3)                   | 10,000.                  | 0.                               |   |  | EDUCATION                          |
| PARK CITY SENIOR CITIZENS, INC.<br>PO BOX 681617<br>PARK CITY, UT 84068                                   | 85-2311235 | 501 (C) (3)                   | 8,740.                   | 0.                               |   |  | HUMAN SERVICE                      |
| MOUNTAIN TOWN MUSIC<br>PO BOX 680896<br>PARK CITY, UT 84068   | 87-0669814 | 501 (C) (3)                   | 8,690.                   | 0.                               |   |  | ARTS, CULTURE                      |
| MOUNTAIN MEDIATION CENTER<br>PO BOX 681552<br>PARK CITY, UT 84068   | 43-2049676 | 501 (C) (3)                   | 8,260.                   | 0.                               |   |  | HUMAN SERVICE                      |
| SUMMIT DANCE PROJECT<br>6810 SOUTH MANORLY CIRCLE<br>SALT LAKE CITY, UT 84121                             | 86-2293398 |                               | 8,000.                   | 0.                               |   |  | SPORTS/LEISURE                     |
| NUZZLES AND CO.<br>6466 N HIGHVIEW ROAD<br>PEOA, UT 84061   | 87-0482464 | 501 (C) (3)                   | 7,920.                   | 0.                               |   |  | ANIMAL RELATED                     |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| LUCKY PROJECT<br>PO BOX 681745<br>PARK CITY, UT 84068  | 83-1995894 | 501 (C) (3)                   | 7,890.                   | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| UTAH AVALANCHE CENTER<br>P.O. BOX 521353<br>SALT LAKE CITY, UT 84152-1353                                | 87-0481453 | 501 (C) (3)                   | 7,860.                   | 0.                               |   |  | HUMAN SERVICE                      |
| UTAH LEGAL SERVICES<br>960 S. MAIN STREET<br>SALT LAKE CITY, UT 84101                                    | 87-0298910 | 501 (C) (3)                   | 7,510.                   | 0.                               |   |  | HUMAN SERVICE                      |
| HABITAT FOR HUMANITY OF SUMMIT AND WASATCH COUNTIES - PO BOX 682704 - PARK CITY, UT 84068                | 87-0539094 | 501 (C) (3)                   | 7,330.                   | 0.                               |   |  | HOUSING, SHELTER                   |
| BETTER UTAH INSTITUTE<br>P.O. BOX 521855<br>SALT LAKE CITY, UT 84152                                     | 45-2463270 | 501 (C) (3)                   | 6,500.                   | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| ARTES DE MEXICO EN UTAH<br>1700 S 1578 W<br>SALT LAKE CITY, UT 84104                                     | 27-3888787 | 501 (C) (3)                   | 6,050.                   | 0.                               |   |  | ARTS, CULTURE                      |
| BIG BROTHERS BIG SISTERS OF SUMMIT & WASATCH COUNTIES - 5532 LILLEHAMMER LANE #202 - PARK CITY, UT 84098 | 87-0336168 | 501 (C) (3)                   | 5,500.                   | 0.                               |   |  | HUMAN SERVICE                      |
| PLANNED PARENTHOOD ASSOCIATION OF UTAH - 654 SOUTH 900 EAST - SALT LAKE CITY, UT 84102                   | 87-0288909 | 501 (C) (3)                   | 5,200.                   | 0.                               |   |  | HEALTH, GENERAL                    |
| PARK CITY MUNICIPAL CORPORATION<br>PO BOX 1480<br>PARK CITY, UT 84060                                    | 87-6000260 | GOVERNMENT                    | 200,458.                 | 0.                               |   |  | COMMUNITY DEVELOPMENT              |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| SUMMIT COUNTY<br>650 ROUND VALLEY DR<br>PARK CITY, UT 84060   | 87-6000895 | GOVERNMENT                    | 50,458.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| PARK CITY HIGH SCHOOL<br>1750 KEARNS BOULEVARD PARK CITY<br>PARK CITY, UT 84060                     | 87-6000509 | GOVERNMENT                    | 48,308.                  | 0.                               |   |  | EDUCATION                          |
| SNYDERVILLE BASIN SPECIAL<br>RECREATION DISTRICT - 5715<br>TRAILSIDE DRIVE - PARK CITY, UT<br>84098 | 87-0553500 | GOVERNMENT                    | 15,000.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| REALIZE IMPACT<br>P.O. BOX 11548<br>BAINBRIDGE ISLAND, WA 98110                                     | 46-3594732 | 501 (C) (3)                   | 250,000.                 | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| MAUI FOOD BANK, INC.<br>760 KOLU STREET<br>WAILUKU, HI 96793  | 99-0315110 | 501 (C) (3)                   | 200,000.                 | 0.                               |   |  | DISASTER RELIEF                    |
| TELOS CLASSICAL FOUNDATION<br>7375 SILVER CREEK RD<br>PARK CITY, UT 84098-5505                      | 87-3800742 | 501 (C) (3)                   | 100,030.                 | 0.                               |   |  | EDUCATION                          |
| MIDDLE EAST CHILDRENS ALLIANCE<br>1101 EIGHTH STREET<br>BERKELEY, CA 94710                          | 94-3074600 | 501 (C) (3)                   | 50,000.                  | 0.                               |   |  | CHILDREN                           |
| STOKED MENTORING, INC.<br>68 JAY STREET SUITE 407<br>BROOKLYN, NY 11201                             | 56-2530783 | 501 (C) (3)                   | 26,667.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| HUNTSMAN MENTAL HEALTH FOUNDATION<br>500 S HUNTSMAN WAY<br>SALT LAKE CITY, UT 84108                 | 86-1400536 | 501 (C) (3)                   | 25,030.                  | 0.                               |   |  | MENTAL WELLNESS                    |

