3276 11/14/2023 10:43 AM 990

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	e 2022 calendar year, or tax year beginning , and ending			
В	Check if ap	pplicable: C Name of organization		D Employe	r identification number
	Address d	tange Utah Nonprofits Association			
二	Name cha	Doing business as		87-0	481455
Ħ		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	
$\mathbf{\Box}$	Initial return			QUT-	596-1800
	Final return terminated				
П	Amended	Salt Lake City UT 84165		G Gross red	eipts \$ 506,177
H		r Name and address of principal officer.	H(a) Isthisagro	oup return for s	ubordinates? Yes X No
Ш	Application	o diff beinett		•	H., H.,
		PO Box 65782	H(b) Are all sub		
		Salt Lake City UT 84165	If "No,"	' attach a list.	See instructions
1_	Tax-exem				
J	Website:	www.utahnonprofits.org	H(c) Group exer	mption numbe	r
K	Form of o	organization: X Corporation Trust Association Other	L Year of formation: 1	990	M State of legal domicile: UT
P	Part I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities:			
a		To unify, strengthen and elevate Utah's nonprofit com			
ű					
Governance					
ove	2 0	Check this box if the organization discontinued its operations or disposed of more than 25	% of its net assets		
	3 1	Number of voting members of the governing body (Part VI, line 1a)		2	15
•ŏ თ					15
Activities		Number of independent voting members of the governing body (Part VI, line 1b)			7
Ę		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			42
ĕ		Total number of volunteers (estimate if necessary)			
		Total unrelated business revenue from Part VIII, column (C), line 12			0
	b v	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Yea		Current Year
		Contributions and grants (Part VIII line 1b)		5,715	294,131
ne	0 0	Contributions and grants (Part VIII, line 1h)	6,274	205,552	
Revenue	9 5	Program service revenue (Part VIII, line 2g)		3,276	6,494
Re	10 11	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		3,270	0,454
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,265	506,177
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,203	300,±//
	13 0	Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	1	Benefits paid to or for members (Part IX, column (A), line 4)		2 120	
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. ∠6.	3,138	325,543
Expense	16a F	Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) 22,659			0
ă					
ш	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,508	100,168
	18 T	Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		5,646	425,711
		Revenue less expenses. Subtract line 18 from line 12		9,619	80,466
Net Assets or	<u> </u>		Beginning of Cui		End of Year
SSel	g 20 T	Total assets (Part X, line 16)		0,258	725,236
₹ E	21 ⊺	Total liabilities (Part X, line 26)		9,786	121,637
		Net assets or fund balances. Subtract line 21 from line 20	. 540	0,472	603,599
P	Part II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state			wledge and belief, it is
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	rer has any knowledge). 	
Siç	gn	Signature of officer		Date	
He	re	Jill Bennett CEO, Ex	Officio		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN
Pai	d	Shalaun T. Howell, CPA Shalaun T. Howell, CPA	11/14	/23 self-em	ployed P00969274
Pre	parer	Firm's name BOUNTIFUL PEAK ADVISORS	·	irm's EIN	46-0952065
	e Only	1564 SOUTH 500 WEST, SUITE 201		milio EllN	
	•	DOINMITHIT IM 94010 7400		hone no.	801-294-3155
May	v the IR	S discuss this return with the preparer shown above? See instructions			X Yes No
		ork Reduction Act Notice see the senarate instructions			A res NO

	gram Service Accomplishmen O contains a response or note	ots any line in this Part III	X
1 Briefly describe the organization's			
To unify, strength	nen and elevate Utah	n's nonprofit commun	ity.
2 Did the organization undertake an	y significant program services during the	vear which were not listed on the	
			Yes X No
If "Yes," describe these new servi	ces on Schedule O.		
·	cting, or make significant changes in hov	v it conducts, any program	
		, , , , , , , , , , , , , , , , , , , ,	Yes X No
If "Yes," describe these changes of			
4 Describe the organization's progra	am service accomplishments for each of	its three largest program services, as me	asured by
expenses. Section 501(c)(3) and	501(c)(4) organizations are required to re	port the amount of grants and allocations	to others,
the total expenses, and revenue,	if any, for each program service reported	l.	
			110.550
4a (Code:) (Expenses \$	118,436 including gr	rants of \$)	(Revenue \$ 140,658
Member Services			
		lvocate, voice, and	
		work sustains and fo	
		lesignation, cause, l	
		ion in 1990, UNA ha	
		n capacity-building	
		resources, support,	and community.
Continued on Scheo	iule O.		
Alb. (Carlas) (Essancia)	1/1 727 :	on to at a	(Revenue \$ 38,474
4b (Code:) (Expenses \$ Credential Program	n LTL, /Z/ including gi	rants of \$)	(Revenue \$ 30,474
·		1 Courses across 18	days of training
		ed consultation. Sub	
		participants to del	
		diversity, equity,	
		the course of the	
		Credential, with 4	
attending two or n	more Credential cour	ses, and 27 organiza	ations earned a
Credential Badge.			
4c (Code:) (Expenses \$	50,008 including gr	rants of \$)	(Revenue \$ 26,420
Annual Conference			
The September 27-2	29 event reached or	exceeded its object	ives by welcoming
		with three keynotes	
exhibitor hall, an	nd engagement opport	unities, all provid	ed virtually.
Attendees started	93 discussions, pos	ted 1,279 messages,	scheduled 21
meetups, sent 1,86	59 messages, and sub	mitted 188 questions	s on the conference
app. The conference	e also generated 57	3 leads for sponsor	s and exhibitors.
	espondents said the	conference exceeded	or met their
expectations.			
·			
Ad Other process (2)	an Cabadula C \		
4d Other program services (Describe		\	,
(Expenses \$ 33 4e Total program service expenses	,635 including grants of \$ 343,806) (Revenue \$)
is rotal program service expenses	343,000		

	to the organization described in cogion E01(a)(2) or 4047(a)(1) (other than a private foundation) 2 if "Vec."		Yes	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		X	
- 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		2
ļ	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		2
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<u> </u>
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		L
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		L
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		L
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		L
	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		L
	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		L
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		H
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	╀
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		L
	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		ļ
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		╀
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	441		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		H
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		H
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the experience report more than \$15,000 total of fundaming event gross income and contributions on	17		H
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		H
		ı		
		40		
	If "Yes," complete Schedule G, Part III			_
	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_
1	If "Yes," complete Schedule G, Part III	20a		

	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		x
28	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27		22
20	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1.		
	reportable gaming (gambling) winnings to prize winners?	1 1c	I	I

