PUBLIC DISCLOSURE COPY

## Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information. APR 1 2023 and ending MAR 31 A For the 2023 calendar year, or tax year beginning C Name of organization Check if applicable: D Employer identification number Address change CHRISTIAN CENTER OF PARK CITY Name change 87-0643778 Doing business as Initial return E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite Final return/ termin-ated P.O. BOX 683480 435-649-2260 10,202,078. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return PARK CITY, UT 84068 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: STEVEN RICHARDSON Yes X No for subordinates? 1283 DEER VALLEY DRIVE, PARK CITY, UT **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: WWW.CCOFPC.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1999 M State of legal domicile: UT Part I Summary Briefly describe the organization's mission or most significant activities: MEETING PEOPLE AT THEIR POINT OF Governance NEED AS AN EXPRESSION OF GOD'S LOVE. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 10 3 Number of voting members of the governing body (Part VI, line 1a) 3 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Activities & 92 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 2009 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 6,769,035, 7,030,985. Contributions and grants (Part VIII, line 1h) 8 Revenue 708,500. 820,041. Program service revenue (Part VIII, line 2g) 8,169 18,875. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,090 37,237. 11 7,526,794 7 907 138. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,131,965 2,282,661. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,354,493. 3,586,774. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,929,137. 1,954,980. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 7,415,595. 7,824,415. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 111,199. 82,723. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 13,099,442 13,833,856. Total assets (Part X, line 16) 2,676,483 3,328,174. 21 Total liabilities (Part X, line 26) 三年 10,422,959. 10,505,682. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign STEVEN RICHARDSON, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature KRISTEN M. BASS KRISTEN M. BASS 02/13/25 P01247587 Paid CBIZ ADVISORS, LLC 34-1884125 Preparer Firm's name Firm's EIN 4722 N 24TH ST, STE 300 Use Only Firm's address Phone no.602-264-6835 PHOENIX, AZ 85016

No

Yes

May the IRS discuss this return with the preparer shown above? See instructions

87-0643778

Pai	Till Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE CHRISTIAN CENTER OF PARK CITY (CCPC) IS A CHRISTIAN, HUMANITARIAN	
	COMMUNITY RESOURCE CENTER THAT HELPS IMPROVE THE LIVES OF PEOPLE AND	
	COMMUNITIES THROUGH MEETING IMMEDIATE AND BASIC NEEDS, SERVING AS A	
	LEADING NETWORKER OF COMMUNITY RESOURCES [CONTINUED ON SCH 0]	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	•
	revenue, if any, for each program service reported.	i
4a	(Code:) (Expenses \$ 3 , 426 , 630 . including grants of \$ 2 , 273 , 861 . ) (Revenue \$	)
	THE CHRISTIAN CENTER OF PARK CITY (CCPC) STARTED IN 2000 TO SERVE AS A	
	COMMUNITY ORGANIZATION THAT SOUGHT TO MEET PEOPLE AT THEIR POINT OF	
	NEED. OVER THE LAST 24 YEARS, THE CENTER HAS STARTED A MULTITUDE OF	
	PROGRAMS, ENGAGING HUNDREDS OF VOLUNTEERS IN THOUSANDS OF HOURS OF	
	SERVING OPPORTUNITIES, AND HELPING COUNTLESS RESIDENTS SECURE THE	
	RESOURCES THEY NEED TO SURVIVE.	
	FOOD PANTRIES: CCPC OPERATES THE LARGEST FOOD PANTRIES IN SUMMIT AND	
	WASATCH COUNTIES. DURING THE PAST YEAR, INDIVIDUALS WERE SERVED	
	APPROXIMATELY 38,830 TIMES THROUGH THE CENTER'S FOOD PANTRIES, AND 606	
	INDIVIDUALS RECEIVED BASIC NEEDS ASSISTANCE FUNDS OR OTHER TYPES OF	
	BASIC NEEDS ASSISTANCE AS ASSESSED AND DEFINED BY CCPC.	
	2 152 120	
4b	(Code:) (Expenses \$ 2,152,139.         including grants of \$ 8,800.         ) (Revenue \$	)
	THRIFT STORES: CCPC OPERATES THREE THRIFT STORES. THE STORES OFFER	
	TREMENDOUS VALUES ON MEN'S AND WOMEN'S CLOTHING, HOUSEWARES AND SMALL	
	APPLIANCES, FOOTWEAR, OUTERWEAR, AND SEASONAL EXERCISE EQUIPMENT. THEY	
	RECEIVE DONATIONS OF FURNITURE, HOUSEHOLD ITEMS, AND CLOTHING WHERE THE	
	MAJORITY IS GIVEN TO LOWER INCOME INDIVIDUALS AND FAMILIES. THE REST IS	
	SOLD TO FUND THIS AND OTHER PROGRAM SERVICES. APPROXIMATELY 36 PEOPLE	
	RECEIVED NON-MONETARY ASSISTANCE AT NO CHARGE FROM THE CENTER'S STORES	
	DURING THE YEAR.	
4c	(Code:) (Expenses \$1,232,945. including grants of \$) (Revenue \$)	820,041.
	MENTAL HEALTH COUNSELING AND WELLNESS SERVICES: CCPC OFFERS A LARGE	
	COUNSELING CENTER WITH FULLY TRAINED THERAPISTS WHO HAVE A WHOLE RANGE	
	OF EXPERTISE AND TRAINING TO HELP MEET THE MENTAL HEALTH AND WELLNESS	
	NEEDS OF THE COMMUNITY. OUR COUNSELING AND WELLNESS TEAM INCLUDE	
	PROFESSIONAL COUNSELORS DEDICATED TO HELPING INDIVIDUALS MOVE FROM THE	
	STICKING POINTS IN LIFE IN ORDER TO LEARN MORE ABOUT THEMSELVES IN THE	
	PROCESS. OUR COUNSELORS HAVE A WIDE VARIETY OF SPECIALTIES RANGING FROM	
	KIDS TO ADULTS IN BOTH ENGLISH AND SPANISH.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 6,811,714.	
		Form <b>990</b> (2023)

