### Form

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	rnal Revenu	ne Service	Go to www.	irs.gov/Form990	for instructions a	and the latest	information.		Inspection
A			year, or tax year beginning					_	
В	Check if app		of organization					D Employe	er identification number
	Address cha	· I	UTAH FOST	ER CARE F	OUNDATION	INC			
H		Doing I	business as	200		FIO	n	87-0	619181
님	Name chan	Numbe	er and street (or P.O. box if mail is not deliv				Room/suite	E Telephor	
Ш	Initial return		6 SOUTH COMMERCE DR					801-	994-5205
	Final return/ terminated	/ City or	town, state or province, country, and ZIP of	or foreign postal code					
一	Amended re	eturn MUR		UT 84107				<b>G</b> Gross re	ceipts \$ 5,796,112
$\vdash$		" F Name a	and address of principal officer:				H(a) Is this a	group return for	subordinates? Yes X No
Ш	Application		KKI MACKAY				11(a) 13 tilis a (	group return for	
		I	96 SOUTH COMMERCI	=				ubordinates inc	
			RRAY	UT	<u>84107                                    </u>		If "No	o," attach a list	. See instructions
1	Tax-exemp			insert no.)	4947(a)(1) or	527			
J	Website:		OSTERCARE.ORG	_			H(c) Group ex		
K	Form of or	ganization: <b>X</b> Co	orporation Trust Association	Other		L	Year of formation:	1999	M State of legal domicile: U1
F	Part I	Summary	У						
			ne organization's mission or mos						
ĕ		WE SERVE	UTAH'S CHILDREN BY	FINDING,	EDUCATING,	AND NU	RTURING FA	MILIES	TO
Governance	l	MEET THE	NEEDS OF CHILDREN I	N FOSTER	CARE.				
ern									
Š	2 CI	heck this box	if the organization discontinue						
∞ ∞	3 N	umber of voting	members of the governing body	(Part VI, line 1a	)			3	14
	4 N	umber of indepe	endent voting members of the go	verning body (Pa	art VI, line 1b)			4	14
Activities	<b>5</b> To	otal number of in	ndividuals employed in calendar y	year 2023 (Part	V, line 2a)			5	50
<b>ct</b> j			volunteers (estimate if necessary)						1491
4			usiness revenue from Part VIII, co						0
			siness taxable income from Form						0
							Prior Y	ear	Current Year
Φ	8 C	ontributions and	grants (Part VIII, line 1h)				5,41	2,606	5,676,870
ğ			(Dant \ /III   I' O-\						0
Revenue	<b>10</b> In	vestment income	e (Part VIII, column (A), lines 3,	4, and 7d)				L8 <b>,</b> 937	47,314
œ	11 0	ther revenue (Pa	art VIII, column (A), lines 5, 6d, 8	11e)				0	
	<b>12</b> To	otal revenue – a	dd lines 8 through 11 (must equa	al Part VIII, colur	nn (A), line 12)		5,43	31,543	5,724,184
	<b>13</b> G	rants and similar	r amounts paid (Part IX, column	(A), lines 1-3)					0
	<b>14</b> Be	enefits paid to or	r for members (Part IX, column (A				0		
Ś	15 0	alaries, other co	mpensation, employee benefits (	Part IX, column	(A), lines 5-10)		2,75	0,461	3,301,816
nse	<b>16a</b> Pi	rofessional fundr	raising fees (Part IX, column (A),	line 11e)					0
Expenses	. <b>b</b> To	otal fundraising e	expenses (Part IX, column (D), li	ne 25)	239,0	006			
ш	17 0	ther expenses (F	Part IX, column (A), lines 11a-11	1d, 11f-24e)			1,60	1,854	2,125,723
	<b>18</b> To	otal expenses. A	add lines 13-17 (must equal Part	IX, column (A),	line 25)		4,35	2,315	5,427,539
	19 R		enses. Subtract line 18 from line				1,07	9,228	296,645
Assets or	<u> </u>						Beginning of C		End of Year
sets	<b>20</b> To	otal assets (Part	X, line 16)					85,038	3,831,268
A As	<b>21</b> To	otal liabilities (Pa						6,632	1,419,276
Net	_		d balances. Subtract line 21 from	line 20			2,10	8,406	2,411,992
F	Part II	Signature	e Block						
		1 , , , ,	declare that I have examined this ret	,	1 , 0		,	,	owledge and belief, it is
tr	ue, correc	t, and complete. L	Declaration of preparer (other than of	fficer) is based on	all information of v	which preparer	has any knowledo	ge.	
Si	9	Signature of officer						Date	
He		NIKKI M			CEO	1			
		Type or print name a							
_		Print/Type preparer's	name	Preparer's signa	ture		Date	Check	if PTIN
Pai	Ľ	RICHARD SCOR			ORESBY, CPA		03/1	0/25 self-er	
		Firm's name	LARSON & COMP					Firm's EIN	87-0516083
Us	e Only				DR STE	300			
_		Firm's address	SOUTH JORDAN,		95-5123			Phone no.	801-313-1900
Ма	y the IRS	discuss this ret	turn with the preparer shown abo	ve? See instruc	tions				X Yes No
For	Panerwo	rk Reduction Act	t Notice see the senarate instruct	ions					Form 990 (2023)