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                               | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| BAJA COMMUNITY FOUNDATION<br>PO BOX 2641<br>SILVERDALE, WA 98383-2641            | 82-5281020 | 501 (C) (3)                   | 20,000.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| DAZZLE AFRICA<br>11700 W CHARLESTON BLVD # 170-66<br>LAS VEGAS, NV 89135-1573    | 45-4150138 | 501 (C) (3)                   | 20,000.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| PARK CITY MARC & RECREATION<br>PO BOX 1480<br>PARK CITY, UT 84060                | 87-6000260 | GOVERNMENT                    | 15,000.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| UNITED WAY OF UTAH COUNTY<br>148 NORTH 100 WEST<br>PROVO, UT 84603               | 94-2851681 | 501 (C) (3)                   | 15,000.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| ARTS COUNCIL OF PARK CITY & SUMMIT COUNTY - PO BOX 4455 - PARK CITY, UT 84060    | 74-2457798 | 501 (C) (3)                   | 14,130.                  | 0.                               |   |  | ARTS, CULTURE                      |
| JEWISH FEDERATION OF SOUTHERN ARIZONA - 3718 EAST RIVER RD - TUCSON, AZ 85718    | 86-0096795 | 501 (C) (3)                   | 10,000.                  | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| SADDLE OF LOVE<br>1339 WHILEAWAY ROAD<br>PARK CITY, UT 84098                     | 85-0789767 | 501 (C) (3)                   | 10,000.                  | 0.                               |   |  | SPORTS/LEISURE                     |
| PARK CITY SCHOOLS MOUNTAIN BIKE TEAM - 7402 PINEBROOK ROAD - PARK CITY, UT 84098 | 47-2926638 | 501 (C) (3)                   | 9,986.                   | 0.                               |   |  | SPORTS/LEISURE                     |
| DOCTORS WITHOUT BORDERS<br>333 SEVENTH AVENUE<br>NEW YORK, NY 10001-5004         | 13-3433452 | 501 (C) (3)                   | 8,150.                   | 0.                               |   |  | HEALTH, GENERAL                    |

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government                                | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| INTERNATIONAL RESCUE COMMITTEE<br>PO BOX 6068<br>ALBERT LEA, MN 56007-9847        | 13-5660870 | 501 (C) (3)                   | 8,000.                   | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| PARK CITY SCHOOL DISTRICT<br>2700 KEARNS BLVD.<br>PARK CITY, UT 84060             | 87-6000509 | 501 (C) (3)                   | 6,500.                   | 0.                               |   |  | EDUCATION                          |
| JUMP STOP ACADEMY<br>5817 KINGSFORD AVE<br>PARK CITY, UT 84098                    | 82-5459384 |                               | 6,000.                   | 0.                               |   |  | SPORTS/LEISURE                     |
| PARK CITY JIU JITSU<br>6430 N BUSINESS PARK LOOP ROAD UNIT<br>PARK CITY, UT 84060 | 81-2874212 |                               | 5,500.                   | 0.                               |   |  | SPORTS/LEISURE                     |
| LATINOS IN ACTION<br>1200 E SANDERS RD<br>SANDY, UT 84094                         | 26-4304427 | 501 (C) (3)                   | 5,100.                   | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| EQUALITY UTAH<br>350 E 400 S STE 305<br>SALT LAKE CITY, UT 84111                  | 84-1633004 | 501 (C) (3)                   | 5,020.                   | 0.                               |   |  | COMMUNITY DEVELOPMENT              |
| THE TENACITY PROJECT<br>1585 62ND ST STE 8713<br>EMERYVILLE, CA 94608             | 47-4906828 | 501 (C) (3)                   | 5,020.                   | 0.                               |   |  | SPORTS/LEISURE                     |
|   |            |                               |                          |                                  |   |  |                                    |
|   |            |                               |                          |                                  |   |  |                                    |

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**PARK CITY COMMUNITY FOUNDATION**

Employer identification number

**30-0171971**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

|           | Yes | No       |
|-----------|-----|----------|
| <b>1a</b> |     |          |
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>3</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

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

Schedule J (Form 990) 2023

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

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

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

| (A) Name and Title     |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                        |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) JOEL ZARROW<br>CEO | (i)  | 217,253.   | 21,500.                             | 0.                                  | 0.   | 30,492.                 | 269,245.                        | 0.  |
|                        | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |
|                        | (i)  |  |                                     |                                     |  |                         |                                 |   |
|                        | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **PARK CITY COMMUNITY FOUNDATION** Employer identification number **30-0171971**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               |                            |   |  |   |
| 6 Cars and other vehicles                                    |                            |   |  |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               | X                          | 35  | 1,845,306.   | FMV   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         | X                          | 1   | 268,200.   | FMV   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  |                            |   |  |   |
| 20 Drugs and medical supplies                                |                            |   |  |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( <b>LIFT TICKETS</b> )                             | X                          | 2,765   | 488,305.   | FMV   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

|   | Yes | No |
|---|-----|----|
| 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?   | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**Part II**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

PARK CITY COMMUNITY FOUNDATION

Employer identification number

30-0171971

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

INITIATIVE, DEPLOYING OVER \$150,000 TOWARDS THE NEW PROGRAM AIMED AT FULLY DIVERTING FOOD WASTE FROM SUMMIT COUNTY'S LANDFILL BY 2030. THE AFFORDABLE HOUSING FUND CREATED MARKETING MATERIALS, SECURED FUNDRAISING, AND COLLABORATED WITH LOCAL PARTNERS TO CREATE COMMUNITY AWARENESS OF THE CRITICAL HOUSING ISSUE. ADDITIONALLY, THE COMMUNITY FOUNDATION PROVIDED MONTHLY OPPORTUNITIES FOR NONPROFIT STAFF AND VOLUNTEERS TO IMPROVE THEIR EFFECTIVENESS, AND KICKED OFF THE FIRST ANNUAL CEO & EXECUTIVE DIRECTOR PEER FORUM WITH 14 LOCAL NONPROFIT LEAEDERS. OVER 400 INDIVIDUALS PARTICIPATED IN THESE HOSTED EDUCATIONAL OPPORTUNITIES IN 2023. OTHER PROGRAMMING INCLUDED DEI SPECIFIC TRAININGS, AND OTHER INITIATIVES THAT CENTERED AROUND THE SOCIAL EQUITY VALUES OF THE COMMUNITY FOUNDATION.