# Form 990 (2023) CHRISTIAN CENTER OF PARK CITY 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	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	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	٣		
U		ء ا		x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<sub>v</sub>
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	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 custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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
c	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
ч	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	٠٠		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX		X	<del>                                     </del>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	$\vdash$
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	١	v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		Х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
=	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		x
20-	complete Schedule G, Part III	20a		x
20a	• •			<del></del>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\vdash$
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	۱	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

332003 12-21-23

# Form 990 (2023) CHRISTIAN CENTER OF PARK CITY Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<b>_</b>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	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		х
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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	<del> </del>
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
20	"Yes," complete Schedule L, Part IV	28c 29	х	
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O  † V   Statements Regarding Other IRS Filings and Tax Compliance	38	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	i

332004 12-21-23

	1990 (2023) CHRISTIAN CENTER OF PARK CITY 87-064377  TO V Statements Regarding Other IRS Filings and Tax Compliance (continued)			age 5					
	continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	140					
	filed for the calendar year ending with or within the year covered by this return 2a 92								
b		2b	х						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	la At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
b	If "Yes," enter the name of the foreign country								
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
	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					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>							
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	OD							
' а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
b		7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
·	to file Form 8282?	7c		x					
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the constitution desired the constraint of the best indicated the constraint of	7f		х					
	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h	Х						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11							
0		8							
9	sponsoring organizations maintaining donor advised funds	-							
	Sponsoring organizations maintaining donor advised funds.	9a							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	an							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b								
b 11									
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from other sources (Do not not amounts due or paid to other sources against								
n	Gross income from other sources. It do not net amounts due of baid to other sources adainst.								

c Enter the amount of reserves on hand

[13c]

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

[15] If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

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

[17] It is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

If "Yes," see the instructions and file Form 4720, Schedule N.Is the organization an educational institution subject to the section 4968 excise tax on net investment income?If "Yes," complete Form 4720, Schedule O.

amounts due or received from them.)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

a 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.
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

**b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

7 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?
If "Yes," complete Form 6069.

Form **990** (2023)