Part III	Statement of Program Service Accomplishments	_ _
4 Duiathi a	Check if Schedule O contains a response or note to any line in this Part III	
•	describe the organization's mission: RVE UTAH'S CHILDREN BY FINDING, EDUCATING, AND NURTURING FAMILIES TO	
	THE NEEDS OF CHILDREN IN FOSTER CARE.	
	Public Inspection Conv	
2 Did the	organization undertake any significant program services during the year which were not listed on the	
	orm 990 or 990-EZ?	No
	" describe these new services on Schedule O.	
3 Did the	organization cease conducting, or make significant changes in how it conducts, any program	
services	s?	No
If "Yes,"	describe these changes on Schedule O.	
	e the organization's program service accomplishments for each of its three largest program services, as measured by	
	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the total	al expenses, and revenue, if any, for each program service reported.	
WHO W THEIR STATE PAREN	) (Expenses \$ 2,763,085 including grants of \$ ) (Revenue \$ SCAL YEAR 2024, UTAH FOSTER CARE RECRUITED AND TRAINED 436 FAMILIES FERE WILLING TO PROVIDE SAFE AND LOVING HOMES FOR CHILDREN IN NEED.  DEDICATION IS WHAT FILLS THE DEMANDS OF FOSTERING THROUGHOUT THE OF UTAH. ANOTHER 686 CONSULTATIONS TOOK PLACE WITH PROSPECTIVE FOSTER TS. UTAH FOSTER CARE IS PROUD THAT 88% OF ALL DONATIONS WENT DIRECTLY ROGRAMS SUPPORTING KIDS AND FAMILIES.	<b>R</b>
SERVICE EMOTIC CHILDING AND S NURTUIN NEGLEC 1,400	) (Expenses \$ 350,000 including grants of \$ ) (Revenue \$ FOSTER CARE CONTINUES TO GROW ITS CLINICAL PROGRAM. CLINICAL SUPPORT CES TO FOSTER AND KINSHIP FAMILIES CAN ADDRESS THE CRUCIAL NEED FOR ONAL AND PSYCHOLOGICAL SUPPORT FOR FOSTER PARENTS WHO ARE CARING FOR REN WITH COMPLEX NEEDS. THIS NEED ARISES FROM THE UNIQUE CHALLENGES TRESSORS THAT FOSTER PARENTS OFTEN FACE WHILE PROVIDING A SAFE AND RING ENVIRONMENT FOR CHILDREN WHO HAVE EXPERIENCED TRAUMA, ABUSE, OR CT. DURING FISCAL YEAR 2024, UTAH FOSTER CARE WORKED WITH MORE THAN FAMILY MEMBERS IN BOTH GROUP AND INDIVIDUAL SESSIONS AND CURRENTLY FOUR LICENSED CLINICIANS THROUGHOUT UTAH.	
UTAH INITI THIS FAMIL MEMBE THE B CARE FAMIL ORGAN WILL	(Expenses \$ 1,666,082 including grants of \$ ) (Revenue \$ FOSTER CARE SUPPORTS THE FIRST LADY ABBY COX'S SHOW UP FOR FOSTER CARE ATIVE THROUGH UTAH FOSTER CARE'S PILOT PROGRAM - CARE COMMUNITIES. IN PROGRAM A FOSTER FAMILY IS SURROUNDED WITH A CARE TEAM WITHIN THE Y'S COMMUNITY. TRAINING IS PROVIDED SO FOSTER PARENTS AND CARE TEAM RS LEARN HOW CARING RELATIONSHIPS POSITIVELY IMPACT CHILDREN IN CARE, CASICS OF CHILD WELFARE SAFETY STANDARDS, AND SPEND TIME BUILDING A PLAN WITH THE FOSTER PARENTS. FISCAL YEAR 2024 STARTED WITH 6 FOSTER IES AND 6 CARE TEAMS TO INCLUDE 85 CARE MEMBERS AND PARTNERING WITH 6 IZATIONS IN SALT LAKE, UTAH, AND DUCHESNE COUNTIES. FISCAL YEAR 2025 BRING ON ADDITIONAL CARE TEAMS TO SUPPORT EVEN MORE FOSTER FAMILIES AS PROGRAM CONTINUES TO EXPAND.	
4d Other p	program services (Describe on Schedule O.)	
(Expens		
4e Fotal pr	rogram service expenses 4,779,167	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
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,	_		٦,
_	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	_		x
7	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		
8	complete Schedule D. Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	•		
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	dobt pagetistion convises? If "Voc." complete Schodule D. Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10		
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> "Yes,"			
-	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
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		x
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,,
00	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV	Checklist	of	Required	Schedules	(continued)
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Pa	art IV Checklist of Required Schedules (continued)			1			
22	Did the examination report more than \$5,000 of grapts or other equiptones to or for democitic individuals on		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	LL					
_0	organization's current and former officers, directors, trustees, key employees, and highest compensated						
	employees? If "Yes," complete Schedule J	23		x			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b						
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
	to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior						
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?						
	If "Yes," complete Schedule L, Part I	25b		X			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
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			٠,			
00	persons? If "Yes," complete Schedule L, Part III	27		X			
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 2002 if "Voe" complete Schodule I. Port IV	28b		X			
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200					
Ŭ	"Voe" complete Schodule I. Port IV	28c		x			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified						
	conservation contributions? If "Yes," complete Schedule M	30		х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"						
	complete Schedule N, Part II	32		x			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations						
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,						
	or IV, and Part V, line 1	34		X			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a						
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			x			
related organization? If "Yes," complete Schedule R, Part V, line 2							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization						
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		v				
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>			
ra	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V						
	Check if Schedule O contains a response of hote to any line in this part v		Yes	No			
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 26		162	INO			
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b 0						
C	Did the organization comply with backup withholding rules for reportable payments to vendors and						
J	reportable gaming (gambling) winnings to prize winners?	1c	х				

_Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)		_	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	50			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	)		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	y over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 Advanced in the Financi	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	)				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s 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 go	oods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	6				
	required 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	ntract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	m 889	9 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file	a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				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:	1	I			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		
11	Section 501(c)(12) organizations. Enter:	١	I			
a		11a		-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	441.				
40-	against amounts due or received from them.)	11b	<u> </u>	40-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	, 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.			13a		
h	·					
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b				
_	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13c		_		
C 1/12	Did the organization receive any payments for indeer tenning equipped during the tay year?			14a		х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
ь 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera			140		
	and the second s			15		х
	excess paracrute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome	.?	16		х
. •	If "Yes," complete Form 4720, Schedule O.	. 1001116	··			
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activi	ties				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023) UTAH FOSTER CARE FOUNDATION INC 87-0619181 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 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. Enter the number of voting members included on line 1a, above, who are independent ..... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? Х X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 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 . . . . . . . . Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Did the organization have local chapters, branches, or affiliates? 10a Х If "Ves," did the organization have written policies and procedures governing the activities of such chanters

affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	1 400		•
animated, and branches to enough their operations are deficient that the organizations of enough purposes	10b		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
describe on Schedule O how this was done	12c	X	
Did the organization have a written whistleblower policy?	13	X	
Did the organization have a written document retention and destruction policy?	14	X	
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	15a	Х	
Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
with a taxable entity during the year?	16a		X
If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
organization's exempt status with respect to such arrangements?	16b		
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  13  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  Other officers or key employees of the organization  15a  Other officers or key employees of the organization  The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity during the year?  16a  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	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"  describe on Schedule O how this was done  12c X  Did the organization have a written whistleblower policy?  13 X  Did the organization have a written document retention and destruction policy?  14 X  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  15a X  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity during the year?  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

#### Section C. Disclosure

LIST THE STATES WITH WHICH A CODY OF THIS FORTH 330 IS REQUIRED TO DE HIEU	17	List the states with which a copy of this Form 990 is required to be filed	UT
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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)

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

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

BRAD HALL MURRAY 5296 SOUTH COMMERCE DR, NO. 400

UT 84107

801-994-5205

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### 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

0.00

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if heither the orga	anization nor an	y i <del>C</del> la	iieu	uiga	ıııZaı	uon con	ipensaled any current officer	, director, or trustee.	
					C)				
(A)	(B)	l			sition		(D)	(E)	(F)
Name and title	Average					than one is both an	Reportable	Reportable	Estimated amount
	hours					or/trustee)	compensation	compensation	of other
	per week				-	- <u>'</u>	from the	from related organizations (W-2/	compensation from the
	(list any hours for	di di	nstit	Officer	éy	Highest employe	organization (W-2/ 1099-MISC/	1099-MISC/	organization and
	related	dua	utio	4	eg	sst st	1099-NEC)	1099-NEC)	related organizations
	organizations	l =	<u> </u>		Key employee	om	,		
	below dotted line)	Individual trustee or director	Institutional trustee		#	pens			
	dotted line)	0	tee			Former Highest compensated employee			
(1) NIKKI MACKAY									
. ,	40.00								
CEO	0.00			X			88 <b>,</b> 776	0	34,386
(2) BRAD HALL									
	32.00								
CFO	0.00			X			51,153	0	23,317
(3) WYNNE SCHWEITZER									
	0.20								
TREASURER	0.00	X		X			0	0	0
(4) JACEE BALLARD									
	0.20								
DIRECTOR	0.00	x					0	0	0
(5) TRIGENA HALLEY									
, ,	0.20								
DIRECTOR	0.00	X					0	0	0
(6) JEANNINE TIMOTHY									
	0.20								
CHAIR	0.00	X		X			0	0	0
(7) MATT MOORE									
	0.20								
CO-CHAIR	0.00	X		X			0	0	0
(8) KENNETH BOGGS									
	0.20								
DIRECTOR	0.00	X					0	0	0
(9) KIRSTEN RAPPLEYE									
. ,	0.20								
DIRECTOR	0.00	x					0	0	0
(10) ROBIN HULING									
• •	0.20								
DIRECTOR	0.00	x					0	0	0
(11) ROB MOONEY									-
, ,	0.20								
	······ <u>·</u> ··· <u>·</u> ····	1	l	1	1	1 1		1	1

0

DIRECTOR

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyees,	and Highest Compensated	d Employees (continued)			
Name and title	(B) Average hours per week (list any hours for related organizations below	bo	x, unle	Pos check ess pe	more rson in director Key employ	than one s both ar sr/trustee) Highest compensated	n Reportable	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	org	(F) imated am of other ompensation from the ganization ed organiz	on and
-	dotted line)	0	tee			ated			<u> </u>		
(12) HEATHER ROXBU	RGH 0.20										
SECRETARY	0.00	x		x			0	0			0
(13) EMMANUEL NNAH	į.										
(13)	0.20	٠,									^
DIRECTOR (14) LIESE RODGER	0.00	X					0	0			0
(14)	0.20										
DIRECTOR	0.00	x					0	0			0
(15) MELISSA WARNO											
(15) DIRECTOR	0.20	x					0	0			0
(16) BELIA PAZ	0.00	<u>^</u>									
(16)	0.20										
DIRECTOR	0.00	x					0	0			0
(17) NIKKI WALKER (17)	0.20										
DIRECTOR	0.00	x					0	0			0
(18)											
1b Subtotal										5'	7,703
c Total from continuation shee									<del> </del>		7,703
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (ind</li></ul>	cluding but not li	mited	d to t	hose	liste	ed abo		1 \$100,000 of	<u> </u>		7,703
reportable compensation from			0				,	. ,			/aa   Na
3 Did the organization list any fo	rmer officer. dire	ector	. trus	stee.	kev	employ	vee, or highest compensated		Г	T	res No
employee on line 1a? If "Yes,"	complete Sched	lule .	l for	such	indi	ividual				3	X
4 For any individual listed on line organization and related organ											
individual										4	X
5 Did any person listed on line 1 for services rendered to the or										5	х
Section B. Independent Contracto		,					,				•
1 Complete this table for your five											
compensation from the organiz	(A) business address	тре	iisali	OH IC	) LITE	e calen		(B) tion of services	11.		(C) pensation
Name and	Dusiness address						Descrip	dion of services		Comp	Densauon
									$\longrightarrow$		
2 Total number of independent of	contractors (include	dina	but r	not li	mite	d to the	ose listed above) who				
received more than \$100,000								0			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (B) Related or exempt (D) Revenue excluded Total revenue function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1с d Related organizations 1d e Government grants (contributions) 1e 4,237,159 f All other contributions, gifts, grants, and similar amounts not included above ..... 1f 1,439,711 g Noncash contributions included in 612,447 lines 1a-1f ..... 1g |\$ 5,676,870 h Total. Add lines 1a-1f ..... Program Service Revenue f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 39,832 39,832 Income from investment of tax-exempt bond proceeds Royalties ..... (ii) Personal 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) 6c d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets 79,410 other than inventory Revenue **b** Less: cost or other 71,928 basis and sales exps. 7,482 c Gain or (loss) 7с 7,482 7,482 d Net gain or (loss) ..... 8a Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses ..... 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses ..... 9b **c** Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances ..... 10a **b** Less: cost of goods sold ...... 10b c Net income or (loss) from sales of inventory Business Code scellaneous Revenue d All other revenue ..... **e Total.** Add lines 11a–11d ..... 5,724,184 47,314

0

Total revenue. See instructions .....

