November 15, 2022

Utah Children 747 E. South Temple Suite 100 100 Salt Lake City, UT 84102 Attention: Moe Hickey

Dear Moe:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Marc A. Metcalf Tax Director

### TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

#### FOR THE YEAR ENDING

December 31, 2021

Pre	pa	red	F	or	
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Utah Children 747 E. South Temple Suite 100 100 Salt Lake City, UT 84102

#### Prepared By:

Tanner LLC 36 S State Street, Suite 600 Salt Lake City, UT 84111

#### **Amount Due or Refund:**

Not applicable

#### Make Check Payable To:

Not applicable

### Mail Tax Return and Check (if applicable) To:

Not applicable

#### Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

# Form 8879-TF

## IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20
, , , , , ,		

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 87-0428873 UTAH CHILDREN

MOE HICKEY Name and title of officer or person subject to tax CEO

#### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here > X	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,214,355.</u>
2a	Form 990-EZ check here >	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here >	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	. 4b
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here >	b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and Signat	ure Authorization of Officer or Person Subject to Tax	
Jnder	penalties of perjury, I declare that X	I am an officer of the above entity or I am a person subject to tax with re	espect to (name
of entit	y)	, (EIN) and that I ha	ve examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying scriedules and statements, and, to the best of my knowledge and belief, they are tide, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and redesignated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box on
-----------------------

X I authorize	TANNER	LLC		to enter my PIN	28873
			ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

anature of officer or person subject to tax Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

87123741182 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_MARC A. METCALF

Date = 11/15/22

#### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

## EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

AF	or the	e 2021 calendar year, or tax year beginning and	enaing		
<b>B</b> c	Check if policable	C Name of organization		D Employer identifie	cation number
	Addre	SS UTAH CHILDREN			
	Name chang	- UOTGEG EOD HENNI GUTI DDEN	87-04288	73	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	r	
	∃Final return		100	801-364-	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,225,141.
	Amen return	SALI LAKE CIII, UI 04102		H(a) Is this a group re	
	Application pendi	F Name and address of principal officer: MOE HICKEI		for subordinates	
		1 /4 / E SOUTH TEMPLE STE. 100, SALT LAKE		<b>H(b)</b> Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1)$	or 527	1 ′	list. See instructions
		te: > WWW.UTAHCHILDREN.ORG		H(c) Group exemptio	
		organization: Corporation Trust Association X Other	<b>L</b> Year	of formation: 1985 N	A State of legal domicile: UT
Pa	art I	Summary	CULTER	DEN MODIC M	TWDDOWN
ø	1	Briefly describe the organization's mission or most significant activities: UTAH			
Activities & Governance	_	THE LIVES OF CHILDREN BY ADVOCATING FOR E			
ern	l	Check this box  if the organization discontinued its operations or dispo		1 - 1	
હુ	3			3	12 12
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
ties	l .	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ξį	6	Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ą	ı	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		Net unrelated business taxable income from Porm 990-1, Part 1, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		778,277.	1,125,266.
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,497.	99,875.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,652.	-10,786.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		801,122.	1,214,355.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		117,241.	756,630.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)  46,4			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		313,962.	634,732.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		431,203.	1,391,362.
	19	Revenue less expenses. Subtract line 18 from line 12		369,919.	-177,007.
26.0			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,528,290.	1,367,848.
t As	21	Total liabilities (Part X, line 26)		28,550.	35,424.
월:	22	Net assets or fund balances. Subtract line 21 from line 20		1,499,740.	1,332,424.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule		-	knowledge and belief, it is
rue,	, correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
		Signature of officer		I Date	
Sigi		, · · · ·		Date	
Her	е	MOE HICKEY, CEO Type or print name and title			
				Date Check	PTIN
Paid		Print/Type preparer's name  MARC A. METCALF  MARC A. METCALF		.1/15/22 of self-employ	
	ı Darer	Firm's name TANNER LLC			20-2253063
	Only	Firm's address 36 S STATE STREET, SUITE 600		FIIIII S EIIV	
	Jiny	SALT LAKE CITY, UT 84111		Phone no 80	1-532-7444
Mar	/ the II	RS discuss this return with the preparer shown above? See instructions		Ti lione no. O O	X Yes No
riay	וו יטווט,				100 110