12a

13a

16

10090213 143399 449386

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

Section A. Governing Body and Management  1a Enter the number of voting members of the governing body at the end of the tax year  1 there are material differences in voting rights among members of the governing body, or five governing body and governing body and governing body are governed by governing body and governing body and governing body or under the direct supervision of officers, director, frustee, or key employee?  3 bid the organization delegate control over management durings or other person?  4 bid the organization make any significant changes to its governing documents aince the prior form 900 was filed?  5 bid the organization have members, stockholders?  6 bid the organization have members, stockholders?  7 bid the organization have members, stockholders?  8 bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 bid the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 bid the organization thave members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  8 bid the organization thave without the stockholders, or other persons of the than the governing body?  9 bid the organization that the stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  9 bid the organization that the stockholders, or other persons the stockholders, or persons other than the governing body?  9 bid the organization that subhority to act on behalf of the governing body?	<u> </u>	<u> </u>					X
if there are netted differences in uniter prish among members of the powering body, or life powering body delegated broad suttority to an executive committee or similar committee, epplain on Schedule 0.  2 Did any officer, director, trustees, or key employee?  3 Did the organization delegate control to ver management duties customarily performed by or under the direct supervision of officers, director, trustees, or key employee?  3 Did the organization delegate control to ver management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization become aware during the year of a significant diversion of the organization sasets?  5 Did the organization have members, stockholders or other persons who had the power to elect or appoint one or more members of the opening body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the opening body?  5 Did the organization charge members or stockholders or other persons who had the power to elect or appoint one or more members of the opening body?  5 Did the organization chargement of the organization reserved to for subject to approval by members, stockholders, or persons of the than the opening body?  5 Did the organization contemporaneously occurrent the meetings held or written actions undertaken during the year by the following:  5 Did the organization contemporaneously occurrent the meetings held or written actions undertaken during the year by the following:  5 Did the organization have written policies and procedures governing body?  5 Each pommittee with authority to act on behalf of the governing body?  5 Each pommittee with authority to act on behalf of the governing body?  6 Did the organization have written policies and procedures governing the activities of such chapters, affiliates,  10 Did the organization have written policies and procedures governing the act	Sec	tion A. Governing Body and Management					
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be Enter the number of voting members included on line 1a, above, who are independent	1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
b Enter the number of voting members included on line 1s, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing					
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3		body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
a Did the organization designate control over management duties customarily performed by or under the direct supervision of officers, directors, frustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization have members or stockholders?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  6 Did the organization contineproaneously document the meetings held or written actions undertaken during the year by the following:  8 To governance decisions of the organization reserved to (or written actions undertaken during the year by the following:  8 To governance decisions of the organization or written actions undertaken during the year by the following:  8 To governance decisions of the properties of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? It If Yes, 1 provide the names and addresses on Schedule O.  8 Section B. Policies (This Section B requests information about policies not required by the Internal Reseaue Code).  9 If Yes, 3 did the organization have written policies and procedures governing the activities of such chapters, affiliates.  10 If Yes, 3 did the organization have written policies and procedures governing the activities of such chapters, affiliates.  10 If Yes, 3 did the organization have written policies or policies or the organization's exempt by the policies of the governing organization for such as a file of the policies	b	Enter the number of voting members included on line 1a, above, who are independent	1b	9			
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B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.  Section B. Politicies (This Section B requests information about policies not required by the Internal Revenue Code.)  Ves No.  10a Did the organization have local chapters, branches, or affiliates?  b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b If the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  2a Did the organization have a written conflict of interest policy? If 'No,' go to line 13  b Were officiers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe  on Schedule O how this was done  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  15 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16 Did the organization invest in, contribute assets to, or participate					7h		x
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b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11b East of the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  11a X  11a X  11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  12a Did the organization have a written conflict of interest policy? If "No," go to line 13  12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  12b X  12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  12c X  13 Did the organization have a written whistleblower policy?  14 Did the organization have a written document retention and destruction policy?  15 Did the organization have a written document retention and destruction policy?  16b Uther officers or determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  16a Did the organization in process of the organization of the deliberation and decision?  16b W The organization in the organization of the organization of the organization in process for eke pemployees of the organization of the deliberation and decision?  16b X  17 Uses to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16b V The organization invest in, contribute assets to, or participate in a joint venture or similar arr	40			Г		Yes	
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COLE GESCHWIND - 435-649-2260	20		oks and records				
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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