#### Part IX Statement of Functional Expenses

	on 501(a)(2) and 501(a)(4) arganizations must som		organizations must served	oto polymer (A)	
Sect	<u>ion 501(c)(3) and 501(c)(4) organizations must com</u> Check if Schedule O contains a response			ete column (A).	
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	nonc	OTIO	gonoral expenses	
•	and domestic governments. See Part IV, line 21	$\Pi$ $SDF$	?( ;  ( )		
2	Grants and other assistance to domestic	<del>''''                                 </del>			7
	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	121,879	104,849	12,522	4,508
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2 2 2 2 2 2 2			
7	Other salaries and wages	2,363,178	2,036,336	236,063	90,779
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	C40 103	F47 000	71 100	20 056
9	Other employee benefits	640,123 176,636	547,969	71,198 17,135	20,956 6,967
10	Payroll taxes	1/0,030	152,534	17,135	0,907
11	Fees for services (nonemployees):				
	Management	2,522	1,999	177	346
	Legal	15,717	12,456	1,103	2,158
	Accounting Lobbying	25,000	22,481	2,519	2,150
u 2	Professional fundraising services. See Part IV, line 17	23,000	22,102	2,323	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
J	(A) amount, list line 11g expenses on Schedule O.)	4,929	4,248	492	189
12	Advertising and promotion	-	·		
13	Office expenses	87,663	59,239	9,597	18,827
14	Information technology	258,167	238,183	4,355	15,629
15	Royalties				
16	Occupancy	347,469	306,173	22,147	19,149
17	Travel	97,675	90,876	5,237	1,562
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,220	922	703	2,595
21	Payments to affiliates	04.056	1.50	02.000	
22	Depreciation, depletion, and amortization	24,076	168	23,908	
23	Insurance	29,292	28,244	1,048	
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 O.)  IN-KIND EXPENSES - GOODS	612,447	612,447		
a b	DIRECT SERVICES	412,674	356,560	10,227	45,887
C	COMMUNITY OUTREACH	98,094	95,411		2,683
d	PROGRAM SUPPLIES	44,044	33,663	7,244	3,137
	All other expenses	61,734	74,409	-16,309	3,634
25	Total functional expenses. Add lines 1 through 24e	5,427,539	4,779,167	409,366	239,006
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)				
DAA					Form <b>990</b> (2023

Pa	irt )		oto to on	u lino	in this Bort V								
		Check if Schedule O contains a response or no	ole to any	y iirie	In this Part X	(A) Beginning of year		( <b>B)</b> End of year					
	1	Cash—non-interest-bearing			4	637,268	1	854,686					
	2	Cash—non-interest-bearing Savings and temporary cash investments	Octid	738,186	2	1,131,236							
	3	Pledges and grants receivable, net	)(=( ,    (	5,765		5,265							
	4	A consumts are actively a con-	unts receivable, net										
	5	Loans and other receivables from any current or form				654,330		388,634					
		trustee, key employee, creator or founder, substantial											
		controlled entity or family member of any of these per					5						
	6	Loans and other receivables from other disqualified p											
s		under section 4958(f)(1)), and persons described in s		6									
Assets	7	Notes and loans receivable, net		7									
As	8	Inventories for sale or use					8						
	9	Prepaid expenses and deferred charges				161,168	9	155,104					
	10a	Land, buildings, and equipment: cost or other				_							
		basis. Complete Part VI of Schedule D	10	)a	227,421								
	b	Less: accumulated depreciation	4.0	)b	217,054	10,626	10c	10,367					
	11	Investments—publicly traded securities		•		170,784	11	178,613					
	12	Investments—other securities. See Part IV, line 11	_	12									
	13	Investments—program-related. See Part IV, line 11	13										
	14	Intangible assets					14						
	15	Other assets. See Part IV, line 11				1,406,911	15	1,107,363					
	16	Total assets. Add lines 1 through 15 (must equal line				3,785,038	16	3,831,268					
	17	Accounts payable and accrued expenses	•			263,785	17	297,986					
	18	Grants payable			18								
	19	Deferred revenue			19								
	20	Tax-exempt bond liabilities			20								
	21	Escrow or custodial account liability. Complete Part IV		21									
ဖွ	22	Loans and other payables to any current or former of											
Liabilities		trustee, key employee, creator or founder, substantial	l contribu	utor,	or 35%								
abi		controlled entity or family member of any of these per	rsons				22						
<b>□</b>	23	Secured mortgages and notes payable to unrelated the					23						
	24	Unsecured notes and loans payable to unrelated third					24						
	25	Other liabilities (including federal income tax, payable	es to rela										
		parties, and other liabilities not included on lines 17-2	24). Com	plete	Part X								
		of Schedule D				1,412,847	25	1,121,290					
	26	Total liabilities. Add lines 17 through 25				1,676,632	26	1,419,276					
		Organizations that follow FASB ASC 958, check h	here	X									
Ses		and complete lines 27, 28, 32, and 33.											
Fund Balances	27	Net assets without donor restrictions				1,924,619	27	2,108,690					
Ba	28	Net assets with donor restrictions			,,	183,787	28	303,302					
nd In		Organizations that do not follow FASB ASC 958,	check h	nere									
		and complete lines 29 through 33.											
Assets or	29						29						
Sets	30	Paid-in or capital surplus, or land, building, or equipm					30						
As	31	Retained earnings, endowment, accumulated income,					31						
	32	Total net assets or fund balances				2,108,406	32	2,411,992					
_	33	Total liabilities and net assets/fund balances				3,785,038	33	3,831,268					