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continue	ed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
3a	Did : : : :			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author					
	a financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)	?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	unts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o	r				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	S				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		·····	7c		X
d	· · · · · · · · · · · · · · · · · · ·	7d				3.5
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			I		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 86			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, are of the cars, and the cars of cars, are of cars, and the cars of cars, and the cars of cars, are of cars, and the cars of cars, and the cars of cars, and the cars of cars, are of cars, and the cars of cars, and the ca		Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Bid the acceptance of the second section and the second section distributions and the section 40000			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?					
10	Section 501(c)(7) organizations. Enter:					
а		10a				
b		10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	′ · · · · · · · · · · · · · · · · ·	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	41? .	r · · · · · · · · · · · · · · · · · · ·	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	1			
	the organization is licensed to issue qualified health plans			_		
C 140		13c		44-		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?					X
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration excess parachute payment(s) during the year?			15		x
				15		A
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me?		16		х
	If "Yes," complete Form 4720, Schedule O.	. (10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI					
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15	_		
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?			6	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?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be	y the fo	ollowing:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	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			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	<u>evenue Co</u>	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e form?		11a	X	
b	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			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflic	ts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		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?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed UT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization for 6104 requires and 6104 require	on 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X 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					

Bountiful Peak Advisors
Bountiful

1564 S 500 W Ste 201

UT 84010 801-294-3155

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List 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.

 <u>See</u> the instructions for the order in which to list the persons above.

Ш	Chec	k this	box i	f neither	the	organization	nor any	related	organization	compensated	any	current	officer,	director,	or trustee.	
---	------	--------	-------	-----------	-----	--------------	---------	---------	--------------	-------------	-----	---------	----------	-----------	-------------	--

(A) Name and title (1) Jill Bennett	(B) Average hours per week (list any hours for related organizations below dotted line)	box	x, unle	ess pe	ition more rson is directo	than ones both an r/trustee; Highest compensated	n e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
Name and title	Average hours per week (list any hours for related organizations below	or directo	x, unle	check ess per nd a c	more rson is directo	s both ar	n e)	Reportable compensation	Reportable compensation	Estimated amount of other
Name and title	Average hours per week (list any hours for related organizations below	or directo	x, unle	ess pe nd a c	rson is directo	s both ar	n e)	Reportable compensation	Reportable compensation	Estimated amount of other
	hours per week (list any hours for related organizations below	or directo	icer a	nd a c	directo	r/trustee)	:)	compensation	compensation	of other
(1) Jill Bennett	(list any hours for related organizations below	Individual or directo							from related	componenties
(1) Jill Bennett	hours for related organizations below	Individual trustee or director	Institutional tr	Officer	Key en	황동	ᄁ			compensation
(1) Jill Bennett	related organizations below	ividual trustee director	litutional tr	cer	/ en	ו כסו	ĭ i	organization (W-2/	organizations (W-2/	from the
(1) Jill Bennett	organizations below	ual trustee ctor	ional tr			I\$ ⊈	me	1099-MISC/	1099-MISC/	organization and
(1) Jill Bennett	below	trustee	"		plo	[8 g	٦	1099-NEC)	1099-NEC)	related organizations
(1) Jill Bennett		stee			уе	ਫ਼				
(1) Jill Bennett	401.04		l ist		w	%				
(1) Jill Bennett			Эe			<u>aa</u>				
, ,										
	50.00									
CEO, Ex Officio	0.00			х				67,418	0	5,387
(2) Katherine Rubalc				Λ				0/,410	U	5,367
(2) Racherine Rubaic	40.00									
CEO, Ex Officio	0.00			x				36,249	0	2,616
(3) Liz Dana	0.00			21				30/243		2,010
(3) 222 2414	4.00									
Chair	0.00	x		х				0	0	0
(4) Paul Burnett	0.00	1								
(4) - 442 - 24211233	2.00									
Vice Chair	0.00	x		x				0	0	0
(5) Ruby Chou	0.00					\vdash				
(6) 114127 21124	2.00									
Secretary	0.00	x		х				0	0	0
(6) Kyle Robbins		<u> </u>								
(0)2	2.00									
	0.00	ا ب		х				0	0	0
Treasurer	0.00	Х				\vdash		U	U	U
(7) Peggy Green	2 00									
Dort Chair	2.00 0.00	$ \mathbf{x} $		х				0	0	0
Past Chair	0.00					\vdash		U	U	U
(8) James Brown	1.00									
		۱								•
Board Member	0.00	Х						0	0	0
(9) Natalie El-Deiry	1 00									
	1.00									
Board Member	0.00	X				$oxed{oxed}$		0	0	0
(10) Encarni Gallardo										
	1.00							_	_	_
Board Member	0.00	X				\sqcup		0	0	0
(11) Princess Gutierr										
	1.00	_								•
Board Member	0.00	X	I		1	ı l	- 1	0	0	0

Part VII	Section A. Officers	, Directors, Tru	stees	s, Ke	ey E	mplo	yees	s, an	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week	of	ox, unl	Pos check ess pe and a	rson i	than o s both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) imated a of othe	er	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from th ganization ed organ	ie n and	:
(12) C	Charese Jamis	on 1.00												
Board M		0.00	x						0	0				0
	Eric Marx	2.00	x						0	0				0
Board M	iz Owens	0.00	^						0	0				
Board M		1.00	x						0	0				0
(15) J	Tulianna Pott													
		1.00	3,5											^
Board M	ember Patrick Risk	0.00	X						0	0				0
Board M		1.00	x						0	0				0
	Ed Roberson		† 											
Board M	 Member	1.00	x						0	o				0
(18) I	uke Depperma													
Board M	Member	1.00	x						0	o				0
	Shawn Newell	1.00												
Board M		0.00	X						0	0				0
1b Subto	otal from continuation shee								103,667				8,0	JU3
	(add lines 1b and 1c)	-							103,667				8,0	003
2 Total	number of individuals (incable compensation from t	luding but not lin	nited	to th	nose	listed	d abo	ve)	who received more than \$1	00,000 of			Vac	Na
3 Did th	e organization list anv for	mer officer. dire	ctor.	trust	ee. k	ev e	olame	vee.	, or highest compensated		ſ		Yes	No
emplo	yee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	such	indiv	idual					3		X
organi	ization and related organi	izations greater t	han	\$150	,000	? If '	'Yes,'	" con	and other compensation from mplete Schedule J for such			4		x
5 Did ar	ny person listed on line 1a	a receive or accr	ue c	ompe	ensat	ion f	rom	any	unrelated organization or in-					
	rvices rendered to the org		es," c	omp	lete 3	Sche	dule	J fo	r such person			5		X
1 Comp	lete this table for your five	e highest compe							ctors that received more that year ending with or within t					
		(A) I business address	прсп	Jano	11 101	tilo	ouloi	laai		(B) tion of services		Con	(C) npensatio	on.
	1000	. 500. 1000 000.000							2000.p	33			, po. 1001	<u> </u>
	number of independent co							ose	listed above) who					
receiv	ed more than \$100.000 c	of compensation	from	the	orga	nizat	ion			0				