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

Check this box if neither the organization n	1	Jiya	IIIZa			ipei	Sau	T		<b>(E)</b>
(A)	(B)	(C) Position			1		(D)	(E)	(F)	
Name and title	Average		(do not check more than one box, unless person is both an		Reportable compensation	Reportable	Estimated			
	hours per week					s botr or/trus		from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				- -		organization	(W-2/1099-MISC/	from the
	related	tee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	nal tru		oyee	Highest compensated employee		1099-NEC)		and related
	below	vidua	Institutional t	Je.	Key employee	hest c	Former			organizations
	line)	indi	Inst	Officer	Key	High	Forr			
(1) LEAH HARTER	40.00									
DIRECTOR OF COUNSELING						Х		164,192.	0.	2,092.
(2) ROB HARTER	40.00									
EXECUTIVE DIRECTOR (THRU 09/2024)				Х				140,853.	0.	21,362.
(3) COLE GESCHWIND	40.00									
CHIEF FINANCIAL OFFICER				Х				118,869.	0.	8,461.
(4) JAMES "JIM" SWARTZ	1.00									
CO-CHAIR		Х		Х				0.	0.	0.
(5) SUSAN SWARTZ	1.00									
CO-CHAIR		Х		Х				0.	0.	0.
(6) GERALYN DREYFOUS	1.00									
SECRETARY		Х		х				0.	0.	0.
(7) JIM BERGMAN	1.00									
BOARD MEMBER (LEFT PRIOR TO 3/31/24)		Х						0.	0.	0.
(8) JUDY BERGMAN	1.00									
BOARD MEMBER (LEFT PRIOR TO 3/31/24)		Х						0.	0.	0.
(9) ALLEN LILES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) BONNIE LILES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) BYRON RUSSELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) DEB SCHILLINGER	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) DOUG SCHILLINGER	1.00									
BOARD MEMBER		х						0.	0.	0.
(14) DOUG WELLS	1.00									
BOARD MEMBER		х						0.	0.	0.
(15) LINDA WELLS	1.00									
BOARD MEMBER (LEFT PRIOR TO 3/31/24)		х						0.	0.	0.
(16) BETSY WALLACE	1.00									
BOARD MEMBER		х						0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	loy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(ala		Pos				Reportable	Reportable		Estimate	ed
		hours per	box	, unles	ss per	son i	than o s both	an	compensation	compensation	;	amount	of
		week	offic	cer an	d a di	irecto	r/trus	tee)	from	from related		other	
		(list any	ctor						the	organizations	СО	mpensa	ation
		hours for	r dire				ted		organization	(W-2/1099-MISC/		from th	е
		related	stee o	uste			ensa		(W-2/1099-MISC/	1099-NEC)	O	rganizat	ion
		organizations	altrus	nal tr		oyee	omp e		1099-NEC)		- 1	ınd relat	
		below	ndividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			or	ganizati	ons
		line)	pul	lns	0ffi	Key	e Hig	For					
											+		
											+		
											+		
											+		
											+		
	Culatatal								423,914.			31	915.
	Total from continuation sheets to Part VII								0.		).		0.
	Total (add lines 1b and 1c)								423,914.		).	31,	915.
2	Total number of individuals (including but no								eceived more than \$100,	000 of reportable			
	compensation from the organization												3
												Yes	No
3	Did the organization list any <b>former</b> officer,	•		•	•	•	-	_		•			v
4	line 1a? If "Yes," complete Schedule J for su										3		Х
4	For any individual listed on line 1a, is the su	•		-					•	-	4	х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4		
-	Dia arry person holes on line rancoulve of a	sorae compen	Juli	JII 11	J.11	u ، ı y	A1 11 C	,,utc	o organization or mailing	1441 101 001 V1003			

rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 

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

(A) Name and business address	(B) Description of services	(C) Compensation					
BYRON RUSSELL LLC, 44 WEST BROADWAY, SUITE							
907, SALT LAKE CITY, UT 84101	DATABASE ADMINISTRATION	108,000.					
2 Total number of independent contractors (including but not limited to those lister	Total number of independent contractors (including but not limited to those listed above) who received more than						
\$100,000 of compensation from the organization							

87-0643778

Form 990 (2023) CHRISTIAN OF Part VIII Statement of Revenue

		Check if Schedule O	ontains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1 a	Federated campaigns		1a	40,116.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues							
9 5		Fundraising events							
fts,		Related organizations							
ija Bij					328,847.				
ons,		Government grants (contri			320,047.				
utio	Ţ	All other contributions, gifts,			6 662 022				
ē		similar amounts not included			6,662,022.				
ont	_	Noncash contributions included in I	ines 1a-1f	1g \$	4,452,613.	7 020 005			
<u>0</u> 8	n	h Total. Add lines 1a-1f				7,030,985.			
				Business Code	000 041	000 041			
ce	2 a	COUNSELING & WELLNE	SS		624100	820,041.	820,041.		
er Ie	b								
Sent	С								
ran Sev	d								
Program Service Revenue	е								
<u>a</u>	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				820,041.			
	3	Investment income (includ	ling divid	lends, intere	st, and				
		other similar amounts)				18,875.			18,875.
	4	Income from investment o	f tax-exe	mpt bond p	roceeds				
	5	Royalties	. <u></u>						
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	6,596.					
	b	Less: rental expenses	6b	0.					
	С	Rental income or (loss)	6c	6,596.					
	d	Net rental income or (loss)			•	6,596.			6,596.
		Gross amount from sales of	$\overline{}$	Securities	(ii) Other				·
		assets other than inventory	7a						
	h	Less: cost or other basis							
<u>o</u>	-	and sales expenses	7b						
Revenue	c		7c						
ě		Net gain or (loss)							
		Gross income from fundraisir			<u> </u>				
Other	o a	including \$	-	of					
		contributions reported on		_					
		Part IV, line 18	,						
	h	Less: direct expenses							
		Net income or (loss) from t			1				
		Gross income from gamin		-					
	e a	Part IV, line 19	•	I .					
	<b>L</b>	Less: direct expenses							
		Net income or (loss) from							
	іо а	Gross sales of inventory, le		I .	2,294,940.				
		and allowances							
		Less: cost of goods sold			2,294,940.	0.			
-+	С	Net income or (loss) from	sales of i	nventory		0.			
Sī					Business Code	20 641			20 641
eor re	11 a				624100	30,641.			30,641.
Miscellaneous Revenue	b								
Sce.	С.								
Σ		All other revenue				20 645			
		Total. Add lines 11a-11d				30,641.	000 011		FC 445
	12	Total revenue. See instruction	ns			7,907,138.	820,041.	0.	56,112.