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

NONPROFITS, AND LED COMMUNITY ADVOCACY EFFORTS TO SUPPORT CHILDCARE PROVIDERS AND FAMILIES, SECURING A \$1M FUNDING COMMITMENT FROM PARK CITY MUNICIPAL TO PROVIDE SCHOLARSHIPS TO QUALIFIED FAMILIES THAT LIVE OR WORK IN PARK CITY.

**FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:**

"YOUTH UNITED: FORMERLY KNOWN AS SOLOMON FUND AND RISE FUND, YOUTH UNITED IS THE UNIFIED PROGRAM THAT OFFERS SCHOOL-AGE CHILDREN AND TEENS IN PARK CITY AND SUMMIT COUNTY ACCESS TO SPORTS, RECREATION, CLUBS, CAMPS, AND EXTRACURRICULAR ACTIVITIES. THE SOLOMON FUND WAS LAUNCHED

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23



|   |   |
|---|---|
| Name of the organization<br><b>PARK CITY COMMUNITY FOUNDATION</b> | Employer identification number<br><b>30-0171971</b> |
|---|---|

IN 2016 TO FACILITATE ACCESS TO SPORTS AND RECREATION OPPORTUNITIES FOR LATINO CHILDREN IN PARK CITY TO CREATE A MORE INCLUSIVE, INTEGRATED, AND COMPLETE COMMUNITY, SUCCESSFULLY INCREASING LATINO STUDENT PARTICIPATION TO 18%, WHICH MORE ACCURATELY REFLECTS LOCAL PARK CITY DEMOGRAPHICS. INSPIRED BY THE SUCCESS OF THE SOLOMON FUND, THE RISE FUND WAS LAUNCHED IN 2020 TO CONTINUE THE WORK OF THE SOLOMON FUND TO STUDENTS MOVING BEHOND MIDDLE SCHOOL, BY PROVIDING THE SAME SERVICES FOR ANY LOCAL HIGH SCHOOL STUDENTS. TOGETHER, THESE TWO PROGRAMS HAVE GRANTED OVER \$1.3M SINCE INCEPTION. YOUTH UNITED BRINGS THE TWO PROGRAMS TOGETHER, AND EXPANDS THE REACH TO LATINA/O/X KIDS, BIPOC KIDS, AND KIDS OF ANY BACKGROUND WHO ARE NAVIGATING FINANCIALCONSTRAINTS. THIS INITIATIVE CONTINUES TO ADDRESS SEVERAL BARRIERS THAT CURRENTLY HINDER PARTICIPATION FOR THESE FAMILIES SUCH AS COMMUNICATION AND OUTREACH, TRANSPORTATION, SCHOLARSHIPS AND GEAR. THE COMMUNITY FOUNDATION HAS DEDICATED STAFF WHO OPERATE YOUTH UNITED, CONVENING PARTNERS, PROMOTING PROGRAMS, TRANSLATING MATERIALS, AND HOSTING COMMUNITY OUTREACH EVENTS. IN ADDITION, PARTICIPANTS' FAMILIES ARE ALSO CONNECTED TO IMPORTANT COMMUNITY RESOURCES, LIKE HEALTHCARE, LEGAL SUPPORT, HOUSING RESOURCES, AND MORE. IN 2023, YOUTH UNITED PROVIDED OVER \$260,000 IN SCHOLARSHIPS FOR SPORTS AND EXTRACURRICULARS, PARTNERING WITH OVER 30 LOCAL ORGANIZATIONS AND BUSINESSESS, AND HOSTED REGISTRATION EVENTS TO ASSIST FAMILIES IN ACCESSING THESE PROGRAMS, CREATING A MORE INCLUSIVE ENVIRONMENT AMONGST OUR YOUTH."

EXPENSES \$ 1,436,335. INCLUDING GRANTS OF \$ 2,026,241. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE BOARD OF DIRECTORS RECEIVED COPIES OF THE FORM 990 PRIOR TO IT BEING FILED WITH THE IRS AND WERE GIVEN A CHANCE TO REVIEW THE FORM 990 AND OFFER

|  |  |
|--|--|
| Name of the organization<br>PARK CITY COMMUNITY FOUNDATION | Employer identification number<br>30-0171971 |
|--|--|

ANY SUGGESTED CHANGES.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS ARE REQUIRED TO REPORT ANY RELATIONSHIPS AND ABSTAIN FROM DECISION MAKING WHEN THERE IS A CONFLICT OF INTEREST. EACH BOARD MEMBER, STAFF MEMBER, AND VOLUNTEER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE, COMPRISING OF THE BOARD CHAIR, THE VICE CHAIR, TREASURER, AND THE CHAIR OF THE GOVERNANCE COMMITTEE AND OTHER BOARD MEMBERS AS SELECTED SHALL FORMALLY EVALUATE THE CEO ANNUALLY, BASED ON ACHIEVEMENT OF ORGANIZATIONAL GOALS AND ANY OTHER SPECIFIC GOALS THAT THE BOARD AND THE CEO HAVE AGREED UPON IN ADVANCE, AS WELL AS THE CEO'S OWN WRITTEN SELF-EVALUATION AND INVITED COMMENTS FROM ALL BOARD MEMBERS. THE CHAIR SHALL SERVE AS THE CHAIR OF THE EXECUTIVE COMMITTEE. AFTER MEETING WITH THE CEO, THE EXECUTIVE COMMITTEE WILL REPORT ON ITS REVIEW TO THE BOARD, INCLUDING RECOMMENDATIONS ON THE CEO'S COMPENSATION, AND PROVIDE THE RECOMMENDATIONS TO THE VP OF FINANCE.