Form 990 (202	2) Utan	NOUPLOTICS	ASSOCIACIO
Part VIII	Statemer	nt of Revenue	

		Check if	Sche	edule O conta	ains a	respor	nse or note t	to any line in this	Part VIII		
						•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	12	Federated camp	ainne		1a						
ant	ıa h	Membership due			1b						
g E	D	Fundraising ever	oto		1c						
fts, r A	ا	Related organiza	4:		1d						
nig G	u						87,667				
ns, Sin	e f	Government grants (or All other contributions,			1e		87,007				
utio Ner	•	and similar amounts no			1f		206,464				
gig	g	Noncash contributions				Φ.					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f			1g			204 121			
a C	<u>n</u>	Total. Add lines	1a-1f	<u> </u>		<u> </u>		294,131			
	_		_				Business Code	127 244	120 244		
jõe	2a	Membership					561000	137,344	137,344		
Program Service Revenue	b	Conferences					611430	64,894	64,894		
m Ven	С	Member ser	vices	.			561499	3,314	3,314		
ga	d										
Pro											
	f	All other progran									
	g							205,552	Т		
	3	Investment incon		-							
		other similar ame	ounts)					6,494			6,494
	4	Income from inve	estmer	nt of tax-exempt	bond p	roceeds					
	5	Royalties									
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6с								
	_d	Net rental incom-	e or (lo	oss)		<u> </u>					
	/a	Gross amount from sales of assets		(i) Securities	;	(ii) Other				
		other than inventory	7a								
ne	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
Re	С	Gain or (loss)	7с								
er	d	Net gain or (loss)		<u> </u>						
Other	8a	Gross income from	n fundra	ising events							
		(not including \$									
		of contributions rep	orted o	n line							
		1c). See Part IV, lin	ne 18		8a						
	b	Less: direct expe	enses		8b						
	С	Net income or (le			vents .						
	9a	Gross income from		_							
		activities. See Pa	art IV, I	line 19	9a						
	b	Less: direct expe			9b						
		Net income or (le			ities						
		Gross sales of ir									
		returns and allow		•	10a						
	b	Less: cost of goo			10b						
		Net income or (lo									
			,				Business Code				
Miscellaneous Revenue	11a										
ne	b	*									
ella											
lisc Re	d	All other revenue									
2		Total. Add lines									
		Total revenue.						506,177	205,552	0	6,494

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-	e column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Db, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		олроносо	gonoral expenses	слропосс
-	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	116,929	87,388	15,783	13,758
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	176,237	149,331	20,650	6,256
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,719	3,211	425	83
9	Other employee benefits	7,881	6,682	927	272
10	Payroll taxes	20,777	16,812	2,576	1,389
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	10,835		10,835	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,	00 101	20.000	4.0	2.5
	(A) amount, list line 11g expenses on Schedule O.)	29,131	29,082	13	36
12	· · · · · · · · · · · · · · · · · · ·	1,499	1,377	103	19
13	Office expenses	21,937	19,969	1,347	621
14	Information technology	5,976	4,876	1,030	70
15	Royalties				
16	Occupancy	1 502	400	1 016	1 4 4
17	Travel	1,583	423	1,016	144
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22 206	22 206		
19	Conferences, conventions, and meetings	23,296	23,296		
20	Interest				
21	Payments to affiliates	4,166		4,166	
22	Depreciation, depletion, and amortization	770	644	117	9
23 24	Insurance Other expenses. Itemize expenses not covered	770	011		
24	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.)				
а	Other	975	715	258	2
b		3,3	7 2 3	250	
C	· ·····				
d	· ·····				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	425,711	343,806	59,246	22,659
26	Joint costs. Complete this line only if the	,	2 - 2 , 3 3 3		,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part	X Balance Sheet Check if Schedule O contains a response or note to	any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing		245,256	1	163,506
2			230,201	2	335,857
3				3	
4	Accounts receivable, net		794	4	3,720
5	Loans and other receivables from any current or former or				
	trustee, key employee, creator or founder, substantial con-	tributor, or 35%			
	controlled entity or family member of any of these persons	:		5	
6					
တ္က	under section 4958(f)(1)), and persons described in section	on 4958(c)(3)(B)		6	
Assets 2 2				7	
8 🏲	Inventories for sale or use			8	
9			945	9	1,597
10	a Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b	4,166	10c	
11			94,961	11	121,268
12				12	
13				13	
14				14	
15			113,935	15	99,288
16			690,258	16	725,236
17	Accounts payable and accrued expenses		89,214	17	36 , 676
18				18	
19			60,572	19	84,961
20				20	
21	Escrow or custodial account liability. Complete Part IV of S	Schedule D		21	
ທ 22					
Liabilities	trustee, key employee, creator or founder, substantial con-	tributor, or 35%			
<u>ap</u>	controlled entity or family member of any of these persons			22	
⊐ 23	Secured mortgages and notes payable to unrelated third p	parties		23	
24		ties		24	
25					
	parties, and other liabilities not included on lines 17-24). C	omplete Part X			
	of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		149,786	26	121,637
	Organizations that follow FASB ASC 958, check here	X			
Ses	and complete lines 27, 28, 32, and 33.				
8 27 28 28	Net assets without donor restrictions		505,972	27	603,599
g 28	Net assets with donor restrictions		34,500	28	
Fund	Organizations that do not follow FASB ASC 958, chec	ck here			
년	and complete lines 29 through 33.				
င္က 29				29	
ਲੂੱ 30				30	
¥ 31	Retained earnings, endowment, accumulated income, or or	other funds		31	
Net Assets or 30 31 32	Total net assets or fund balances		540,472	32	603,599
33	Total liabilities and net assets/fund balances		690,258	33	725,236

Form **990** (2022)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12))6,2	
2	Total expenses (must equal Part IX, column (A), line 25)			25 ,	
3	Revenue less expenses. Subtract line 2 from line 1			30,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			10,4	
5	Net unrealized gains (losses) on investments		-:	L7,3	<u> 339</u>
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)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) 10)	60	03,5	<u> 599</u>
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>	Ш
		_		Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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:				
	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	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?		3a		Х
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		3b		