Par	t III	Statement of Program Service Accomplishments
	_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly	describe the organization's mission: H CHILDREN (DBA VOICES FOR UTAH CHILDREN) (THE "ORGANIZATION") IS
	AN .	ADVOCATE FOR THE RIGHTS OF CHILDREN IN THE STATE OF UTAH. THE
	ORG.	ANIZATION PROMOTES THE DEVELOPMENT OF HEALTHY CHILDREN AND SOUND
	FAM	ILIES THROUGH RESEARCH, PUBLICATIONS, MEDIA RELATIONS, COMMUNITY
2	Did th	ne organization undertake any significant program services during the year which were not listed on the
	prior F	Form 990 or 990-EZ? Yes X No
	If "Yes	s," describe these new services on Schedule O.
3		ne organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
		s," describe these changes on Schedule O.
4		ibe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
		on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
		ue, if any, for each program service reported.
4a	(Code:	) (Expenses \$268,088. including grants of \$) (Revenue \$) T BEHIND WORKERS: ASSIST UNDOCUMENTED WORKERS IN UTAH TO RECEIVE
	STA	TE AND FEDERAL COVID19 FINANCIAL RELIEF.
		210 702
4b	(Code:	) (Expenses \$) (Revenue \$) (Revenue \$) LY CARE AND EDUCATION: PROVIDE TO ALL CHILDREN THE SERVICES AND
		PORT NECESSARY TO ENABLE THEM TO START SCHOOL AND TO PREPARE THEM
		SUCCESS. THE ORGANIZATION RESEARCHES BEST PRACTICES AND DEVELOPS
		OMMENDATIONS TO HELP STATE POLICYMAKERS THINK STRATEGICALLY ABOUT
		ICY DECISIONS TO INCREASE ACCESSIBILITY, AFFORDABILITY, AND QUALITY
		CHILDCARE AND EARLY EDUCATION.
	OI.	CHILDCARE AND EARLI EDUCATION:
4c	(01	) (Expenses \$
40	(Code:	)(Expenses \$213,832. including grants of \$) (Revenue \$)  AND BUDGET ISSUES: CONDUCT POLICY ANALYSIS OF BUDGET AND TAX
		ICIES, WITH A PARTICULAR FOCUS ON THE NEEDS OF LOW- AND
		PERATE-INCOME FAMILIES. THE ORGANIZATION WORKS TO BROADEN THE DEBATE
		BUDGET AND TAX POLICY THROUGH PUBLIC EDUCATION AND THE ENCOURAGEMENT
		CIVIC ENGAGEMENT ON THESE ISSUES.
	<u> </u>	CIVIE DIGNODIMENT ON THESE ISSUES:
ر اد ا <i>ا</i>	O+b	program consisce (Describe on Schodule O.)
40		program services (Describe on Schedule O.)  ses \$ 543,954. including grants of \$ ) (Revenue \$ )
40	(Expens	program service expenses \( \begin{align*}             1,245,667. \\

Form **990** (2021)

			Yes	NO_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	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		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	٦		<del></del>
10		10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
.5		19		x
20a	complete Schedule G, Part III	20a		X
		20a 20b		<del>  ^</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Z		42

132003 12-09-21

Form **990** (2021)

Form 990 (2021) UTAH CHILDREN

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
	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		
	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	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		Х
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
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	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c	000	(2021)

18-00221

Par	990 (2021) UTAH CHILDREN t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		87-0428	5,5		Page
. u.	Continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1 1			163	INO
Lu	filed for the calendar year ending with or within the year covered by this return	2a	14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					
За				За		х
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		X
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 Ac	ccounts	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	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 contribution	ons or (	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 and ser	vices pr	ovided 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	as requi	red			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act? .		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		₩
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11				
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	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.			40		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> 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 the	40.				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		44-		7
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			14b		+-
16		O CONTES				

excess parachute payment(s) during the year?

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

If "Yes," see the instructions and file Form 4720, Schedule N.  $\,$ 

If "Yes," complete Form 4720, Schedule O.

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UTAH CHILDREN 87-0428873 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request \_\_ Other (explain on Schedule O) 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.

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CITY

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

MOE HICKEY - 801-364-1182 747 E. SOUTH TEMPLE, SALT Form 990 (2021) UTAH CHILDREN 87-0428873 Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)				C)	,		(D)	(E)	(F)
Name and title	Average		Position (do not check mot box, unless person			than o		Reportable	Reportable	Estimated
	hours per week					s both or/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	or dire	au au			ted		organization	(W-2/1099-MISC/	from the
	related	ıstee (	truste		9	beusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	lual tri	tional		nploye	st com	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MOE HICKEY	40.00									
EXECUTIVE DIRECTOR				Х				94,167.	0.	0.
(2) CHRIS CONARD	1.00	1								
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(3) BROOKE GEORGELL	1.00	J								
BOARD TREASURER	1 00	Х		Х				0.	0.	0 .
(4) KATHY CARR	1.00	٠,,								
BOARD MEMBER (5) DUSTIN LIPSON	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0 .
(6) KIM MCGUIRE	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) ALLISON NICHOLSON	1.00							•	•	•
BOARD MEMBER		Х						0.	0.	0.
(8) SCHERJANG SING	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BIRAN YAZZIE	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		<u> </u>								
		1								
		1								
		1								
		1								
		1								
		1								