Form **990** (2023)

Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	Ę	72	24,1	184
2	Total expenses (must equal Part IX, column (A), line 25)	2	Ę		27,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			96,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,10	)8,4	406
5	Net unrealized gains (losses) on investments	5		V	6,9	941
6	Donated services and use of facilities	6		<u> </u>		
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	2	2,4	L1,9	<del>9</del> 92
Pa	art XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

#### SCHEDULE A

Department of the Treasury

(Form 990)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number UTAH FOSTER CARE FOUNDATION INC 87-0619181 Reason for Public Charity Status. (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 5 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 7 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.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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 II, Type III, Typ 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 (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Nο Yes (A) (B) (C) (D) (E)

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

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

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	472,012	3,750,191	4,003,624	5,412,606	5,802,626	19,441,059
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	472,012	3,750,191	4,003,624	5,412,606	5,802,626	19,441,059
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						19,441,059
Sec	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
7	Amounts from line 4	472,012	3,750,191	4,003,624	5,412,606	5,802,626	19,441,059
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	714		2,027	17,053	54,225	74,019
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	Total support. Add lines 7 through 10						19,515,078
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First 5 years. If the Form 990 is for the or	ganization's first, se					
	organization, check this box and stop here	<b>.</b>					
Sec	tion C. Computation of Public Su	<u> </u>					
14	Public support percentage for 2023 (line 6,	column (f) divided	by line 11, column	n (f))		14	99.62 %
15	Public support percentage from 2022 Sche	dule A, Part II, line	14			15	99.80 %
16a	<b>33 1/3% support test — 2023.</b> If the orga	nization did not che	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	
	box and stop here. The organization quali						X
b	<b>33 1/3% support test — 2022.</b> If the orga	nization did not che	ck a box on line 1	3 or 16a, and line 1	15 is 33 1/3% or m	ore, check	_
	this box and <b>stop here.</b> The organization of						L
17a	10%-facts-and-circumstances test — 20	123. If the organizat	ion did not check a	a box on line 13, 16	Sa, or 16b, and line	e 14 is	
	10% or more, and if the organization meets				-		
	Part VI how the organization meets the fac	cts-and-circumstanc	es test. The organ	nization qualifies as	a publicly support	ted	
	organization						
b	10%-facts-and-circumstances test — 20	•					
	15 is 10% or more, and if the organization				•	•	
	in Part VI how the organization meets the	facts-and-circumsta	nces test. The org	ganization qualifies	as a publicly supp	orted	
	organization						L
18	<b>Private foundation.</b> If the organization did instructions						

Page 3

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

(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.)

UTAH FOSTER CARE FOUNDATION INC

Sec	tion A. Public Support	1 7		, I	•	,		
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	sne	Ctio	n (			/
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							<i>y</i>
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	3	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the or							
Sec	organization, check this box and stop here tion C. Computation of Public Se	upport Percen	tage					
15	Public support percentage for 2023 (line 8,	<u> </u>		n (f))			15	%
16	Public support percentage from 2022 Sche	edule A, Part III, lin	e 15				16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2023 (li	ne 10c, column (f),	divided by line 13	, column (f))			17	%
18	Investment income percentage from 2022		l line 17				18	%
19a	<b>33 1/3% support tests</b> — <b>2023.</b> If the org	anization did not cl						
	17 is not more than 33 1/3%, check this bo	ox and stop here.	The organization q	ualifies as a public	ly supported organ	ization		
b	<b>33 1/3% support tests</b> — <b>2022.</b> If the org							
	line 18 is not more than 33 1/3%, check thi		_			-		
20	<b>Private foundation.</b> If the organization did	d not check a box of	on line 14, 19a, or	19b, check this box	and see instruction	ns		

#### **Supporting Organizations** Part IV

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

UTAH FOSTER CARE FOUNDATION INC

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a 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.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit С 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.
  - 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.)

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Sch	edule /	A (Form 9	990) 2023

UTAH FOSTER CARE FOUNDATION INC

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

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Schedu	le A (Form 990) 2023 UTAH FOSTER CARE FOUNDATION	INC	87-06191	L <b>81</b> Page <b>6</b>
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.			e
	instructions. All other Type III non-functionally integrated supporting organizations must	compl	ete Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year
<u> </u>	ION A - Aujusteu Net Income		(A) FIIOI Teal	(optional)
1	Net short-term capital gain	1		MI/
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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-functionally integrated Ty	ype III	supporting organization	

Schedule A (Form 990) 2023

(see instructions).

Schedu	e A (Form 990) 2023 UTAH FOSTER CARE I	FOUNDATION INC	87-06	<u> 19</u>	181 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Secti	on D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		1	
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported			
	organizations, in excess of income from activity	Oction		2	DI/
3	Administrative expenses paid to accomplish exempt purposes of suppo	rted organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide deta	ils in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organizat	tion is responsive		8	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	3	Distributable
			Pre-2023		Amount for 2023
1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
	From 2018				
	From 2019				
	From 2020				
	From 2021				
	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
<u>i</u>	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
C	Excess from 2021				

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

# Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

### Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

OMB No. 1545-0047

Name of the organization

CARE FOUNDATION INC

Employer identification number

87-0619181

Organization type (check one	SIIC IIISPECTION COPY					
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					
, 0	overed by the <b>General Rule</b> or a <b>Special Rule</b> .  (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions.					
Special Rules						
regulations under section 16b, and that received (2) 2% of the amount of	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III.					
contributor, during the contributions totaled moduring the year for an elementary of the contributions are contributors.	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$					
Caution: An organization that is must answer "No" on Part IV, li	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ine 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					

Employer identification number UTAH FOSTER CARE FOUNDATION INC 87-0619181

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions  \$ 4,237,159	(d) Type of contribution  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.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