Form **990** (2022)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Utah Nonprofits Association

Employer identification number 87-0481455

Pa	rt I	Reas	on for Public Charity	Status. (All organizations	must co	omplete	this part.) See instruction	าร.
The o	orgai	nization is not a	a private foundation because	it is: (For lines 1 through 12, che	ck only or	ne 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 res	search organization operated	in conjunction with a hospital de	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	pital's name,
		city, and state	e:					
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in	
	_	section 170	(b)(1)(A)(iv). (Complete Part	II.)				
6	Ш	A federal, sta	te, or local government or go	vernmental unit described in sec	ction 170	(b)(1)(A)(v	/).	
7	Ш	-	on that normally receives a su section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from implete Part II.)	a govern	mental un	it or from the general public	
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part II	.)			
9		or university of	~	ribed in section 170(b)(1)(A)(ix) agriculture (see instructions). En	•	-	-	
40	☞	university:						
10	X	•	•	more than 33 1/3% of its suppor t functions, subject to certain exc				
		•	·	I unrelated business taxable inco	•	. ,		
		acquired by the	ne organization after June 30	1975. See section 509(a)(2). (Complete	Part III.)	,	
11		An organization	on organized and operated ex	cclusively to test for public safety	. See sec	tion 509	(a)(4).	
12		An organization	on organized and operated ex	clusively for the benefit of, to per	rform the	functions	of, or to carry out the purposes	of
				ns described in section 509(a)(•			Check
			•	cribes the type of supporting orga			•	
	а			rated, supervised, or controlled b		-	.,	
			• ., .	er to regularly appoint or elect a manufact in mplete Part IV, Sections A and		trie direc	iors or trustees or the	
	b	_ ``	•	ervised or controlled in connection		supporte	d organization(s), by having	
	-			ng organization vested in the sar				
			ion(s). You must complete	• •	·			
	С			upporting organization operated iructions). You must complete P				
	d	Type III	non-functionally integrated	. A supporting organization opera	ated in co	nnection v	with its supported organization(s)
			• •	organization generally must satis ust complete Part IV, Sections	-		•	
	е			ved a written determination from -functionally integrated supporting			Type I, Type II, Type III	
	f	Enter the nun	nber of supported organizatio	ns				
	g	Provide the fo	ollowing information about the	supported organization(s).				
(i)	Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see	other support (see
				above (see instructions))	Yes	No	instructions)	instructions)
(A)					1.00	1.0		
(B)								
(C)								
(D)								
(E)								
Total								

Page 2

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.)

Sec	tion A. Public Support				•	·		
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
5	Total. Add lines 1 through 3 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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets							
11	(Explain in Part VI.)							
11 12		ooo inatruationa)					12	
12	Gross receipts from related activities, etc. (12	
13	First 5 years. If the Form 990 is for the orgonization, check this box and stop here			•	, , , ,			
Sec	tion C. Computation of Public Su		 tane					
14	Public support percentage for 2022 (line 6,			(f\)			14	%
15	Public support percentage from 2021 Sched		4.4				15	
16a	33 1/3% support test—2022. If the organiz				1/3% or more, che		_ 13	70
·ou	box and stop here. The organization qualifi							
b	33 1/3% support test—2021. If the organization				is 33 1/3% or more			Ц
~	this box and stop here. The organization q							
17a	10%-facts-and-circumstances test—202		-					Ш
	10% or more, and if the organization meets	-						
	Part VI how the organization meets the fact				-			
	organization		_					
b	10%-facts-and-circumstances test—202							Ш
	15 is 10% or more, and if the organization	=						
	in Part VI how the organization meets the f							
18	organization Private foundation. If the organization did							
	instructions							

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.)