332009 12-21-23

87-0643778

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

	Check if Schedule O contains a respons	(A)	nis Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	8,800.	8,800.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,273,861.	2,273,861.		
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	289,545.	237,258.	35,120.	17,167
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	2,751,539.	2,245,312.	334,382.	171,845
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,794.	12,088.	1,867.	839
	Other employee benefits	298,366.	255,384.	35,135.	7,847
	Payroll taxes	232,530.	195,474.	23,071.	13,985
	Fees for services (nonemployees):	,	,	,	,
	Management				
	Legal				
	Accounting	32,025.		32,025.	
		,		,	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25,	380,082.	198,712.	87 131	03 036
	column (A), amount, list line 11g expenses on Sch 0.)	8,864.	8,453.	87,434.	93,936
	Advertising and promotion	,	•	10 055	
	Office expenses	101,476.	72,317.	18,855.	10,304
	Information technology	71,597.	31,806.	12,397.	27,394
	Royalties	242 722	207 222	15 500	0.01
	Occupancy	343,723.	327,332.	15,500.	891
	Travel	75,796.	75,667.	129.	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	8,185.		8,185.	
	Interest	137,442.	130,570.	6,872.	
	Payments to affiliates				
22	Depreciation, depletion, and amortization	362,450.	318,956.	43,494.	
	Insurance	47,071.	41,711.	5,360.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAMS	248,986.	247,427.	1,406.	153
b	CREDIT CARD FEES	77,354.	74,173.	88.	3,093
С	THRIFT SHOP	46,835.	46,835.		
d	DEVELOPMENT EXPENSE	9,379.	5,894.		3,485
е	All other expenses	3,715.	3,684.	1.	30
	Total functional expenses. Add lines 1 through 24e	7,824,415.	6,811,714.	661,321.	351,380
	Joint costs. Complete this line only if the organization			·	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	and turiority something something				

## Form 990 (2023) Part X Balance Sheet

Par	τX	Charles School de Company		u line in this Deat V			
		Check if Schedule O contains a response or n	ote to an	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			445,809.	1	920,409.
	2	Savings and temporary cash investments		1,971,539.	2	1,770,393.	
	3	Pledges and grants receivable, net	63,022.	3	48,099.		
	4	Accounts receivable, net			10,773.	4	30,398.
	5	Loans and other receivables from any current			·		
		trustee, key employee, creator or founder, sub		· · · · ·			
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua	alified per				
		under section 4958(f)(1)), and persons describ	•	,		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			91,593.	8	96,672.
As	9				15,425.	9	22,161.
		Land, buildings, and equipment: cost or other			·		
		basis. Complete Part VI of Schedule D		12,636,096.			
	b			2,640,993.	10,329,684.	10c	9,995,103.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	171,597.	15	950,621.		
	16	Total assets. Add lines 1 through 15 (must ed			13,099,442.	16	13,833,856.
	17	Accounts payable and accrued expenses			153,824.	17	153,123.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet		1		21	
ú	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ig		controlled entity or family member of any of th				22	
Ë	23	Secured mortgages and notes payable to unre	-		2,348,035.	23	2,221,544.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin					
		of Schedule D	•	L	174,624.	25	953,507.
	26	Total liabilities. Add lines 17 through 25			2,676,483.	26	3,328,174.
		Organizations that follow FASB ASC 958, c	heck her	e X			
ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			10,071,651.	27	10,189,138.
Bal	28	Net assets with donor restrictions			351,308.	28	316,544.
pu		Organizations that do not follow FASB ASC					
Fu		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current fund	ds			29	
sets	30	Paid-in or capital surplus, or land, building, or			30		
As	31	Retained earnings, endowment, accumulated			31		
Net Assets or Fund Balances	32	Total net assets or fund balances			10,422,959.	32	10,505,682.
-	33	Total liabilities and net assets/fund balances			13,099,442.	33	13,833,856.