DURING THIS PROCESS, THE CEO AND THE BOARD WILL AGREE ON ANY SPECIFIC, PERSONAL PERFORMANCE GOALS FOR THE YEAR AHEAD. THESE GOALS SHALL BE DOCUMENTED IN THE LETTER TO THE CEO FROM THE BOARD CHAIR AND WILL BE A PRIMARY BASIS FOR DETERMINING THE CEO'S PERFORMANCE AT THE END OF THE NEXT YEAR. AT LEAST EVERY THREE YEARS, THE EXECUTIVE COMMITTEE SHALL INVITE OTHER INPUT IN A CAREFULLY PLANNED "360" REVIEW, INVITING FEEDBACK FROM STAFF, PEERS IN OUR SECTOR, AND INDIVIDUALS OUTSIDE THE ORGANIZATION WHO HAVE INTERACTED WITH THE CEO.

|   |   |
|---|---|
| Name of the organization<br><b>PARK CITY COMMUNITY FOUNDATION</b> | Employer identification number<br><b>30-0171971</b> |
|---|---|

**EVALUATION PROCESS FOR OFFICERS OR KEY EMPLOYEES: QUARTERLY CHECK IN WITH GOAL SETTING/REVIEW, ANNUAL REVIEW WITH SELF-EVALUATION AND MANAGER EVALUATION, COMPARISON WITH UTAH SALARY REPORT AND COUNCIL ON FOUNDATIONS GRANT MAKERS SALARY REPORT AND NOTES IN EMPLOYEES PERMANENT FILE. ALL DONE BY CEO OR DIRECT SUPERVISOR WITH INPUT OF CEO.**

**FORM 990, PART VI, SECTION C, LINE 19:**

**THE PARK CITY COMMUNITY FOUNDATION'S AUDITED FINANCIALS AND IRS FORM 990 ARE AVAILABLE ON ITS WEBSITE. ALL OTHER GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.**

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **PARK CITY COMMUNITY FOUNDATION** Employer identification number **30-0171971**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity   | (b)<br>Primary activity  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|--|---|---------------------|---------------------------|-------------------------------------|
| MT2030, LLC - 30-0171971<br>1960 SIDEWINDER DRIVE, SUITE 103<br>PARK CITY, UT 84068                                | HELP TO TRANSITION MOUNTAIN<br>TOWNS TO NET ZERO BY 2030                         | UTAH  | 507,618.            | 136,048.                  | PARK CITY COMMUNITY<br>FOUNDATION   |
| COMMUNITIES THAT CARE SUMMIT COUNTY, LLC -<br>30-0171971, 1960 SIDEWINDER DRIVE, SUITE<br>103, PARK CITY, UT 84068 | PROVIDE ACCESS TO EFFECTIVE<br>YOUTH SUBSTANCE-PREVENTION<br>PROGRAMS            | UTAH  | 50,465.             | 14,856.                   | PARK CITY COMMUNITY<br>FOUNDATION   |
| SUMMIT COUNTY CLUBHOUSE HOME LLC -<br>30-0171971, 1960 SIDEWINDER DRIVE, SUITE<br>103, PARK CITY, UT 84068         | SUPPORTIVE, RECOVERY-BASED<br>COMMUNITY FOR ADULTS LIVING<br>WITH MENTAL ILLNESS | UTAH  | 1,565.              | 606,484.                  | PARK CITY COMMUNITY<br>FOUNDATION   |
|  |  |   |                     |                           |                                     |
|  |  |   |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
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|  |                         |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2023

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

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

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

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

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

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

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

|  | Yes       | No |
|--|-----------|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity ..... | <b>1a</b> |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....   | <b>1b</b> |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....   | <b>1c</b> |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....  | <b>1d</b> |    |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   | <b>1e</b> |    |
| <b>f</b> Dividends from related organization(s) .....  | <b>1f</b> |    |
| <b>g</b> Sale of assets to related organization(s) .....   | <b>1g</b> |    |
| <b>h</b> Purchase of assets from related organization(s) .....   | <b>1h</b> |    |
| <b>i</b> Exchange of assets with related organization(s) .....   | <b>1i</b> |    |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....  | <b>1j</b> |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....  | <b>1k</b> |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                              | <b>1l</b> |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                               | <b>1m</b> |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                               | <b>1n</b> |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | <b>1o</b> |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....  | <b>1p</b> |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....  | <b>1q</b> |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....   | <b>1r</b> |    |
| <b>s</b> Other transfer of cash or property from related organization(s) .....   | <b>1s</b> |    |

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

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

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

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

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br><small>Are all<br/>partners sec.<br/>501(c)(3)<br/>orgs.?</small> |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br><small>Dispropor-<br/>tionate<br/>allocations?</small> |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br><small>General or<br/>managing<br/>partner?</small> |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|---|----|---|--|----|--------------------------------|
|  |                         |  |   | Yes  | No |                                    |  | Yes   | No |   | Yes  | No |                                |
|  |                         |  |   |  |    |                                    |  |   |    |   |  |    |                                |
|  |                         |  |   |  |    |                                    |  |   |    |   |  |    |                                |
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|  |                         |  |   |  |    |                                    |  |   |    |   |  |    |                                |