on A. Public Support						
ar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and membership fees	, ,	, ,	,,			
eceived. (Do not include any "unusual grants.")	203,430	184,325	265,084	225,715	294,131	1,172,685
Gross receipts from admissions, merchandise sold or services performed, or facilities umished in any activity that is related to the organization's tax-exempt purpose	215,947	226,165	187,435	186,274	205,552	1,021,373
Gross receipts from activities that are not an unrelated trade or business under section 513						
Fax revenues levied for the organization's benefit and either paid or expended on its behalf						
The value of services or facilities urnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 5	419,377	410,490	452,519	411,989	499,683	2,194,058
Amounts included on lines 1, 2, and 3 eceived from disqualified persons	112,500	161,000	232,500	97,000	106,801	709,801
Amounts included on lines 2 and 3 eceived from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Add lines 7a and 7b	112,500	161,000	232,500	97,000	106,801	709,801
Public support. (Subtract line 7c from ine 6.)						1,484,257
on B. Total Support						
ar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Amounts from line 6	419,377	410,490	452,519	411,989	499,683	2,194,058
Gross income from interest, dividends, payments received on securities loans, rents, oyalties, and income from similar sources	1,552	4,009	3,433	3,276	6,494	18,764
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b	1,552	4,009	3,433	3,276	6,494	18,764
Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.)						
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	420.929	414 .499	455.952	415.265	506 - 177	2.212.822
Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.)	420,929	414,499	455,952	415,265 section 501(c)(3)	506,177	2,212,822
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Total support. (Add lines 9, 10c, 11,	ganization's first, seco	ond, third, fourth, or	r fifth tax year as a	section 501(c)(3)	506,177	
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the org	ganization's first, seco	ond, third, fourth, or	r fifth tax year as a	section 501(c)(3)		
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop here con C. Computation of Public Su	panization's first, seconomic propert Percenta	ond, third, fourth, or	r fifth tax year as a	section 501(c)(3)		
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orgonomication, check this box and stop here con C. Computation of Public Support percentage for 2022 (line 8, Public support percentage from 2021 Scheoold Sch	panization's first, seconomic spport Percenta column (f), divided b dule A, Part III, line 1	ge y line 13, column (f	r fifth tax year as a	section 501(c)(3)	15	
Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orgogranization, check this box and stop here on C. Computation of Public Support percentage for 2022 (line 8, Public support percentage from 2021 Scheron D. Computation of Investme	pport Percenta column (f), divided b dule A, Part III, line 1	ge y line 13, column (f 5	r fifth tax year as a	section 501(c)(3)	15 16	67.08 %
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop here con C. Computation of Public Support percentage for 2022 (line 8, Public support percentage from 2021 Scheon D. Computation of Investmen on Public Support percentage from 2022 (line 8)	panization's first, second ipport Percental column (f), divided by dule A, Part III, line 1 int Income Percental	ge y line 13, column (formage) entage vided by line 13, co	r fifth tax year as a	section 501(c)(3)	15 16	67.08 % 76.09 %
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Support percentage for 2022 (line 8, Public support percentage from 2021 Scheon D. Computation of Investment income percentage from 2022 (lire nivestment income percentage from 2021 Scheon D. Computation of Investment percentage from 2021 (lirent processment income percentage from 2021 Scheon D. Computation of Investment percentage from 2021 (lirent processment income percentage from 2021 Scheon D. Computation of Investment percentage from 2021 (lirent processment income percentage from 2021 Scheon D. Computation of Investment percentage from 2021 Scheon D. Computation percentage from 2021 Scheon D. Computatio	panization's first, secondary propert Percental column (f), divided by dule A, Part III, line 1 nt Income Perce ne 10c, column (f), di Schedule A, Part III,	ge y line 13, column (f 5 entage vided by line 13, column 13, column 17	f fifth tax year as a	section 501(c)(3)	15 16 17 18	67.08 % 76.09 %
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Supublic support percentage for 2022 (line 8, Public support percentage from 2021 Scheen D. Computation of Investment income percentage from 2021 (line westment income percentage from 2021 33 1/3% support tests—2022. If the organization of the sale of the organization of the organizat	panization's first, secondary port Percental column (f), divided b dule A, Part III, line 1 nt Income Perc ne 10c, column (f), di Schedule A, Part III, nization did not check	ge y line 13, column (f 5 entage vided by line 13, column 17 c the box on line 14	r fifth tax year as a (f)) Dlumn (f)) , and line 15 is mor	section 501(c)(3)	15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	67.08 % 76.09 % 1 % 1 %
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the orgonoganization, check this box and stop here con C. Computation of Public Support percentage for 2022 (line 8, Public support percentage from 2021 Scheon D. Computation of Investment income percentage from 2021 (line 1) The provided HTML of the organization	pport Percenta column (f), divided b dule A, Part III, line 1 nt Income Perc ne 10c, column (f), di Schedule A, Part III, nization did not check and stop here. Th	ge y line 13, column (f entage vided by line 13, column 17 the box on line 14 e organization quali	olumn (f)) ., and line 15 is morifies as a publicly s	section 501(c)(3) e than 33 1/3%, ar upported organizati	15 16 17 18 and line on	67.08 % 76.09 % 1 % 1 %
Other income. Do not include gain or coss from the sale of capital assets Explain in Part VI.) Fotal support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the organization, check this box and stop here on C. Computation of Public Supublic support percentage for 2022 (line 8, Public support percentage from 2021 Scheen D. Computation of Investment income percentage from 2021 (line westment income percentage from 2021 33 1/3% support tests—2022. If the organization of the sale of the organization of the organizat	pport Percenta column (f), divided b dule A, Part III, line 1 nt Income Perc de 10c, column (f), di Schedule A, Part III, dization did not check a and stop here. The	ge y line 13, column (f 5 entage vided by line 13, column 17 x the box on line 14 e organization quality a box on line 14 organization quality and line 14 organization	r fifth tax year as a f)) Dlumn (f)) , and line 15 is mor ifies as a publicly s or line 19a, and line	section 501(c)(3) e than 33 1/3%, ar upported organizati 16 is more than 33	15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	67.08 % 76.09 % 1 % 1 %
	ceived. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise old or services performed, or facilities unished in any activity that is related to the reganization's tax-exempt purpose. Gross receipts from activities that are not an included trade or business under section 513 fax revenues levied for the reganization's benefit and either paid to or expended on its behalf the value of services or facilities unished by a governmental unit to the reganization without charge fortal. Add lines 1 through 5 faceived from disqualified persons for that exceed the greater of \$5,000 for 1% of the amount on line 13 for the year and 7b fublic support. (Subtract line 7c from the 6.) On B. Total Support forces income from interest, dividends, ayments received on securities loans, rents, by alties, and income from similar sources. Interlated business taxable income (less ection 511 taxes) from businesses cquired after June 30, 1975 did lines 10a and 10b let income from unrelated business dividies not included on line 10b, whether	its, grants, contributions, and membership fees beived. (Do not include any "unusual grants.") cross receipts from admissions, merchandise old or services performed, or facilities unished in any activity that is related to the rganization's tax-exempt purpose. cross receipts from activities that are not an included trade or business under section 513 ax revenues levied for the rganization's benefit and either paid or expended on its behalf the value of services or facilities unished by a governmental unit to the rganization without charge otal. Add lines 1 through 5 unounts included on lines 1, 2, and 3 acceived from disqualified persons unounts included on lines 2 and 3 acceived from other than disqualified ersons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year add lines 7a and 7b unblic support. (Subtract line 7c from the 6.) on B. Total Support ar year (or fiscal year beginning in) unounts from line 6 cross income from interest, dividends, ayments received on securities loans, rents, oyalties, and income from similar sources under line 30, 1975 and lines 10a and 10b 1,552 let income from unrelated business divities not included on line 10b, whether	itis, grants, contributions, and membership fees ceived. (Do not include any "unusual grants.") cross receipts from admissions, merchandise old or services performed, or facilities minished in any activity that is related to the reganization's tax-exempt purpose. cross receipts from activities that are not an included tracle or business under section 513 ax revenues levied for the reganization's benefit and either paid to or expended on its behalf the value of services or facilities unished by a governmental unit to the reganization without charge total. Add lines 1 through 5 arounds included on lines 1, 2, and 3 acceived from disqualified persons uncounts included on lines 2 and 3 acceived from other than disqualified ersons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year did lines 7a and 7b unblic support. (Subtract line 7c from the 6.) In B. Total Support aryear (or fiscal year beginning in) unounts from line 6 and income from interest, dividends, anyments received on securities loans, rents, syalties, and income from similar sources and related business taxable income (less ection 511 taxes) from businesses cquirred after June 30, 1975 and lines 10a and 10b and 10b and 10b, whether	its, grants, contributions, and membership fees ceived. (Do not include any "unusual grants") 203,430 184,325 265,084 increase performed, or facilities mished in any activity that is related to the reganization's tax-exempt purpose and related trade or business under section 513 ax revenues levied for the granization's benefit and either paid or or expended on its behalf and either paid or or expended on its behalf and either paid or or expended on its behalf and either paid or or expended on its behalf and either paid or expended on its behalf and either paid or expended on its part of \$5,000 and \$12,500 \$161,000 \$232,500 and \$12,500 \$161,000 \$161,000 \$161,	tiles, grants, contributions, and membership fies cacked. (Do not include any "unusual grants") 203,430 184,325 265,084 225,715 203,430 184,325 265,084 225,715 203,430 184,325 265,084 225,715 203,430 184,325 265,084 225,715 226,165 187,435 186,274 226,165 187,435 186,2	atis, gards, contributions, and membeship less cased. (Drint induse any "unusual gards.") 203,430 184,325 265,084 225,715 294,131 29