Pa	rt 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		,907 <u>,</u> ,824,					
2	Protal expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3		82, 422,	723.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4								
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
_	column (B))	10	10	,505,	682.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>				
				Yes	No				
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	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	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on School	edule O.							
За	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?									
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2023)				

332012 12-21-23

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

**Employer identification number** 

		CHRIST	IAN CENTER OF P	ARK CITY					87-0643778
Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found							
1	<u> </u>	A church, convention of ch	·		•	•	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative				)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in section	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:	·						•
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv).							
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	•				• •	e general i	oublic described in
		section 170(b)(1)(A)(vi). (C			· ·				
8		A community trust describe		(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org			•	ed in conju	unction with a	land-grant	college
		or university or a non-land-g				-		-	-
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See section 5	i09(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
á	a 🗀	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled I	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	ctors or trustee	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
ŀ	<b>.</b>	Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatior	ı(s), by hav	ving
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	je the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
(	; L		grated. A supporting	g organization operated i	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ections A,	D, and E.		
(	k		<b>/ integrated.</b> A supp	porting organization operation	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	-		-		·=	an attentiv	/eness
	_	requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
•	• L	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type I	I, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supportir	ng organiz	ation.			
1		er the number of supported of	•						
		vide the following information  i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monotony	(vi) Amount of other
	,	organization	(11) E114	(described on lines 1-10	in your governi	ing document?	support (see in	-	support (see instructions)
_				above (see instructions))	Yes	No			
_									
_									
	al								
									1

### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5,783,726.	6,536,493.	7,393,269.	6,769,035.	7,030,985.	33,513,508.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,783,726.	6,536,493.	7,393,269.	6,769,035.	7,030,985.	33,513,508.
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)						3,743,927.
6	Public support. Subtract line 5 from line 4.						29,769,581.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	5,783,726.	6,536,493.	7,393,269.	6,769,035.	7,030,985.	33,513,508.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	59,198.	20,591.	33,319.	26,644.	25,471.	165,223.
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.)			18,430.	22,615.	30,641.	71,686.
11	<b>Total support.</b> Add lines 7 through 10						33,750,417.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	14,430,898.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	88.21 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	86.87 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				Х_
b	33 1/3% support test - 2022. If the o						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this l	oox and stop here	<b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pub	olicly supported org	ganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly s	supported organiz	zation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, 16b, 17a, or 17b,	check this box a	nd see instructions	
						Schedule A	(Form 990) 2023

332022 12-21-23

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	<b>2022</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qual	ifies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2022.</b> If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
- Ou		
OI-		
3b		
_		
3c		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
36		
00		
9c		
10a		
10b		

332024 12-21-23

Pa	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
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		<u> </u>
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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 <b>Part VI</b> 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		
Sec	tion 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		
Sec	tion 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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
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. <b>Answer lines 3a and 3b below.</b>			
а				
	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		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 ( explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued	d)	<u>u</u>
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 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 Pre-2023		Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2023 distributable amount				
<u>_i</u>	Carryover from 2018 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
<u> </u>	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				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Part V. Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 172, Part III, Section A. Inex 2, 39, 56, 64, 56, 56, 59, 59, 50, 114, 115, and 117, Part IV, Section B. Inex 1 and Part IV, Section C. Inex 1 and S. Part IV, Section D. Inex 2 and S. Part IV, Section E. Inex 1 and Part IV, Section C. Inex 2, 5, 36, 36, 36, 36, 36, 36, 36, 36, 36, 36
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)  SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:  OTHER INCOME  2021 AMOUNT: \$ 18,430.
OTHER INCOME
2021 AMOUNT: \$ 18,430.
2022 AMOUNT: \$ 22,615.

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

**Employer identification number** 

CHRISTIAN CENTER OF PARK CITY 87-0643778 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

CHRISTIAN CENTER OF PARK CITY

87-0643778

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 2	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<b>No.</b> 5	ivalile, audiess, and ZIP + 4	\$ 232,326. Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
<b>No.</b> 6	Name, address, and ZIP + 4	Total contributions  Person Payroll Noncash X (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

CHRISTIAN CENTER OF PARK CITY

87-0643778

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$553,458.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and Zir + 4	\$\$ 561,422.	Person 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for

Schedule B (Form 990) (2023) Page **3** 

Name of organization Employer identification number

CHRISTIAN CENTER OF PARK CITY  $87\!-\!0643778$ Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD 1 206,927. 03/31/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD 3 465,188. 03/31/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD 5 232,326. 03/31/24 (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD 6 03/31/24 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I FOOD 8 03/31/24 (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I FOOD 9 553,458. 03/31/24

323453 12-26-23

Schedule B (Form 990) (2023)