### SCHEDULE C (Form 990)

#### Political Campaign and Lobbying Activities

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

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

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part III.				
Name	e of organization  UTAH FOSTER CARE FOU	NDATION INC		Employer ident	ification number 81
Par	t I-A Complete if the organization is exem		or is a section		
1	Provide a description of the organization's direct and indirect			_	
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions			\$	
3	Volunteer hours for political campaign activities. See instruc				
Par	t I-B Complete if the organization is exem	pt under section 501(c	)(3).		
1	Enter the amount of any excise tax incurred by the organization of any excise tax incurred by organization	ation under section 4955		\$	
2	Enter the amount of any excise tax incurred by organization	managers under section 4955		\$	
3	If the organization incurred a section 4955 tax, did it file For	m 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pai	t I-C Complete if the organization is exem			ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	n for section 527 exempt functi	on		
_	activities			\$	
2	Enter the amount of the filing organization's funds contribute	•		•	
_	527 exempt function activities			<b>\$</b>	
3	Total exempt function expenditures. Add lines 1 and 2. Ente		•	•	
	line 17b				Yes No
4	Did the filing organization file <b>Form 1120-POL</b> for this year Enter the names, addresses, and employer identification nu	mber (CINI) of all postion E27 m		on to which the filing	Tes No
5					
	organization made payments. For each organization listed, the amount of political contributions received that were pror	•	0 0		
	as a separate segregated fund or a political action committee				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) LIN	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
<u>(0)</u>					
(6)					

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

Sche		FOSTER CARE FOUNDATION INC		
Pa		ation is exempt under section 501(c)(3) a	nd filed Form 5768 (el	ection under
_	section 501(h)).		1 (60) ( 1	
Α		elongs to an affiliated group (and list in Part IV e	ach affiliated group membe	ers name,
<b>D</b>		and share of excess lobbying expenditures).	Al.	
<u>B</u>		hecked box A and "limited control" provisions app		
	(The term "expenditures" m	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
		lic opinion (grassroots lobbying)		
k		gislative body (direct lobbying)		
C	Total lobbying expenditures (add lines 1a an	d 1b)		
	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add line	s 1c and 1d)		
1	Lobbying nontaxable amount. Enter the amo	unt from the following table in both		
	columns.	T	1	
	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.		
		f line 1f)		
ŀ	Subtract line 1g from line 1a. If zero or less,	enter -0-		
	Subtract line 1f from line 1c. If zero or less, e			
		er 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 com	plete all of the five colun	nns below.

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	(c) 2022	( <b>d)</b> 2023	(e) Total		
2a Lobbying nontaxable amount							
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount (150% of line 2d, column (e))							
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2023

Page 3

UTAH FOSTER CARE FOUNDATION INC

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)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. No Amount 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: X a Volunteers? X b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X X 25,000 Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X X 25,000 j Total. Add lines 1c through 1i X 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year **b** Carryover from last year 2b Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions ..... Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information. SCHEDULE C, PART II-B, LINE 1 THE UTAH FOSTER CARE BOARD OF DIRECTORS CONTRACTED WITH CRAIG PETERSON AND RYAN PETERSON, UTAH STATE REGISTERED LOBBYISTS, TO CONTINUE IN THEIR EFFORTS TO PROVIDE HISTORICAL INFORMATION AND EDUCATION TO THE UTAH HOUSE OF REPRESENTATIVES AND THE SENATE. AS LEGISLATORS CHANGE FROM YEAR TO YEAR,

ONGOING EDUCATION IS IMPERATIVE FOR THEIR CONTINUED UNDERSTANDING AND

Page 4

Part IV Supplemental Information (continued)
KNOWLEDGE OF THE NEED FOR SERVICES PROVIDED BY UFC OF RECRUITING, TRAINING,
AND PROVIDING SUPPORT AND RESOURCES TO FAMILIES (FOSTER AND KINSHIP
FAMILIES)CARING FOR CHILDREN WHO ARE REMOVED FROM THEIR HOMES AND PLACED
INTO STATE CUSTODY.

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

TT	TAU POSTED CARE POINTATION INC		87-0619181				
	TTAH FOSTER CARE FOUNDATION INC  art I Organizations Maintaining Donor Advised Fundamental Control of the Contr	de or Other Similar Funds or					
Г	Complete if the organization answered "Yes" on Fe		Accounts				
	Complete ii and organization aneworda 100 on 1	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	(a) Botton davised failed	(b) Funds and outer decounts				
2	Total number at end of year  Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that t	he assets held in donor advised					
Ū	funds are the organization's property, subject to the organization's exclus		☐ Yes ☐ No				
6	Did the organization inform all grantees, donors, and donor advisors in w						
•	only for charitable purposes and not for the benefit of the donor or donor						
			Yes No				
Pa	art II Conservation Easements						
	Complete if the organization answered "Yes" on F	orm 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check a	If that apply).					
	Preservation of land for public use (for example, recreation or educa	tion) Preservation of a historically	important land area				
	Protection of natural habitat	Preservation of a certified hi	storic structure				
	Preservation of open space	_					
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conse	rvation				
	easement on the last day of the tax year.		Held at the End of the Tax Year				
а							
b	,						
С	Number of conservation easements on a certified historic structure include	ed on line 2a	2c				
d		•					
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organizati	ion during the				
	tax year						
4	Number of states where property subject to conservation easement is loc						
5	Does the organization have a written policy regarding the periodic monitor		□ vaa □ Na				
c	violations, and enforcement of the conservation easements it holds?						
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and emorcing conservation ea	asements during the year				
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easem	ents during the year				
•	, another of expenses mounted in morning, inspecting, narialing of violation	ione, and officioning concervation caconi	ionic daming and your				
8	Does each conservation easement reported on line 2d above satisfy the	requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation easemen						
	sheet, and include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the				
	organization's accounting for conservation easements.						
Pa	art III Organizations Maintaining Collections of Art, I		Similar Assets				
	Complete if the organization answered "Yes" on F						
1a	If the organization elected, as permitted under FASB ASC 958, not to rep						
	of art, historical treasures, or other similar assets held for public exhibition		or public				
_	service, provide in Part XIII the text of the footnote to its financial statement in the properties aleated as permitted under FASE ASC 058 to report		ant works of				
D	If the organization elected, as permitted under FASB ASC 958, to report						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1 \$						
2		than similar assets for financial asia, pro-	vide the				
2	following amounts required to be reported under FASB ASC 958 relating		VIGC (IIC				
а	Revenue included on Form 990, Part VIII, line 1		\$				
b	A						