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

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

		.,	
		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
Sch	10b	\ (Form (990) 2022
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Par	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	·		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non	-Functionally Integrated 509(a)(3) Support	ing Organization	ons			
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.						
Section A - Adjusted Net Inco	ome		(A) Prior Year	(B) Current Year		
	one		(A) I noi Teai	(optional)		
1 Net short-term capital gai	n	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	on .	5				
6 Portion of operating exper	nses paid or incurred for production or collection					
	anagement, conservation, or maintenance of					
•	on of income (see instructions)	6				
7 Other expenses (see inst	·	7				
•	ubtract lines 5, 6, and 7 from line 4)	8				
Section B – Minimum Asset A		1	(A) Prior Year	(B) Current Year		
4 Assessments folio manufactural	t all /			(optional)		
•••	ue of all non-exempt-use assets (see					
	rear or assets held for part of year):	4 1				
a Average monthly value of		1a				
b Average monthly cash ba		1b				
c Fair market value of othe		1c				
d Total (add lines 1a, 1b, a	•	1d				
e Discount claimed for blo	ckage or other factors					
(explain in detail in Part \	/1):					
2 Acquisition indebtedness	applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1	d.	3				
4 Cash deemed held for ex	empt 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 Minimum Asset Amoun	t (add line 7 to line 6)	8				
Section C – Distributable Am	ount			Current Year		
1 Adjusted net income for p	rior year (from Section A, line 8, column A)	1				
2 Enter 0.85 of line 1.	· · · · · ·	2				
3 Minimum asset amount for	or prior year (from Section B, line 8, column A)	3				
4 Enter greater of line 2 or I		4				
5 Income tax imposed in pr		5				
	Subtract line 5 from line 4, unless subject to					
emergency temporary red	•	6				
	ent year is the organization's first as a non-functionally in		oporting organization	1		
(see instructions).	,	5 7F2 60	1 · 3 · 3 · · · · · · · · · · · · · · ·			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Utah Nonprofits Association 87-048145					5 5 Page 7		
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes	3		1			
2	Amounts paid to perform activity that directly furthers exempt purposes o	f supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purposes of support	ed organizations		3			
4	Amounts paid to acquire exempt-use assets	4					
5	Qualified set-aside amounts (prior IRS approval required—provide details	5					
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the organization	n is responsive		8			
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022		

10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required– <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
с	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

3276 11/14/2023 10:43 AM Utah Nonprofits Association 87-0481455 Schedule A (Form 990) 2022 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.)

DAA Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Employer identification number

Utah Nonprofits	s Association	87-0481455
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ered by the General Rule or a Special Rule . 8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	ee
General Rule		
_	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining outions.	
Special Rules		
regulations under section 16b, and that received fr	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16 om any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	Sa, or
contributor, during the yelliterary, or educational pu	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ad of the contributor name and address), II, and III.	ne
contributor, during the year contributions totaled more during the year for an ex	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or ear, contributions exclusively for religious, charitable, etc., purposes, but no such e than \$1,000. If this box is checked, enter here the total contributions that were received colusively religious, charitable, etc., purpose. Don't complete any of the parts unless the of this organization because it received nonexclusively religious, charitable, etc., contribution during the year	ns
must answer "No" on Part IV, line	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99 e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ne filing requirements of Schedule B (Form 990).	· ·

Name of organization

Employer identification number Utah Nonprofits Association 87-0481455

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1		\$ 30,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 34,301	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Utah Nonprofits Association

87-0481455

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 85 , 918	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

<u>• S</u>	ection 501(c)(4), (5), or (6) organizations: Complete Part III.				
Name	of organization				ification number
	Utah Nonprofits Ass	87-04814			
Par	t I-A Complete if the organization is exem	pt under section 501(c) or is a section	on 527 organizatio	n.
1	Provide a description of the organization's direct and indirect	t political campaign activities i	n Part IV. See instru	ctions for	
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions $_{\dots}$			\$	
3	Volunteer hours for political campaign activities. See instruc				
Par	t I-B Complete if the organization is exem	•			
1	Enter the amount of any excise tax incurred by the organization	tion under section 4955		\$	
2	Enter the amount of any excise tax incurred by organization	managers under section 495	5	\$	<u></u> <u></u>
3	If the organization incurred a section 4955 tax, did it file Form	m 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV.				
Par	t I-C Complete if the organization is exem	npt under section 501	c), except secti	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	•			
	activities			\$	
2	Enter the amount of the filing organization's funds contribute	ed to other organizations for s	ection		
	527 exempt function activities			\$	
3	Total exempt function expenditures. Add lines 1 and 2. Ente		•		
	line 17b			\$	
4	Did the filing organization file $\pmb{Form}\;\pmb{1120\text{-POL}}\;for\;this\;year?$				Yes No
5	Enter the names, addresses and employer identification num	, ,	-	•	
	organization made payments. For each organization listed, e				
	the amount of political contributions received that were prom	nptly and directly delivered to	a separate political o	rganization, such	
	as a separate segregated fund or a political action committee	e (PAC). If additional space is	needed, provide info	ormation in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Page 2

SUI	ledule C (FOITI	990) 2022 UCAII .	NOTIPIOLICS ASSOCIACION	01-0401433	raye	_
P	art II-A		tion is exempt under section 501(c)(3) an	d filed Form 5768 (elect	ion under	
_	OI 1	section 501(h)).		1 (6)		_
Α	Check		elongs to an affiliated group (and list in Part IV ea	ach affiliated group members	s name,	
		_	and share of excess lobbying expenditures).			
<u>В</u>	Check	if the filing organization c	hecked box A and "limited control" provisions app	ly.		_
		Limits on Lobi	oying Expenditures	(a) Filing	(b) Affiliated	
		(The term "expenditures" m	eans amounts paid or incurred.)	organization's totals	group totals	_
1	a Total lobby	ing expenditures to influence publi	c opinion (grassroots lobbying)	0		_
	b Total lobby	ing expenditures to influence a leg	islative body (direct lobbying)	1,121		
			1b)	1,121		
		c		424,589		
	e Total exem		1c and 1d)	425,710		
		ontaxable amount. Enter the amou				
	columns.			85,142		
	If the amou	nt on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$5	00,000	20% of the amount on line 1e.			
	Over \$500,0	00 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000	,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500	,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,00	00,000	\$1,000,000.			
	g Grassroots	nontaxable amount (enter 25% of	line 1f)	21,286		_
	h Subtract lin	e 1g from line 1a. If zero or less, e	nter -0-	0		
		e 1f from line 1c. If zero or less, e		0		
	j If there is a	n amount other than zero on eithe	line 1h or line 1i, did the organization file Form 4720			
	reporting se	ection 4911 tax for this year?			Yes No	,