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Part VII Section 87-0428873 UTAH CHILDREN

ı aı	Section A. Officers, Directors, Trus	1	<u> Ploy</u>	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)						
	(A)	(B) (C) Average Position							(D)	(E)		(F)				
	Name and title	Average hours per		(do not check more the box, unless person is			e than one		Reportable	Reportable			mated unt c			
		week					or/trus		compensation from	compensation from related			ther	)		
		(list any	ector						the	organizations	C	ompe	ensat	ion		
		hours for related	or din	98			ated		organization	(W-2/1099-MISC			n the			
		organizations	rustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	nizatio relate			
		below	Individual trustee or director	Institutional trustee	h.	Key employee	Highest compensated employee	er	1000 (120)				izatio			
		line)	Indiv	Instit	Officer	Key e	High	Former								
			_													
			—								_					
			-													
			1				$\vdash$				+					
			1													
			<u> </u>				<u> </u>									
			_													
			—								+					
			-													
							$\vdash$				+					
			1													
			]													
			<u> </u>						04 167		$\leftarrow$					
	Subtotal								94,167.		).			0.		
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								94,167.		).			0.		
2	Total number of individuals (including but n							o re			· • 1			•		
	compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·					0		
												Υ	'es	No		
3	Did the organization list any former officer,	•		•	•	•		_	• •	•						
_	line 1a? If "Yes," complete Schedule J for s										. 3	3		<u>X</u>		
4	For any individual listed on line 1a, is the su	•							•	J				х		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•							4	-				
3	rendered to the organization? If "Yes," com										5	,		Х		
Sec	tion B. Independent Contractors	picte ochedate	201	<i>01</i> 30	<i>i</i> CII ,	<i>JC13</i>	OII .									
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comper	nsation	from	1			
	the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax ye	ear.						
	<b>(A)</b> Name and business	addross	3.7/	\ <b>\</b> TT	7				<b>(B)</b> Description of s	orvicos	Com	(C)	ation			
	Name and business	address	МС	ONE	<u> </u>				Description of s	ervices		pens	alion			
								$\dashv$								
2	Total number of independent contractors (i	ncludina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than						
_	\$100,000 of compensation from the organic					(										
											For	m <b>9</b> 9	<b>90</b> <sub>(2</sub>	021)		

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Form	99	0 (2				DREN				87-0428	873 P	age 9
Pa	rt \	/III	Statement of Re	venu	ue							
			Check if Schedule O	conta	ins a re	sponse	or note to any lir	7.53		(0)		
								(A) Total revenue	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue exc	cluded
								Total revenue	1	business revenue	from tax u	nder
											sections 512	2 - 514
ts s	1	а	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		<u>L</u>	1b						
Ω, Ħ		С	Fundraising events			1c	23,078.					
ifts ar A			Related organizations			1d						
ni,g			Government grants (contri			1e	593.					
Sis			All other contributions, gifts,		· -							
uti Je			similar amounts not included			ı 1 1 .	101.595.					
음달		~	Noncash contributions included in			10 \$	101,595. 5,683.	-				
o d		_						1,125,266.				
O B		- 11	Total. Add lines 1a-1f				Business Code	1,123,2000				
	_						Busiliess Code					
ice	2	: а										
er re		b	-									
n S		С										
ra Sev		d										
Program Service Revenue		е										
Δ.			All other program service									
		g	Total. Add lines 2a-2f									
	3	}	Investment income (include									
			other similar amounts)					99,875.			99,8	75.
	4		Income from investment of	f tax-	-exemp	t bond p	roceeds					
	5	,	Royalties									
					(i) I	Real	(ii) Personal					
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6с								
		d	Net rental income or (loss)				<b>_</b>					
	7	а	Gross amount from sales of		(i) Sed	curities	(ii) Other					
			assets other than inventory	7a								
		b	Less: cost or other basis									
ne			and sales expenses	7b								
enne		С	Gain or (loss)	7с								
æ			Net gain or (loss)			<u>.</u>						
Other	8	а	Gross income from fundraising	ng eve	ents (no	t						
₹			including \$23	,07	78.	of						
			contributions reported on	line 1	1c). See	,						
			Part IV, line 18			8a	0.					
		b	Less: direct expenses			8b	10,786.					
		С	Net income or (loss) from	fundr	aising e	events_	<b></b>	-10,786.			-10,7	86.
	9	а	Gross income from gamin	g acti	ivities.	See						
			Part IV, line 19			9a						
		b	Less: direct expenses									
			Net income or (loss) from				<b>&gt;</b>					
	10		Gross sales of inventory, I									
			and allowances			10a						
		b	Less: cost of goods sold									
			Net income or (loss) from									
			,, 3111			,	Business Code					
snc	11	а										
nec	•	b										
ella		c										
Miscellaneous Revenue			All other revenue									
Σ			Total. Add lines 11a-11d									