Part III Organizations Maintainin	g Collections of	Art, Historical T	reasures, or	Other Simi	lar Assets	(continu	ıed)
3 Using the organization's acquisition, access	on, and other records	, check any of the foll	owing that make	significant use	of its		
collection items (check all that apply).							
H							
b Scholarly research	e 📙	Other					
c Preservation for future generations 4 Provide a description of the organization's of	Ing			) (		"	
	collections and explain	how they further the	organization's ex	cempt purpose ii	1 Part	<i>y</i>	
<ul><li>XIII.</li><li>5 During the year, did the organization solicit</li></ul>	or receive depotions o	of ant biotomical traceur		ilor			
5 During the year, did the organization solicit assets to be sold to raise funds rather than		•	•			Yes	.   No
Part IV Escrow and Custodial A		art of the organization	is collection?			res	S No
Complete if the organization	•	on Form 990 P:	art IV line 9	or reported a	an amount	on Form	
990, Part X, line 21.	ii anoworda 100	011 1 01111 000, 1 1	art 1 v , 11110 0 ,	or reported t	arr arrioditi	011 1 01111	
1a Is the organization an agent, trustee, custoo	dian or other intermedi	ary for contributions o	r other assets no	ot			
included on Form 990, Part X?						Yes	s No
<b>b</b> If "Yes," explain the arrangement in Part XII						. Ш	ш
,	·	•				Amount	
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an amount on	Form 990, Part X, line	21, for escrow or cus	todial account lia	ability?		Yes	No
<b>b</b> If "Yes," explain the arrangement in Part XII							. П
Part V Endowment Funds							
Complete if the organization	n answered "Yes"	' on Form 990, Pa	art IV, line 10	).			
	(a) Current year	(b) Prior year	(c) Two years	back (d) Th	ree years back	(e) Four	years back
1a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains, and							
losses							
d Grants or scholarships							
e Other expenditures for facilities and							
programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage of the cui	rent year end balance	(line 1g, column (a))	held as:				
a Board designated or quasi-endowment	%						
<b>b</b> Permanent endowment %							
c Term endowment %							
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.						
3a Are there endowment funds not in the poss	ession of the organiza	tion that are held and	administered for	r the		_	
organization by:							Yes No
(i) Unrelated organizations?						3a(i)	
<b>b</b> If "Yes" on line 3a(ii), are the related organia	zations listed as requir	red on Schedule R?				3b	
4 Describe in Part XIII the intended uses of the							
Part VI Land, Buildings, and Eq							
Complete if the organization	n answered "Yes"	on Form 990, Pa	art IV, line 11	a. See Form	990, Part 2	X, line 10	).
Description of property	(a) Cost or other		other basis	(c) Accumulate		(d) Book v	
	(investment)	(otl	ner)	depreciation			
1a Land							
<b>b</b> Buildings							
c Leasehold improvements			92,744	84	,289		8,455
d Equipment			L34,677	132	,765		1,912
e Other	<b>I</b>						
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990 Part	X. line 10c column (I	3))			1	0.367

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	Converting	DATION INC	87-0019181	Page
Part VII Investments – Other Complete if the organize	Securities zation answered "Yes" on F	Form 990. Part IV. line	e 11b. See Form 990. Pa	art X. line 12.
(a) Description of security		(b) Book value	(c) Method of	
(including name of se	ecurity)		Cost or end-of-year	market value
(1) Financial derivatives				
(2) Closely held equity interests		OCTIO	n - n	$n_{\perp}$
(3) Other		GUUU		$\cup$ $\vee$
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
<b>Total.</b> (Column (b) must equal Form 990, Pa				
Part VIII Investments – Progra		1		
	zation answered "Yes" on F	Form 990. Part IV. line	e 11c. See Form 990. Pa	art X. line 13.
(a) Description of inve		(b) Book value	(c) Method of	
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)		_		
(6)				
(7)				
(8)				
(9)	and V line 12 and (D))			
Total. (Column (b) must equal Form 990, Par Part IX Other Assets	п. х, шпе тз, сог. (в))			
	zation answered "Yes" on F	Form 990. Part IV. line	11d. See Form 990. Pa	art X. line 15.
	(a) Description			(b) Book value
(1) RIGHT-O	F-USE ASSET			1,091,14
(2) SECURIT	Y DEPOSITS			11,73
(3) IN-KIND	DONATIONS			4,48
(4)				
(5)				
(6)				
(8)				
(9)				1 107 26
Total. (Column (b) must equal Form 990, Par Part X Other Liabilities	rt X, line 15, col. (B))			1,107,36
	zation answered "Ves" on I	Form 000 Part IV line	110 or 11f Soo Form (	000 Part V
line 25.	zation answered "Yes" on I	ronn 990, Pan IV, line	e Tie of Til. See Follits	990, Part A,
1.	(a) Description of liability			(b) Book value
(1) Federal income taxes	(a) Description of liability			(b) Book value
(2) LEASE LIABILITY				1,121,29
(3)				_,,
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Pa				1,121,29
2. Liability for uncertain tax positions. In Part	XIII, provide the text of the footr	note to the organization's fin	ancial 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 .....