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) Total											
2a Lobbying nontaxable amount	166	56,338	68,031	85,142	209,677						
b Lobbying ceiling amount (150% of line 2a, column (e))					314,516						
c Total lobbying expenditures	831	536	287	1,121	2,775						
d Grassroots nontaxable amount	42	14,085	17,008	21,286	52,421						
e Grassroots ceiling amount (150% of line 2d, column (e))					78,632						
f Grassroots lobbying expenditures		536	287	0	823						

Schedule C (Form 990) 2022

Page 3

Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled F	orm	5768			
		(a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No		Amo	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?			<u> </u>			
е	Publications, or published or broadcast statements?			<u> </u>			
f	Grants to other organizations for lobbying purposes?			<u> </u>			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>			
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r se	ction			
	30 1(0)(0).					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				3		
	complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."	R (b) F	Part		ne 3,	is	
	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of						
	political expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
	Carryover from last year		2b				
С	Total		2c	 			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			l			
	and political expenditures next year?		4				
5	Taxable amount of lobbying and political expenditures. See instructions		5				
	t IV Supplemental Information						
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A,	lines 1	and				
2 (Se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.						

Schedule C (Fo	rm 990) 2022	Utah N	onprofits	Association	87-0481	455 Page 4
Part IV	Supplemental	Information	(continued)			

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 Open to Public Inspection

Name of the organization

Employer identification number

U.	tah Nonprofits Association		87-0481455					
	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	-					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that							
	funds are the organization's property, subject to the organization's exclu-	usive legal control?	Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in v	writing that grant funds can be used						
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose						
	conferring impermissible private benefit?		Yes No					
Pa	rt II Conservation Easements.							
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization (check	. —						
	Preservation of land for public use (for example, recreation or educ		•					
	Protection of natural habitat	Preservation of a certified h	istoric structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conserv						
	easement on the last day of the tax year.		Held at the End of the Tax Year					
a	Total number of conservation easements							
b	Total acreage restricted by conservation easements							
C	Number of conservation easements on a certified historic structure inclu-		2c					
d	Number of conservation easements included in (c) acquired after July 2	5, 2006, and not on a						
_								
3	Number of conservation easements modified, transferred, released, exti	inguished, or terminated by the organization	on during the					
	tax year							
4	Number of states where property subject to conservation easement is le							
5	Does the organization have a written policy regarding the periodic moni	• .	\Box v \Box v					
_	violations, and enforcement of the conservation easements it holds?							
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation eas	sements during the year					
7	Amount of appared in appropriate in apparent in a position in a position of viole	ations and enforcing concernation accome	anto during the year					
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and emorcing conservation easeme	ins during the year					
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(R)(i)						
Ü	and section 170(h)(4)(B)(ii)?		Yes No					
9	In Part XIII, describe how the organization reports conservation easeme							
J	balance sheet, and include, if applicable, the text of the footnote to the	· ·						
	organization's accounting for conservation easements.	3.						
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.					
	Complete if the organization answered "Yes" on							
1a	If the organization elected, as permitted under FASB ASC 958, not to re	eport in its revenue statement and balance	sheet works					
	of art, historical treasures, or other similar assets held for public exhibiti	on, education, or research in furtherance of	of public					
	service, provide in Part XIII the text of the footnote to its financial statem	nents that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958, to report	t in its revenue statement and balance she	eet works of					
	art, historical treasures, or other similar assets held for public exhibition	, education, or research in furtherance of p	public service,					
	provide the following amounts relating to these items:							
	(i) Revenue included on Form 990, Part VIII, line 1		\$					
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or							
	following amounts required to be reported under FASB ASC 958 relating	g to these items:						
а	Revenue included on Form 990, Part VIII, line 1		\$					
b	Assets included in Form 990, Part X		\$					

	dule D (Form 990) 2022 Utali NOII				0/-040			/···		age ∠
Pa	rt III Organizations Maintaining						ssets	continu	iea)	
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records,	check any of the follow	wing that make	significant us	se of its				
а	Public exhibition	d 🗌	Loan or exchange pro	ogram						
b	Scholarly research	е 🗌	Other	-						
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain h	now they further the or	rganization's ex	empt purpose	e in Part				
	XIII.	•	,	Ü						
5	During the year, did the organization solicit or							П.,	_	٦
Pa	assets to be sold to raise funds rather than to art IV Escrow and Custodial Art		art of the organization's	s collection?				Ye	es _	No
	Complete if the organization	_	on Form 990, Pa	art IV, line 9,	or reporte	ed an ar	mount o	n Form		
12	990, Part X, line 21. Is the organization an agent, trustee, custodia	n or other intermedia	r, for contributions or	other coasts no	.					
ıa								☐ Ye	. Г	No
h	If "Yes," explain the arrangement in Part XIII a							□ ''	,s _] 140
b	ii res, explain the allangement in Fait Alli a	and complete the folic	Jwing table.				Т	Amoun	·	
_	Decision belows					-	+	Amoun		
C	Beginning balance									
a	Additions during the year									
e	Distributions during the year									
f	Ending balance					<u>1f</u>			$\overline{}$	т
	Did the organization include an amount on Foll "Yes," explain the arrangement in Part XIII.							_	—	No
	rt V Endowment Funds.	Official field in the exp	nariation has been pro	vided on Fait A						<u> </u>
	Complete if the organization	answered "Yes"	on Form 990 Pa	art IV line 10)					
	Complete ii tilo organization	(a) Current year	(b) Prior year	(c) Two year		(d) Three ye	ars hack	(e) For	r years	hack
10	Paginning of year balance	(a) Current year	(b) Thor year	(b) Two year	o baok	(a) Thice ye	aro baok	(6) 1 00	i youro	- Juon
la L	Beginning of year balance			+						
D	Contributions									
С	Net investment earnings, gains, and									
_	losses									
d	Grants or scholarships			+						
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balance	(line 1g, column (a)) h	eld as:						
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
С	Term endowment %									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizati	on that are held and a	dministered for	the					
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.							
Pa	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organization	answered "Yes"	on Form 990, Pa	art IV, line 11	a. See Fo	rm 990	, Part X	, line 1).	
	Description of property	(a) Cost or other		r other basis	(c) Accu			(d) Book		
		(investment)	(ot	her)	depred	ciation				
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
Total	l. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line 10c	:.)						