**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.



**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

|  |  |   |
|--|--|---|
| <b>Type or Print</b>   | Name of exempt organization, employer, or other filer, see instructions.<br><b>PARK CITY COMMUNITY FOUNDATION</b>      | Taxpayer identification number (TIN)<br><b>30-0171971</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>PO BOX 681499</b>                         |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>PARK CITY, UT 84068</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **JOEL ZARROW**  
**PO BOX 681499 - PARK CITY, UT 84068**

Telephone No. **435-214-7476** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

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

2023

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Department of the Treasury Internal Revenue Service

Form header section A-F containing organization name (PARK CITY COMMUNITY FOUNDATION), EIN (30-0171971), and other identifying information.

Form header section G-L containing organization type (501(c) corporation), filing status, and contact information (JOEL ZARROW, 435-214-7476).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations leading to a total of 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax calculations leading to a total of 0.

Table for Part III: Tax and Payments. Rows 1a-5 showing foreign tax credits, tax due, and current net liability.

| <b>Part III Tax and Payments</b> <i>(continued)</i> |  |           |  |
|---|--|-----------|--|
| 6 a   | Payments: Preceding year's overpayment credited to the current year .....  | <b>6a</b> |  |
| b   | Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>                       | <b>6b</b> |  |
| c   | Tax deposited with Form 8868 .....   | <b>6c</b> |  |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |  |
| e   | Backup withholding (see instructions) .....  | <b>6e</b> |  |
| f   | Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |  |
| g   | Elective payment election amount from Form 3800 .....  | <b>6g</b> |  |
| h   | Payment from Form 2439 .....   | <b>6h</b> |  |
| i   | Credit from Form 4136 .....  | <b>6i</b> |  |
| j   | Other (see instructions) .....   | <b>6j</b> |  |
| <b>7</b>  | <b>Total payments.</b> Add lines 6a through 6j .....   | <b>7</b>  |  |
| <b>8</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>                              | <b>8</b>  |  |
| <b>9</b>  | <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....                              | <b>9</b>  |  |
| <b>10</b>   | <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....                       | <b>10</b> |  |
| <b>11</b>   | Enter the amount of line 10 you want: <b>Credited to 2024 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> | <b>11</b> |  |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> <i>(see instructions)</i> |  |                                   |                        |
|--|--|-----------------------------------|------------------------|
| 1  | At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here _____ |                                   | Yes No<br><br><b>X</b> |
| 2  | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |                                   | <b>X</b>               |
| 3  | Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ _____   |                                   |                        |
| 4  | Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.  |                                   |                        |
| 5  | Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |                                   |                        |
| Business Activity Code   |  | Available post-2017 NOL carryover |                        |
| 900003   |  | \$ 26,561.                        |                        |
|  |  | \$                                |                        |
|  |  | \$                                |                        |
|  |  | \$                                |                        |
| 6 a  | Reserved for future use .....  |                                   |                        |
| b  | Reserved for future use .....  |                                   |                        |

**Part V Supplemental Information**

Provide any additional information. See instructions.

|                          |  |      |   |                |
|--------------------------|--|------|---|----------------|
| <b>Sign Here</b>         | 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 taxpayer) is based on all information of which preparer has any knowledge. |      |   |                |
|                          | Signature of officer   | Date | Title   |                |
| <b>Preparer Use Only</b> | Print/Type preparer's name   |      | Preparer's signature                            | Date           |
|                          | MARC A. METCALF  |      | MARC A. METCALF                                 | 11/13/24       |
|                          | Firm's name TANNER LLC   |      | Check <input type="checkbox"/> if self-employed |                |
|                          | Firm's address 36 S STATE STREET, SUITE 600 SALT LAKE CITY, UT 84111   |      | Firm's EIN 20-2253063                           | PTIN P00170461 |
|                          |  |      | Phone no. 801-532-7444                          |                |

|   |   |                             |
|---|---|-----------------------------|
| May the IRS discuss this return with the preparer shown below (see instructions)? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|---|-----------------------------|

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2023**

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

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>PARK CITY COMMUNITY FOUNDATION</b> | <b>B</b> Employer identification number<br><b>30-0171971</b> |
| <b>C</b> Unrelated business activity code (see instructions) <b>900003</b> | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business **OWNERSHIP IN PASSTHROUGH**

| <b>Part I</b> Unrelated Trade or Business Income  |           | (A) Income | (B) Expenses | (C) Net |
|---|-----------|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales _____  |           |            |              |         |
| <b>b</b> Less returns and allowances _____ <b>c</b> Balance   | <b>1c</b> |            |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8) .....  | <b>2</b>  |            |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c .....   | <b>3</b>  |            |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions ..... | <b>4a</b> |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions)                              | <b>4b</b> |            |              |         |
| <b>c</b> Capital loss deduction for trusts .....  | <b>4c</b> |            |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....                  | <b>5</b>  |            |              |         |
| <b>6</b> Rent income (Part IV) .....  | <b>6</b>  |            |              |         |
| <b>7</b> Unrelated debt-financed income (Part V) .....  | <b>7</b>  |            |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....       | <b>8</b>  |            |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....            | <b>9</b>  |            |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII) .....  | <b>10</b> |            |              |         |
| <b>11</b> Advertising income (Part IX) .....  | <b>11</b> |            |              |         |
| <b>12</b> Other income (see instructions; attach statement) .....                                       | <b>12</b> |            |              |         |
| <b>13 Total.</b> Combine lines 3 through 12 .....   | <b>13</b> | 0.         |              |         |