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**12 Total revenue.** See instructions

# Form 990 (2021) UTAH CHILDREN Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must composite Check if Schedule O contains a response			nplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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	94,167.	94,167.		
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	559,964.	521,798.	31,347.	6,819.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	50,548.	47,599.	2,422.	527.
10	Payroll taxes	51,951.	48,920.	2,489.	527. 542.
11	Fees for services (nonemployees):		•		
а					
b					
c		26,556.	19,005.	3,402.	4,149.
d				3,1011	
e					
f	Investment management fees	10,443.		10,443.	
g		10,1131		10,1131	
9	column (A), amount, list line 11g expenses on Sch 0.)	165,765.	118,416.	21 497.	25 852.
12	Advertising and promotion	28,828.	23,418.	21,497.	25,852. 3,468.
13		16,431.	10,157.	5,333.	941.
	Office expenses	3,856.	3,208.	560.	88.
14	Information technology	3,030.	3,200.	3001	00.
15	Royalties	41,168.	35,404.	4,118.	1,646.
16	Occupancy	6,030.	6,030.	4,110.	1,040
17	Travel	0,030.	0,030.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4 270	2 000	1 021	250
19	Conferences, conventions, and meetings	4,278.	2,889.	1,031.	358.
20	Interest	1,014.		1,014.	
21	Payments to affiliates	7 262		7 262	
22	Depreciation, depletion, and amortization	7,363.	1 220	7,363.	63
23	Insurance	1,550.	1,330.	157.	63.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	261 212	261 212		
a	EARLY LEARNING PILOT PR DACA RENEWAL APPLICATIO	261,313. 40,516.	261,313. 40,516.		
b				1 762	
С.	DUES AND SUBSCRIPTIONS THE EDUONE	9,481.	4,718.	4,763.	106
d	TELEPHONE	4,625.	3,976.		186.
e		5,515.	2,803.	893.	1,819
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,391,362.	1,245,667.	99,237.	46,458.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2021

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Form 990 (2021)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	232,024.	2	196,961.		
	3	Pledges and grants receivable, net			250,000.	3	30,000.
	4	Accounts receivable, net			31,612.	4	25,181.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantia	contributor, or 35%			
		controlled entity or family member of any of the	ons		5		
	6	Loans and other receivables from other disqu	alified p				
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
တ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B			2,420.	9	721.
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	. 10a	44,113.			
	b	Less: accumulated depreciation			17,567.	10c	14,478.
	11	Investments - publicly traded securities			994,667.	11	14,478, 1,100,507,
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e		l l	1,528,290.	16	1,367,848
	17	Accounts payable and accrued expenses			17,380.	17	35,424
	18	Grants payable	-	18	-		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet		l l		21	
,,	22	Loans and other payables to any current or fo					
ţie		trustee, key employee, creator or founder, sul					
Liabilities		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D			11,170.	25	0.
	26	<b>Total liabilities.</b> Add lines 17 through 25			28,550.	26	35,424.
		Organizations that follow FASB ASC 958, c			.,		
es		and complete lines 27, 28, 32, and 33.					
anc.	27	Net assets without donor restrictions			587,360.	27	542,034.
3ala	28	Net assets with donor restrictions			912,380.	28	790,390.
ρ		Organizations that do not follow FASB ASC			,		,
Fur		and complete lines 29 through 33.	, 555, 5.				
ō	29	Capital stock or trust principal, or current fund	ds			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,499,740.	32	1,332,424.
Z	33	Total liabilities and net assets/fund balances			1,528,290.	33	1,367,848.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,21		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,39		
3	Revenue less expenses. Subtract line 2 from line 1	3	-17		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,49		
5	Net unrealized gains (losses) on investments	5		9,6	91.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,33	2,4	24.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and 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:				
	X 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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	. 3b		
			Form	990	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization UTAH CHILDREN 87-0428873 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1207767.	809,510.	739,144.	715,027.	1124673.	4596121.	
2	Tax revenues levied for the organ-							
	ization'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							
4	Total. Add lines 1 through 3	1207767.	809,510.	739,144.	715,027.	1124673.	4596121.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						4596121.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	1207767.	809,510.	739,144.	715,027.	1124673.	4596121.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	51,381.	57,077.	24,567.	26,497.	99,875.	259,397.	
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 (Explain in Part VI.)							
11	<b>Total support.</b> Add lines 7 through 10						4855518.	
12	Gross receipts from related activities,	etc. (see instruction	ns)			12		
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
_	organization, check this box and stop						<b>&gt;</b>	
	ction C. Computation of Publi					T T	04.66	
	Public support percentage for 2021 (li					14	94.66 %	
15	Public support percentage from 2020					15	95.82 %	
16a	33 1/3% support test - 2021. If the c						. 37	
	stop here. The organization qualifies		•					
D	33 1/3% support test - 2020. If the c							
170	and <b>stop here.</b> The organization quali					and line 14 is 100/		
17 a	10% -facts-and-circumstances test	-						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
h	10% -facts-and-circumstances test	-	•	• • •	-	7a and line 15 is 1		
ú	more, and if the organization meets th	-					1070 UI	
	organization meets the facts-and-circu				-		▶□	
1Ω								
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2021