	orm 990) 2022 Utan Nonprofits	ASSOCIACION	87-0481433	Page
Part VII	Investments – Other Securities. Complete if the organization answered "Y	os" on Form 000 Part IV line	11h Soo Form 000 Part	Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)	(2) 2001. (2)	Cost or end-of-year ma	
(1) Financial (derivatives			
(2) Closely he	ld equity interests			
(C)				
(D)				
(E)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	(00" on Form 000 Dort IV line	11. Co. Form 000 Port	V line 12
	Complete if the organization answered "Y (a) Description of investment	(b) Book value	(c) Method of value	
	(a) Description of investment	(b) Book value	Cost or end-of-year ma	
(1)				
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Y	es" on Form 990, Part IV, line	11d. See Form 990, Part	
	(a) Desc			(b) Book value
(1)	Beneficial interest	t in assets CFU		99,28
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			99,28
Part X	Other Liabilities.		•	
	Complete if the organization answered "Y	es" on Form 990, Part IV, line	11e or 11f. See Form 990), Part X,
	line 25.			
1.	(a) Description	on of liability		(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 25.)			
i Jiai. (Colullii	r (b) must equal rollin 990, rait A, col. (b) lille 20.)			

SCHE	edule D (Form 990) 2022 CLAIL NOTIPIOLICS ASSOCIACION		01-040140	,	Page •
Pa	art XI Reconciliation of Revenue per Audited Financial Statemen		•	urn.	
	Complete if the organization answered "Yes" on Form 990, Par	rt IV, line ′	12a.		
1	Total revenue, gains, and other support per audited financial statements			1	490,338
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-17,339		
	Donated services and use of facilities	2b	1,500		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	-15,839
3				3	506,177
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	506,177
Pa	art XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Par	rt IV, line	12a.		
					407 011

1	Total expenses and losses per audited financial statements			1	427,211
2					
а	Donated services and use of facilities	2a	1,500		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	1,500
3				3	425,711
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	425,711

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

The Association is organized as a Utah nonprofit corporation and has been recognized by the Internal Revenue Service (IRS) as exempt from federal income taxes under Section 501(a) of the Internal Revenue

Code as an organization described in Section 501(c)(3), that qualifies for the charitable contribution deduction under Section 170(b)(1)(A)(vi), and has been determined not to be a private foundation under Section 509(a)(1).

The Association is annually required to file a Return of Organization

Exempt from Income Tax (Form 990) with the IRS. In addition, the

Association is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purpose.

The Association has determined it is not subject to unrelated business

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2022**

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Utah Nonprofits Association

87-0481455

Employer identification number

Form 990, Part III - Additional Information

Line 4a (continued) - Member Services

These organizations in turn have increased efficiency, expanded services, and provided countless hours of direct support to communities in need. In the same spirit of community, UNA proudly extends membership to Utah's businesses, government entities, funders, and individuals. At the close of 2022, UNA counted 511 nonprofit members, 45 business members, and 30 individual members. The organization's slate of membership benefits include group health insurance, curated resources, cost saving benefits, topical and timely training, technical help, a pooled retirement plan, and the state's most visited nonprofit job board. These benefits and services

Form 990, Part III, Line 4d - All Other Accomplishments

create and sustain the nonprofit community in Utah.

Other Program Services

UNA advocates for nonprofits on both the state and federal levels of government and supports Utah's nonprofits' advocacy work with technical training and resources. In 2022, UNA convened 52 nonprofit professionals from across Utah for a virtual Nonprofit Day on the Hill which included four sessions across four days to create conversations, relationships, and, most importantly, results. In addition to advocacy and its other core training programs, UNA provided 35 ad-hoc training and networking opportunities aimed to empower nonprofit professionals and enhance the impact of the nonprofit sector as a whole.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents
The organization revised its bylaws with the following primary changes:

- 1 Eligibility for members was extended to included all 501(c) organizations, rathern than only 50(c)(3) organizations.
- 2 Board composition was revised to require that no fewer than 50% of the board members must have started their service on the board while working for a nonprofit. Previously the requirement was that more than 50% of the board members must have started their service on the board while working for a nonprofit.

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

Utah Nonprofits Association is a member-based organization which has
nonprofit, business, and individual members.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Organization's Form 990 was prepared by the Organization's CPA in consultation with the Organization's CEO. It was reviewed it detail by the Organization's CEO and Treasurer for accuracy and reasonability. A complete copy of the Form 990 was provided to the Organization's Board of Directors before it was filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The Organization provides a copy of its conflict-of-interest policy to all

officers and directors during onboarding. In addition, a copy is provided

annually. All officers and directors are required to review the policy and

sign a disclosure statement, which acknowledges an understanding of the

policy and discloses any potential conflicts of interest they are aware of.

Utah Nonprofits Association

87-0481455

All potential conflicts of interest are reviewed by the board of directors to determine the appropriate action to be taken to eliminate or mitigate risks posed by the conflict.

The organization requires that officers and directors with conflict of interest be recused from the deliberation and voting related to a transaction or action in which they may have conflict.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The board of directors is responsible for establishing the CEO's rate of pay. All members of the board of directors were considered to be independent of the CEO during the year. The board of directors uses a statewide salary survey of nonprofit executives to establish data comparability for the CEO's compensation. The board of directors documents its deliberation and determination of the CEO's compensation contemporaneously in the board minutes.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The Organization's governing documents, conflict of interest statement, and financial statements are available upon request and through the Organization's website. The Organization's form 990 for selected years is also available through Guidestar.org.

3276 Utah Nonprofits Association 87-0481455

Federal Statements

11/14/2023 10:43 AM

FYE: 12/31/2022

Taxable Interest on Investments

Description					
	Amount	Unrelated Business	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
T					

Interest \$ 6,494 14

Total \$ 6,494

3276 Utah Nonprofits Association

87-0481455

Federal Statements

11/14/2023 10:43 AM

FYE: 12/31/2022

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description Speakers & trainer	Total Expenses		Program Service		Management & General		Fund Raising	
	\$	19,920	\$	19,920	\$	1.2	\$	2.6
Consultants		9,211		9,162		13		36
Total	\$	29,131	\$	29,082	\$	13	\$	36