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

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

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |   |   |  |
|---|---|---|--|
| 1 | Inventory at beginning of year .....  | 1 |  |
| 2 | Purchases .....   | 2 |  |
| 3 | Cost of labor .....   | 3 |  |
| 4 | Additional section 263A costs (attach statement) .....  | 4 |  |
| 5 | Other costs (attach statement) .....  | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5 .....   | 6 |  |
| 7 | Inventory at end of year .....  | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....  | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
**A**  207 N FOURTH STREET, COLUMBUS, OH 43215  
**B**  \_\_\_\_\_  
**C**  \_\_\_\_\_  
**D**  \_\_\_\_\_

|  | A  | B | C | D  |
|--|----|---|---|----|
| 2 Rent received or accrued   |    |   |   |    |
| <b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           | 0. |   |   |    |
| <b>b</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) ..... | 0. |   |   |    |
| <b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |    |   |   |    |
| 3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....                                  |    |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....  | 0. |   |   |    |
| 5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....   |    |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
**A**  207 N FOURTH STREET, COLUMBUS, OH 43215  
**B**  \_\_\_\_\_  
**C**  \_\_\_\_\_  
**D**  \_\_\_\_\_

|   | A      | B | C | D  |
|---|--------|---|---|----|
| 2 Gross income from or allocable to debt-financed property .....  | 0.     |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property   |        |   |   |    |
| <b>a</b> Straight line depreciation (attach statement) .....  | 0.     |   |   |    |
| <b>b</b> Other deductions (attach statement) .....  | 0.     |   |   |    |
| <b>c</b> Total deductions (add lines 3a and 3b, columns A through D) .....  |        |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                   | 0.     |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                               | 0.     |   |   |    |
| 6 Divide line 4 by line 5 .....   | 0.000% | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6 .....  | 0.     |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....         |        |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 .....  | 0.     |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... |        |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10 .....   |        |   |   | 0. |

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5. Includes sections for Exempt and Nonexempt Controlled Organizations and a Totals row.

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

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

Table with 7 rows: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to income entered on line 5, 7. Excess exempt expenses.

**Part IX Advertising Income**

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

A   
B   
C   
D

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

|  | A | B | C | D  |
|--|---|---|---|----|
| 2 Gross advertising income .....   |   |   |   |    |
| Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |   |   |   | 0. |

a

|  |  |  |  |    |
|--|--|--|--|----|
| 3 Direct advertising costs by periodical .....                                 |  |  |  |    |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... |  |  |  | 0. |

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 .....

|  |  |  |  |    |
|--|--|--|--|----|
| 5 Readership costs .....   |  |  |  |    |
| 6 Circulation income .....   |  |  |  |    |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- .....  |  |  |  |    |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 ..... |  |  |  |    |
| a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 .....            |  |  |  | 0. |

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

| 1. Name   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1)   |          | %   |  |
| (2)   |          | %   |  |
| (3)   |          | %   |  |
| (4)   |          | %   |  |
| <b>Total.</b> Enter here and on Part II, line 1 ..... |          |   | 0.   |

**Part XI Supplemental Information** (see instructions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 1

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 12/31/20                          | 14,575.        | 0.                      | 14,575.        | 14,575.             |
| 12/31/21                          | 11,986.        | 0.                      | 11,986.        | 11,986.             |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 26,561.        | 26,561.             |



# Alternative Minimum Tax-Corporations

**2023**

Attach to your tax return.

Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

|   |   |
|---|---|
| Name<br><b>PARK CITY COMMUNITY FOUNDATION</b> | Employer identification number<br><b>30-0171971</b> |
|---|---|

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)?  Yes  No  
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.)

If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

|   | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|---|--------------------------------|---------------------------------|--------------------------------|
| <b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see inst):   |                                |                                 |                                |
| <b>a</b> Consolidated net income or loss per the AFS of the corporation   | <b>1a</b>                      |                                 |                                |
| <b>b</b> Include AFS net income or loss of other includible entities (add net income and subtract net loss)   | <b>1b</b>                      |                                 |                                |
| <b>c</b> Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)   | <b>1c</b>                      |                                 |                                |
| <b>d</b> Adjustment for certain consolidating entries (see instructions)  | <b>1d</b>                      |                                 |                                |
| <b>e</b> Specified additional net income or loss item B. Reserved for future use  | <b>1e</b>                      |                                 |                                |
| <b>f</b> AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d   | <b>1f</b>                      |                                 |                                |
| <b>2</b> Adjustments:   |                                |                                 |                                |
| <b>a</b> Financial statements covering different tax years  | <b>2a</b>                      |                                 |                                |
| <b>b</b> Corporations that are not included on the taxpayer's consolidated return (see instructions)  | <b>2b</b>                      |                                 |                                |
| <b>c</b> Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG) | <b>2c</b>                      |                                 |                                |
| <b>d</b> Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)  | <b>2d</b>                      |                                 |                                |
| <b>e</b> Certain taxes (see instructions)   | <b>2e</b>                      |                                 |                                |
| <b>f</b> Patronage dividends and per-unit retain allocations (cooperatives only)  | <b>2f</b>                      |                                 |                                |
| <b>g</b> Alaska native corporations   | <b>2g</b>                      |                                 |                                |
| <b>h</b> Certain credits (see instructions)   | <b>2h</b>                      |                                 |                                |
| <b>i</b> Mortgage servicing income  | <b>2i</b>                      |                                 |                                |
| <b>j</b> Tax-exempt entities (organizations subject to tax under section 511)   | <b>2j</b>                      |                                 |                                |
| <b>k</b> Depreciation   | <b>2k</b>                      |                                 |                                |
| <b>l</b> Qualified wireless spectrum  | <b>2l</b>                      |                                 |                                |
| <b>m</b> Covered transactions   | <b>2m</b>                      |                                 |                                |
| <b>n</b> Adjustments related to bankruptcy and insolvency   | <b>2n</b>                      |                                 |                                |
| <b>o</b> Certain insurance company adjustments  | <b>2o</b>                      |                                 |                                |
| <b>p</b> Adjustment P - Reserved for future use   | <b>2p</b>                      |                                 |                                |
| <b>q</b> Adjustment Q - Reserved for future use   | <b>2q</b>                      |                                 |                                |
| <b>r</b> Adjustment R - Reserved for future use   | <b>2r</b>                      |                                 |                                |
| <b>s</b> Adjustment S - Reserved for future use   | <b>2s</b>                      |                                 |                                |
| <b>z</b> Other (see instructions)   | <b>2z</b>                      |                                 |                                |
| <b>3</b> Specified adjustment. Reserved for future use  | <b>3</b>                       |                                 |                                |
| <b>4</b> Total adjustments. Combine lines 2a through 2z   | <b>4</b>                       |                                 |                                |
| <b>5</b> AFSI. Combine lines 1f and 4   | <b>5</b>                       |                                 |                                |
| <b>6</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5  |                                |                                 | <b>6</b>                       |
| <b>7</b> 3-year average annual AFSI (see instructions)  |                                |                                 | <b>7</b>                       |