#### 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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Т..

## Part IV | Supporting Organizations

(Complete only if you checked a box in 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

- 1 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.
- **4a** 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).
- 8 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
	За		
	3b		
	3с		
	4a		
	4b		
	4-		
	4c		
	5a		
	- Gu		
	5b		
	5c		
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	9b		
	9с		
	10a		
	10b		
_		- 000	0004

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization'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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Cool		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck 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.			
C	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities.  he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_		_

18-00221

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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 Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

e Excess from 2021

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

# **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

UTAH CHILDREN

87-0428873

Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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				
• •	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
-	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.				
contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one go the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering or instead of the contributor name and address), II, and III.				
year, contributions is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., emplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year				
answer "No" on Part IV, line	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify a requirements of Schedule B (Form 990).				

Schedule B (Form 990) (2021)

Name of organization Employer identification number

<u>UTAH CHILDREN</u> 87-0428873

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNIE E CASEY FOUNDATION  747 E SOUTH TEMPLE, SUITE 100  SALT LAKE CITY, UT 84102	\$\$	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
2	CENTER ON BUDGET AND POLICY  1275 FIRST ST NE SUITE 1200  WASHINGTON, DC 20002	\$ 75,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4  AMERICAN ACADEMY OF PEDIATRICS, UTAH CHAPTER  747 E S TEMPLE ST STE 100  SALT LAKE CITY, UT 84102	Total contributions  \$ 102,238.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  STATE OF UTAH  2110 STATE OFFICE BUILDING  SALT LAKE CITY, UT 84114	Total contributions  \$\$ 251,117.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No5_	Name, address, and ZIP + 4  THE DAVID AND LUCILE PACKARD FOUNDATION  343 SECOND STREET  LOS ALTOS, CA 94022	Total contributions  \$\$ 233,333.	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.)

- 2

Schedule B (Form 990) (2021)

Name of organization Employer identification number

UTAH CHILDREN

87-0428873

Part II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is needed	7 0420073
(a)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
123453 11-11	21	\$	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** UTAH CHILDREN 87-0428873 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

123454 11-11-21

Schedule B (Form 990) (2021)

#### SCHEDULE C (Form 990)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

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

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

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

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

	Section 501(c)(4), (5), or (6) organizations: Complete Part III.							
Nan	ne of organization			Empl	loyer identification number			
_	UTAH CH				87-0428873			
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.			
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		<b>&gt;</b> \$				
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(	3).				
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>▶</b> \$				
	Enter the amount of any excise tax							
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No			
4a	Was a correction made?				Yes No			
	If "Yes," describe in Part IV.		504(a)		\(0\)			
_	art I-C Complete if the org			·				
	Enter the amount directly expended	, , ,	·	***************************************				
2	Enter the amount of the filing organ							
•	exempt function activities							
3	Total exempt function expenditures							
4	line 17b  Did the filing organization file <b>Form</b>							
5	Enter the names, addresses and en							
Ŭ	made payments. For each organiza	• •						
	contributions received that were pro	•			•			
	political action committee (PAC). If	additional space is needed, prov	vide information in Part	IV.				
	<b>(a)</b> 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			