Sche	edule D (Form 990) 2023 UTAH FOSTER CARE FOUNDATION I	NC	87-0619181	<u> </u>	Page <b>4</b>
Pa	art XI Reconciliation of Revenue per Audited Financial Stateme			turn	
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total revenue, gains, and other support per audited financial statements			1	5,802,625
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	6,941		
b	Donated services and use of facilities	2b	71,500		n\/
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			7 70 441
е	Add lines 2a through 2d			2e	78,441
3	Subtract line 2e from line 1			3	5,724,184
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	F 704 104
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,724,184
Pa	Reconciliation of Expenses per Audited Financial Statem		•	tetur	'n
	Complete if the organization answered "Yes" on Form 990, Pa				E 400 030
1	Total expenses and losses per audited financial statements			1	5,499,039
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ءه ا	71 500		
a	Donated services and use of facilities		71,500		
b	Prior year adjustments	2b			
C	Other losses				
d	Other (Describe in Part XIII.)			2-	71,500
e	Add lines 2a through 2d			2e 3	5,427,539
3	Subtract line 2e from line 1			3	3,421,339
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
a	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			40	
С 5	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			4c 5	5,427,539
	art XIII Supplemental Information				3/12//333
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I	ines 1h an	d 2h: Part V line 4: Part	X lin	e
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			,	
	ART X - FIN 48 FOOTNOTE	ny addition	ar information.		
T	HE FOUNDATION ACCOUNTS FOR UNCERTAIN TAX PO	OITIE	NS, IF ANY,	WHE	N IT IS
M	ORE-LIKELY-THAN-NOT THE POSITION WILL NOT B	E SUS	TAINED UPON	EXA	MINATION BY
_ T	HE TAX AUTHORITIES. AS OF JUNE 30, 2024, TH	E FOU	NDATION HAD	NO	UNCERTAIN
T	AX POSITIONS THAT QUALIFY FOR EITHER RECOGN	ITION	OR DISCLOSU	RE	IN THE
F	INANCIAL STATEMENTS. THE FOUNDATION IS SUBJ	ECT TO	O ROUTINE AU	DIT	S BY TAXING
J	URISDICTIONS; HOWEVER, THERE ARE CURRENTLY I	IUA OI	DITS FOR ANY	TA	X PERIODS
	N PROGRESS.				

# SCHEDULE M (Form 990)

### **Noncash Contributions**

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

Attach to Form 990.

2023

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection
Employer identification number

Name	of the organia		מים פישוי	RE FOUNDATIO	N TNC			dentification n <b>619181</b>			
Pa	art I	Types of Property	LEIC CA	ICE POSIDATIO			1070	017101	₩		
		1,750 0, 1,030 1,7	(a)	(b)	(c)	• • •		(d)	<del>)</del>		
			Check if	Number of contributions or	Noncash contribution			f determining			
			applicable	items contributed	amounts reported on Form 990, Part VIII, line 1g			tribution amoun	its		
1	Art — Wo	orks of art			r onn coo, r an rin, inic 1g						
2		storical treasures									
3	Art — Fra	actional interests									
4	Books ar	nd publications									
5		and household									
•	ū		x		599,105	FATR	MARKET	VALIIE			
6	Cars and	other vehicles			333,203			·			
7	Roate an	d planes									
8	Intellectu	al property									
9	Securities	s — Publicly traded									
10		s — Closely held stock									
11		s — Partnership, LLC,									
•••		• • • • • • • • • • • • • • • • • • • •									
12	Socurition	nterests — Miscellaneous									
13		conservation									
13		on — Historic									
14		conservation									
14											
45	Dool oot	on — Other									
15	Real est	ate — Residential									
16	Real est	ate — Commercial									
17	Real esta	ate — Other									
18	Collection	es	x	36	13,342	ENTD	MARKET	373 T TTE			
19	Food inv	entory		30	13,342	FAIR	MARKEI	VALUE			
20		nd medical supplies									
21	I axiderm	y									
22	Historical	artifacts									
23	Scientific	specimens									
24		gical artifacts									
25		)									
26		)									
27		)									
28	Other (	)									
29		of Forms 8283 received by	-	•							
	which the	e organization completed Fo	orm 8283, F	Part V, Donee Acknowled	agement	29				V	N <sub>1</sub>
	<b>5</b>	e i a						Г		Yes	No
30a	_	e year, did the organization	-			_					
		t must hold for at least 3 ye									37
		exempt purposes for the en		period?					30a		X
b		describe the arrangement in									
31		organization have a gift ac	ceptance p	olicy that requires the re-	view of any nonstandard						
	contributi								31		<u> </u>
32a		organization hire or use thi	ird parties of	or related organizations to	o solicit, process, or sell no	ncash					
_	contributi								32a		X
b	-	describe in Part II.									
33		anization didn't report an an	nount in co	lumn (c) for a type of pro	pperty for which column (a)	is checked,					
	describe	in Part II.									

# SCHEDULE O (Form 990)

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

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

OMB No. 1545-0047 **2023** 

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

UTAH FOSTER CARE FOUNDATION INC

Employer identification number

UTAH FOSTER CARE FOUNDATION INC 87-0619181
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
AFTER BEING REVIEWED BY THE CFO, A DRAFT OF THE TAX RETURN IS EMAILED TO
THE BOARD EXECUTIVE COMMITTEE FOR REVIEW. THEY MAY RESPOND WITH QUESTIONS.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
AT TIME OF HIRE, CONFLICT OF INTEREST FORMS ARE GIVEN TO STAFF. IF THERE
IS NO CONFLICT, FORMS ARE PLACED IN THE INDIVIDUAL'S PERSONNEL FILE. IF
THERE IS A CONFLICT, A COPY OF THE FORM IS GIVEN TO THE CONTRACT MONITOR AT
DCFS AND A COPY IS ALSO PLACED IN THE INDIVIDUAL'S PERSONNEL FILE. STAFF
IS ASKED TO NOTIFY THE HR MANAGER FOR A CONFLICT OF INTEREST FORM ANY TIME
A CONFLICT SHOULD ARISE.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE DETERMINES AND REVIEWS THE COMPENSATION OF THE CEO.
COMPENSATION SURVEYS FROM THE UTAH NON-PROFITS ASSOCIATION ARE REVIEWED AND
AN AMOUNT IS THEN DETERMINED.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THESE INFORMATIONAL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.