**Part I** **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?  
 **Yes.** Continue to line 9.  
 **No.** STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?  
 **Yes.** Continue to line 10.  
 **No.** Continue to Part II.

|   | (a)<br>First Preceding<br>Year Ended | (b)<br>Second Preceding<br>Year Ended | (c)<br>Third Preceding<br>Year Ended |           |
|---|--------------------------------------|---------------------------------------|--------------------------------------|-----------|
| <b>10</b> AFSI for purposes of the \$100 million test before adjustments:   |                                      |                                       |                                      |           |
| <b>a</b> AFSI from line 5 .....   | <b>10a</b>                           |                                       |                                      |           |
| <b>b</b> Aggregation differences (see instructions) .....   | <b>10b</b>                           |                                       |                                      |           |
| <b>c</b> Total AFSI for purposes of the \$100 million test before adjustments.<br>Combine lines 10a and 10b .....       | <b>10c</b>                           |                                       |                                      |           |
| <b>11</b> Adjustments:  |                                      |                                       |                                      |           |
| <b>a</b> Income not effectively connected to a U.S. trade or business .....   | <b>11a</b>                           |                                       |                                      |           |
| <b>b</b> Pro-rata share of CFC net income described in section 56A(c)(3)<br>(attach worksheet) (see instructions) ..... | <b>11b</b>                           |                                       |                                      |           |
| <b>c</b> Reserved for future use - Other adjustments 1 .....  | <b>11c</b>                           |                                       |                                      |           |
| <b>d</b> Reserved for future use - Other adjustments 2 .....  | <b>11d</b>                           |                                       |                                      |           |
| <b>12</b> Total adjustments. Combine lines 11a and 11b .....  | <b>12</b>                            |                                       |                                      |           |
| <b>13</b> Total AFSI for purposes of the \$100 million test. Combine lines<br>10c and 12 .....                          | <b>13</b>                            |                                       |                                      |           |
| <b>14</b> AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 .....      |                                      |                                       |                                      | <b>14</b> |
| <b>15</b> 3-year average annual AFSI for purposes of the \$100 million test .....                                       |                                      |                                       |                                      | <b>15</b> |

- 16** Is line 15 \$100 million or more?  
 **Yes.** Continue to Part II.  
 **No.** STOP here. Attach to your tax return.