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

	CHILDREN		428873 Page 2		
	n is exempt under section 501(c)(3) and file	ed Form 5768 (elec	ction under		
section 501(h)).					
A Check > if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,		
expenses, and share of exces	s lobbying expenditures).				
B Check ► if the filing organization check	ed box A and "limited control" provisions apply.				
	oying Expenditures eans amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals		
1a Total lobbying expenditures to influence publ	ic opinion (grassroots lobbying)	1,029.			
<b>b</b> Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	1,293.			
c Total lobbying expenditures (add lines 1a and	d 1b)	2,322.			
		1,389,040.			
e Total exempt purpose expenditures (add lines	s 1c and 1d)	1,391,362.			
f Lobbying nontaxable amount. Enter the amou		214,136.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:				
Not over \$500,000	20% of the amount on line 1e.				
Over \$500,000 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 \$17,000,000	\$1,000,000.				
g Grassroots nontaxable amount (enter 25% of	line 1f)	53,534.			
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.			
i Subtract line 1f from line 1c. If zero or less, er		0.			
j If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 4720	_			
reporting section 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total		
2a Lobbying nontaxable amount b Lobbying ceiling amount	181,357.			214,136.	395,493.		
(150% of line 2a, column(e))	12,013.			2,322.	593,240. 14,335.		
c Total lobbying expenditures d Grassroots nontaxable amount	45,339.			53,534.	98,873.		
e Grassroots ceiling amount (150% of line 2d, column (e))					148,310.		
f Grassroots lobbying expenditures	1,263.			1,029.	2,292.		

Schedule C (Form 990) 2021

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description (a)		(a)		(b)	
of the	f the lobbying activity.			Amo	ount
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?				
	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?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	- F04/a\/F\		dia.	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6)	n 501(c)(5)	, or sec	ction	
	501(c)(6).			V	NI.
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year?	3	otion	
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		-		3 ie
	answered "Yes."	110 011 (1	<i>5)</i> 1 a. c	iii A, iiiic	0, 13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		.		
_	expenses for which the section 527(f) tax was paid).	,ui			
а	Current year		2a		
	Carryover from last year				
	Total				
	4				
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exceeds the amount on line 3, what portion of the exceeds the				
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
			4		
5	Taxable amount of lobbying and political expenditures. See instructions		. 5		
Par			5		
	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-Δ	lines 1 s	and 2 (See	
	actions); and Part II-B, line 1. Also, complete this part for any additional information.	iist, i ait ii A	, 11103 1 6	110 2 (000	
1113616	belons), and that it b, line 1. Also, complete this part for any additional information.				

#### **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

Inspection

**Employer identification number** 

Name of the organization

87-0428873 UTAH CHILDREN

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Is or Accounts. Complete if the			
		(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 w	riting that the assets held in donor adv	vised funds			
	are the organization's property, subject to the organization's e	_				
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?		Yes No			
Par	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	), Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).				
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area			
	Protection of natural habitat	Preservation	of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	m of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Yea			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struc	oture			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	he organization during the tax			
	year ▶					
4	Number of states where property subject to conservation ease	ement is located >	_			
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	of			
	violations, and enforcement of the conservation easements it	holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year			
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	vation easements during the year			
	<b>▶</b> \$					
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'O(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	se statement and			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial state	ments that describes the			
	organization's accounting for conservation easements.					
Pai	rt III Organizations Maintaining Collections of		Other Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement	t and balance sheet works			
	of art, historical treasures, or other similar assets held for publ	, ,	•			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	rtherance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
			'			
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	cial gain, provide			
	the following amounts required to be reported under FASB AS	_				
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$			
b	Assets included in Form 990, Part X		\$			

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

Schedule D (Form 990) 2021

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Othe	· Simila	r Assets	(contir	nued)	<u> </u>
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	Public exhibition d Loan or exchange program										
b	Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how the	y further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, hist	orical treas	sures, or othe	r similar	assets				_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arrang		ete if the o	organizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia		•					_	_	_	,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tal	ole:							
									Amoun	t	
	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo						ity?	L	Yes	Ļ	No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete it							roore book	(-) Four		haalı
_		(a) Current year	( <b>b)</b> Pri	or year	(c) Two year	s dack	(a) Three	years back	(e) Four	years	раск
_	Beginning of year balance										
b	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			column (a)	)) neid as:						
a	Board designated or quasi-endowment Permanent endowment		%								
b	· · · · · · · · · · · · · · · · · · ·	% %									
С	Term endowment  The percentages on lines 2a, 2b, and 2c should be considered.	· <del>-</del>									
22	Are there endowment funds not in the posses	•	ation that	aro hold an	nd administar	ad for th	o organiz	ation			
Sa		ssion of the organiza	ation that	are rieiu ai	iu auriii iister	eu ioi iii	e organiza	ation	ſ	Yes	No
	by: (i) Unrelated organizations								3a(i)		
	(ii) Unrelated organizations (iii) Related organizations								3a(ii)		
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on Sch	nedule R2					3b		
4	Describe in Part XIII the intended uses of the								_ OD _		
_	rt VI Land, Buildings, and Equipme		WITICITE ICI	100.							
	Complete if the organization answered		D, Part IV,	line 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Boo	k value	<del></del>
	Description of property	basis (investr			(other)		preciation		(u) 200	it valu	-
1a	Land	<u> </u>	-								
b	Buildings										
c	Leasehold improvements										
	Equipment			4	4,113.		29,6	35.	1	4,4	78.
	Other									-	