Page 3

Name of organization Employer identification number

CHRISTIAN CENTER OF PARK CITY

87-0643778

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	FOOD		
		\$\$	03/31/24
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
453 12-26-	22		Schedule B (Form 990) (20)

Page 4

Employer identification number

Name of organization

סדפייד אוי	N CENTER OF PARK CITY		87-0643778	
art III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line entry. For charitable, etc., contributions of \$1,000 or less for	501(c)(7), (8), or (10) that total more than \$1,00	0 for the yea
No.	coo adpiredte copies et i art iii ii additional			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee	
	Transieree's frame, address, a		netationship of transfer of to transfer ee	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
_				
		(e) Transfer of gift		
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee	
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
-		(e) Transfer of gift	-   -	
+	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	
No				
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held
- $ $		(e) Transfer of gift		
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee	

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHRISTIAN CENTER OF PARK CITY

**Employer identification number** 

Pai	t I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bellet davised failed	(a) i di de di la etilei decedino
1	Total number at end of year		
2			
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year  Did the organization inform all donors and donor advisors in v	witing that the coasts hold in doney advi	
5	-	_	
•	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		•
	for charitable purposes and not for the benefit of the donor or	, , , , ,	
Pai		repiration anguared "Vee" on Form 000	
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	· —	of a historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	- · · · · · · · · · · · · · · · · · · ·	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	-
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cor	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
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	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial staten	nents that describes the
<b>D</b> -	organization's accounting for conservation easements.	Ad Illian deal Trees	Ille a O' a 'lle a A a a al a
Pai	t III Organizations Maintaining Collections of		tner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		-
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these ite	ns.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

332051 09-28-23

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

Par	rt III Organizations Maintaining C	ollections of Art	, Histo	orical Tre	asures, or	Other	Similar	Assets	(contin	nued	)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	make sigi	nificant u	se of its				
	collection items (check all that apply).											
а	Public exhibition	d	l	_oan or excl	nange progra	m						
b	Scholarly research	е		Other								
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5	During the year, did the organization solicit or	r receive donations o	f art, his	torical treas	ures, or other	r similar a	ssets					
	to be sold to raise funds rather than to be ma								Yes		No	
Par	rt IV Escrow and Custodial Arrang	gements Complet	te if the d	organization	answered "Y	es" on Fo	orm 990,	Part IV, lii	ne 9, or			
	reported an amount on Form 990, Par	t X, line 21.										
1a	Is the organization an agent, trustee, custodia	an, or other intermed	liary for o	contribution	s or other ass	ets not in	ncluded					
	on Form 990, Part X?							$\square$	Yes		No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing ta	able:								
									Amoun	t		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	stodial accou	ınt liability	/?	L	Yes	L	No	
	If "Yes," explain the arrangement in Part XIII.											
Pai	rt V Endowment Funds Complete if											
		(a) Current year	<b>(b)</b> P	rior year	(c) Two years	s back (c	d) Three ye	ears back	(e) Four	year	s back	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curre	•	(line 1g	, column (a)	) held as:							
а	Board designated or quasi-endowment		_%									
b	Permanent endowment	%										
С		%										
	The percentages on lines 2a, 2b, and 2c shou											
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that	are held an	d administere	ed for the			ı		<del></del>	
	organization by:									Yes	No	
	(i) Unrelated organizations?								3a(i)		+-	
									3a(ii)		+-	
b	If "Yes" on line 3a(ii), are the related organization								3b			
Bar	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipment		vment fu	ınds.								
Fai	Complete if the organization answered		Dort IV	lino 11a C	00 Form 000	Dort V liv	00.10					
			Ī		i i							
	Description of property	(a) Cost or of basis (investm		(b) Cost basis (	<b>I</b>		cumulated reciation	a	<b>(d)</b> Boo	k vai	ue	
_		,	ierit)		,400,000.	чері	eciation			400		
	Land						200 5	72			,000.	
	Buildings				,743,218.		299,5 1,658,3				,646.	
	Leasehold improvements			0	725,637.		489,9		4		,668.	
	Equipment				207,112.		193,0				,052.	
	Other								٥		,1032.	
ıota	I. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part )	x. line 10	c. column	(R))			<u>                                  </u>	- <i>-</i> -	د د ر	, 103.	