**Part II Corporate Alternative Minimum Tax**

|   |  |                   |
|---|--|-------------------|
| <b>1</b> Net income or loss per applicable financial statement(s) (AFS) (see instructions): |  |                   |
| <b>a</b>  | Consolidated net income or loss per the AFS of the corporation .....   | <b>1a</b> -1,000. |
| <b>b</b>  | Include AFS net income or loss of other includible entities (add net income and subtract net loss) .....   | <b>1b</b>         |
| <b>c</b>  | Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) .....   | <b>1c</b>         |
| <b>d</b>  | Adjustment for certain consolidating entries (see instructions) .....  | <b>1d</b>         |
| <b>e</b>  | Specified additional net income or loss item D. Reserved for future use .....  | <b>1e</b>         |
| <b>f</b>  | AFS net income or loss before adjustments. Combine lines 1a through 1d .....   | <b>1f</b> -1,000. |
| <b>2</b> Adjustments:   |  |                   |
| <b>a</b>  | Financial statements covering different tax years .....  | <b>2a</b>         |
| <b>b</b>  | Reserved for future use - Adjustment 2b .....  | <b>2b</b>         |
| <b>c</b>  | Corporations that are not included on the taxpayers - consolidated return (see instructions) .....   | <b>2c</b>         |
| <b>d</b>  | The corporation's distributive share of adjusted financial statement income of partnerships .....  | <b>2d</b>         |
| <b>e</b>  | Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions) .....                                  | <b>2e</b>         |
| <b>f</b>  | Amounts that are not effectively connected to a U.S. trade or business .....   | <b>2f</b>         |
| <b>g</b>  | Certain taxes. Enter the amount from Part III, line 7 .....  | <b>2g</b>         |
| <b>h</b>  | Patronage dividends and per-unit retain allocations (cooperatives only) .....  | <b>2h</b>         |
| <b>i</b>  | Alaska native corporations .....   | <b>2i</b>         |
| <b>j</b>  | Certain credits (see instructions) .....   | <b>2j</b>         |
| <b>k</b>  | Mortgage servicing income .....  | <b>2k</b>         |
| <b>l</b>  | Covered benefit plans described in section 56A(c)(11)(B) .....   | <b>2l</b>         |
| <b>m</b>  | Tax-exempt entities (organizations subject to tax under section 511) .....   | <b>2m</b>         |
| <b>n</b>  | Depreciation .....   | <b>2n</b>         |
| <b>o</b>  | Qualified wireless spectrum .....  | <b>2o</b>         |
| <b>p</b>  | Covered transactions .....   | <b>2p</b>         |
| <b>q</b>  | Adjustments related to bankruptcy and insolvency .....   | <b>2q</b>         |
| <b>r</b>  | Certain insurance company adjustments .....  | <b>2r</b>         |
| <b>s</b>  | AFSI adjustment S - Reserved for future use .....  | <b>2s</b>         |
| <b>t</b>  | AFSI adjustment T - Reserved for future use .....  | <b>2t</b>         |
| <b>u</b>  | AFSI adjustment U - Reserved for future use .....  | <b>2u</b>         |
| <b>z</b>  | Other (see instructions) .....   | <b>2z</b>         |
| <b>3</b>  | Total adjustments. Combine lines 2a through 2z .....   | <b>3</b>          |
| <b>4</b>  | AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 .....   | <b>4</b> -1,000.  |
| <b>5</b>  | Financial statement net operating loss (FSNOL) (see instructions) .....  | <b>5</b>          |
| <b>6</b>  | AFSI. Subtract line 5 from line 4. If zero or less, enter -0- .....  | <b>6</b>          |
| <b>7</b>  | Multiply line 6 by 15% (0.15) .....  | <b>7</b>          |
| <b>8</b>  | Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) .....   | <b>8</b>          |
| <b>9</b>  | Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- .....   | <b>9</b>          |
| <b>10</b>   | Regular tax liability (see instructions) .....   | <b>10</b>         |
| <b>11</b>   | Base erosion minimum tax (see instructions) .....  | <b>11</b>         |
| <b>12</b>   | Combine lines 10 and 11 .....  | <b>12</b>         |
| <b>13</b>   | Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return ..... | <b>13</b>         |

**Part III Adjustment for Certain Taxes Under Section 56A(c)(5)**

|           |   |           |
|-----------|---|-----------|
| <b>1</b>  | Current income tax provision - Foreign .....                                | <b>1</b>  |
| <b>2</b>  | Current income tax provision - Federal .....                                | <b>2</b>  |
| <b>3</b>  | Deferred income tax provision - Foreign .....                               | <b>3</b>  |
| <b>4</b>  | Deferred income tax provision - Federal .....                               | <b>4</b>  |
| <b>5</b>  | Income taxes included in equity method investment income .....              | <b>5</b>  |
| <b>6a</b> | Adjustment A - Reserved for future use .....                                | <b>6a</b> |
| <b>b</b>  | Adjustment B - Reserved for future use .....                                | <b>6b</b> |
| <b>c</b>  | Adjustment C - Reserved for future use .....                                | <b>6c</b> |
| <b>d</b>  | Adjustment D - Reserved for future use .....                                | <b>6d</b> |
| <b>e</b>  | Adjustment E - Reserved for future use .....                                | <b>6e</b> |
| <b>f</b>  | Adjustment F - Reserved for future use .....                                | <b>6f</b> |
| <b>g</b>  | Adjustment G - Reserved for future use .....                                | <b>6g</b> |
| <b>h</b>  | Adjustment H - Reserved for future use .....                                | <b>6h</b> |
| <b>z</b>  | Income taxes in other places .....  | <b>6z</b> |
| <b>7</b>  | Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g ..... | <b>7</b>  |

**Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit**

**Section I - AMT Foreign Tax Credit**

|          |   |           |     |           |
|----------|---|-----------|-----|-----------|
| <b>1</b> | Domestic corporation AMT foreign income taxes:  |           |     |           |
| <b>a</b> | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) .....         | <b>1a</b> |     |           |
| <b>b</b> | Adjustment .....  | <b>1b</b> |     |           |
| <b>c</b> | Adjustment .....  | <b>1c</b> |     |           |
| <b>d</b> | Adjustment .....  | <b>1d</b> |     |           |
| <b>e</b> | Adjustment .....  | <b>1e</b> |     |           |
| <b>f</b> | Adjustment .....  | <b>1f</b> |     |           |
| <b>g</b> | Adjustment .....  | <b>1g</b> |     |           |
| <b>2</b> | Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g .....                      |           |     | <b>2</b>  |
| <b>3</b> | Allowable controlled foreign corporation (CFC) AMT foreign income taxes:                                    |           |     |           |
| <b>a</b> | Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n) .....          | <b>3a</b> |     |           |
| <b>b</b> | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) .....                   | <b>3b</b> |     |           |
| <b>c</b> | Total CFC AMT foreign income taxes. Add lines 3a and 3b .....   |           |     | <b>3c</b> |
| <b>d</b> | Percentage specified in section 55(b)(2)(A)(i) .....  | <b>3d</b> | 15% |           |
| <b>e</b> | Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions) ..... | <b>3e</b> |     |           |
| <b>f</b> | CFC AMT foreign tax credit limitation (multiply line 3d by line 3e) .....                                   |           |     | <b>3f</b> |
| <b>g</b> | Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f) .....                                 |           |     | <b>3g</b> |
| <b>4</b> | CAMT FTC Line 4 - Reserved for future use .....   |           |     | <b>4</b>  |
| <b>5</b> | CAMT FTC Line 5 - Reserved for future use .....   |           |     | <b>5</b>  |
| <b>6</b> | Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8 .....          |           |     | <b>6</b>  |