Schedule D (Form 990) 2021

14,478.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (h) must equal Form 990 Part X col. (R) line 25.)	•

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

Schedule D (Form 990) 2021

Par	Reconciliation of Revenue per Audited Financial Stat		evenue per Re	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		Ι. Ι	1 222 070	
1				1	1,233,078.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م ا	0 601			
a	Net unrealized gains (losses) on investments		9,691.	-		
b	Donated services and use of facilities			-		
C	Recoveries of prior year grants			-		
d	Other (Describe in Part XIII.)			1	9,691.	
е 3	Add lines 2a through 2d			2e 3	1,223,387.	
4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	1,223,307.	
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)		-9,032.	-		
C			-	4c	-9,032.	
_				-		
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII   Reconciliation of Expenses per Audited Financial Sta	tements With I	Expenses per l	Returr	<u> </u>	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin		•			
1	Total expenses and losses per audited financial statements			1	1,400,394.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,	
a	Donated services and use of facilities	2a				
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)		9,032.			
е	Add lines 2a through 2d			2e	9,032.	
3	Subtract line 2e from line 1			3	1,391,362.	
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.)					
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	1,391,362.	
Par	rt XIII Supplemental Information.					
Provi	ide the descriptions required for Part II, lines ${f 3,5,and9;PartIII,lines1a}$ and ${f 4}$	1; Part IV, lines 1b a	nd 2b; Part V, line 4	1; Part X	x, line 2; Part XI,	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny additional informa	ation.			
PAF	RT X, LINE 2:					
THE	E ORGANIZATION ACCOUNTS FOR UNCERTAIN TA	AX POSITIO	NS, IF ANY	, WI	HEN IT IS	
MOT	DE LIVELY MUNN NOW MUE DOCUMENT WILL NO	n DE GIIGMA	TATED TIDOM	T3773	4TN12 MT (N)	
MOF	RE-LIKELY-THAN-NOT THE POSITION WILL NOT	r be Susta.	INED OPON	EXAL	ITNATION	
DV	MUE MAY AUMUODIMIEC AC OF DECEMBED 21	1 2021 mi	UE ODCANTS	, x m T (	M HAD MO	
БІ	THE TAX AUTHORITIES. AS OF DECEMBER 31	1, 2021, 1	TE ORGANIZ	ATT	ON HAD NO	
TTNTC	CERTAIN TAX POSITIONS THAT QUALIFY FOR E	TTMUED DEC	CNITHTON C	ים פו	CCI OCIIDE	
OIVC	CENTAIN TAN FOSITIONS THAT QUALIFT FOR I	STINEK KEC	JGNIIION C	. D.	LOCHOSOKE	
TN	THE FINANCIAL STATEMENTS.					
T 1/	THE PINANCIAL STATEMENTS:					
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:					
EVE	EVENT EXPENSES RECLASSIFIED TO STATEMENT OF REVENUE -10,786.					
		<b>-</b>			-,,	
EXE	PENSES NETTED AGAINST REVENUE IN AUDITEI	FINANCIA	<u></u>			
ST?	ATEMENTS				1,754.	
			<del></del>			

Schedule D (Form 990) 2021

-9,032.

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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 Employer identification number 87-0428873 UTAH CHILDREN Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations g X Special fundraising events Phone solicitations С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI,WY

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

Schedule G (Form 990) 2021

Pa	rt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and ground fundraising event contributions.				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			LUNCHEON			col. (c)
Ф			(event type)	(event type)	(total number)	COI. (C)
Revenue	1	Gross receipts	23,078.			23,078.
	2	Less: Contributions	23,078.			23,078.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	10,786.			10,786.
	10		9 in column (d)		<b></b>	10,786. 10,786.
		Net income summary. Subtract line 10 from li	ne 3, column (d)		<b>_</b>	-10,786.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, c	or reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Τ	(I.) Dull taba/instant	T	(.1) Total manaina (a dal
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
		CITOSO TOVOTIGO				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes 9  No	% Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	En	ter the state(s) in which the organization condu	ete gamina activitica:			
		the organization licensed to conduct gaming ac		etates?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re			x year?	Yes No
D	_	Yes," explain:				
	_					dula C (Farm 000) 2021

2021.05000 UTAH CHILDREN

Sch	nedule G (Form 990) 2021 UTAH CHILDREN 87	-0428	873	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	. –	100	
	a The organization's facility	13a		%
	<b>b</b> An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
(	c If "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
De	organization's own exempt activities during the tax year  \$ \$			
P	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, III	nes 9, 9	9b, 10b,
_	150, 150, 16, and 170, as applicable. Also provide any additional illionnation. See instructions.			
_				

Schedule G (Form 99	90) UTAH CHILDREN	87-0428873 Page 4
Part IV Suppl	emental Information (continued)	
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### **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.

Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 87-0428873

UTAH CHILDREN	87-0428873
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
WE MAKE A DIFFERENCE BY RAISING AWARENESS THROUGH RESEARCH	AND
ADVOCACY, INFLUENCING POLICY AND BRINGING THE POWER OF OUR	COMMUNITY
TOGETHER.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
OUTREACH, TRAINING SESSIONS AND CONFERENCES.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
CHILDREN'S HEALTH: IMPROVE AND STRENGTHEN PUBLIC AND PRIVA	TE PROGRAMS
TO ENSURE THAT ALL CHILDREN HAVE ACCESS TO AND RECEIVE QUA	LITY
HEALTHCARE.	
EXPENSES \$ 176,671. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
ADVOCACY: LEGALLY ENGAGE IN LOBBYING EFFORTS TO INFLUENCE	SPECIFIC
LEGISLATION. UTAH CHILDREN HAS FILED A 501(H) ELECTION WIT	H THE
INTERNAL REVENUE SERVICE THAT ALLOWS THE ORGANIZATION TO E	NGAGE IN
DIRECT LOBBYING COMMUNICATIONS TO ELECTED OFFICIALS AND GR	ASSROOTS
LOBBYING COMMUNICATIONS THAT ENCOURAGE THE PUBLIC TO CONTA	CT ELECTED
OFFICIALS.	
EXPENSES \$ 138,050. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.
RESEARCH: PROVIDE ACCURATE, OBJECTIVE INFORMATION TO INFOR	M PUBLIC
DEBATE AND STRENGTHEN PUBLIC ACTION ON BEHALF OF CHILDREN	AND FAMILIES.
EXPENSES \$ 111,169. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2** 

Name of the organization UTAH CHILDREN

Employer identification number 87-0428873

IMMIGRANT AND REFUGEE POLICY: SUPPORT IMMIGRANT COMMUNITIES BY

UPLIFTING THE ISSUES THAT ARE MOST AFFECTING THEM.

EXPENSES \$ 72,451. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA): PROVIDE IMMIGRANTS WITH

A PATHWAY TO CITIZENSHIP AND ALLOW THEM OPPORTUNITIES TO WORK LEGALLY

IN THE MEANTIME.

EXPENSES \$ 45,613. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS RETAINS AN INDEPENDENT CPA FIRM TO PERFORM AN ANNUAL AUDIT AND PREPARE THE ANNUAL TAX FORM 990. EACH BOARD MEMBER IS GIVEN A COPY OF THE 990. THE 990 IS REVIEWED BY THE CPA WITH THE BOARD OF DIRECTORS AND ONCE THE DIRECTORS ARE SATISFIED THAT THE RETURN IS COMPLETE AND ACCURATE, THEY AUTHORIZE THE CPA TO ELECTRONICALLY FILE THE RETURN.

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

THE BOARD MEMBERS ANNUALLY SIGN THE CONFLICT OF INTEREST POLICY STATING
THAT THEY ARE NOT AWARE OF ANY CONFLICTS.

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

COMPENSATION IS APPROVED BY THE BOARD OF DIRECTORS ANNUALLY AS PART OF THE
BUDGET PROCESS. THE BOARD COMPARES SALARIES TO THAT OF THE POSITION OF A
LEGISLATIVE ANALYST AS EMPLOYED BY THE STATE OF UTAH. INCREASES IN
COMPENSATION ARE ALSO COMPARED TO SALARY INCREASES OF SIMILAR EMPLOYEES
THAT WORK FOR THE STATE OF UTAH.

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

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** UTAH CHILDREN 87-0428873 THE ORGANIZATION WILL PROVIDE A COPY OF ANY DOCUMENT WHICH IS OPEN FOR PUBLIC INSPECTION UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 118,416. 21,497. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 25,852. TOTAL EXPENSES 165,765. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 165,765. FORM 990, PART XII, LINE 2C: THIS PROCESS REMAINS CONSISTENT WITH PRIOR YEARS.

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print UTAH CHILDREN 87-0428873 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 747 E. SOUTH TEMPLE SUITE 100, 100 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 84102 SALT LAKE CITY, UT Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MOE HICKEY The books are in the care of ► 747 E. SOUTH TEMPLE - SALT LAKE CITY, UT 84102 Telephone No. ► 801-364-1182 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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Form 8868 (Rev. 1-2022)