Schedule D (Form 990) 2023 CHRISTIAN CENTER	OF PARK CITY		37-0643778 Pa
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or ea	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<u> </u>		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
<u>(1)</u>	<u> </u>		
(2)	<u> </u>		
(3)	<u> </u>		
(4)	<u> </u>		
(5)			
(6)	<u> </u>		
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets	·		
	on Form 000 Dort IV line	11d Coo Form 000 Port V line 15	
Complete if the organization answered "Yes"		Trd. See Form 990, Part X, line 15.	(h) Dook volue
	Description		(b) Book value
(1) RIGHT OF USE ASSETS			950,6
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total (October 16) report a great Farm 2000 Part V. Fac 15, and	(D))		950,6
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) LEASE LIABILITY			953,5
\ <u>\_\</u>			353,5
(3)			+
(5) (6)			
<u>(6)</u>			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

953,507.

(8) (9)

87-0643778

Par	Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ts With H	Revenue per Re	turn	
1	Total construction and allower and allower and the defended by the desired by the			1	10,202,078.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	-			
d	Other (Describe in Part XIII.)	1	2,294,940.		
е	Add lines 2a through 2d			2e	2,294,940.
3	Subtract line 2e from line 1			3	7,907,138.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII   Reconciliation of Expenses per Audited Financial Statemer			5	7,907,138.
Par		nts With	Expenses per R	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	10,119,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		2,294,940.		
е	Add lines 2a through 2d			2e	2,294,940.
3	Subtract line 2e from line 1			3	7,824,415.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			4-	0.
	Add lines 4a and 4b			4c 5	7,824,415.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information			5	,,021,113.
PART	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition  X, LINE 2:  ORGANIZATION IS A NONPROFIT ORGANIZATION THAT IS EXEMPT FROM IN	onal inform		; Part X, li	ne 2; Part XI,
	S UNDER SECTION 501(C)(3) FOR THE INTERNAL REVENUE AND UNDER TH				
OF U	TAH TAX REGULATIONS. CONSEQUENTLY, NO PROVISION FOR INCOME TAXE	S HAS			
BEEN	RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.				
r					
PART	XI, LINE 2D - OTHER ADJUSTMENTS:				
COST	OF GOODS SOLD MOVED FROM EXPENSES 2,	294,940.			
PART	XII, LINE 2D - OTHER ADJUSTMENTS:				
COST	OF GOODS SOLD MOVED TO REVENUE 2,	294,940.			

Schedule D (Form 990) 2023  Part XIII Supplemental Info	CHRISTIAN CENTER OF PARK CITY	87-0643778 Page <b>5</b>
Part XIII   Supplemental Info	rmation (continued)	
•		
-		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
	TER OF PARK C	TY					87-0643778
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?		£	Ct-t			X Yes No
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to					anization answered "V	'es" on Form 990 Part	IV line 21 for any
recipient that received more than					anization answered T	es officialisso, rait	iv, line 21, lor arry
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BIG BROTHERS/BIG SISTERS 5532 LILLEHAMMER LN #202					THRIFT SHOP		
PARK CITY, UT 84098	23-1365190	501(C)(3)	0.	8,800.		CLOTHING	COMMUNITY ASSISTANCE
	23 1303130	301(0)(3)	•••	0,000.	V1111011	CLOTHING	COMMONITY MESTERMEN
2 Enter total number of section 501(c)(3) a	and government or	ranizations listed in th	e line 1 table			1	1.
3 Enter total number of other organization	-						······

CHRISTIAN CENTER OF PARK CITY 87-0643778 Schedule I (Form 990) 2023 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (b) Number of (a) Type of grant or assistance (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance COMMUNITY FOOD ASSISTANCE 38830 0. 1,846,194,\$1.93/LB COST ESTIMATE FOOD OPERATION HOPE CHRISTMAS GIFTS 1896 0. 237,000 RETAIL VALUE NEW TOYS FOR CHILDREN \$4.80/BASKET COST 7 200 ESTIMATE EASTER OUTREACH 1500 0. EASTER BASKETS FOR CHILDREN BASIC NEEDS ASSISTANCE 0. 4 265 FAIR VALUE VEHICLE DONATION EVICTION AND UTILITY SHUTOFF PREVENTION 179 202 0 RENT AND UTILITIES 336 Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: BASIC NEEDS ASSISTANCE IS FOR RESIDENTS OF SUMMIT AND WASATCH COUNTIES ONLY. ALL FINANCIAL ASSISTANCE SERVICES REQUIRE AN ONLINE APPLICATION.

FIRST-TIME APPLICANTS HAVE PRIORITY FOR RECEIVING SERVICES. FUNDS ARE NEVER

OFFERED THE DAY THEY ARE REQUESTED AND THEY ARE NEVER DISTRIBUTED DIRECTLY

TO THE INDIVIDUAL REQUESTING ASSISTANCE.

AFTER FOOD, CLOTHING ITEMS, OR OTHER FINANCIAL ASSISTANCE IS DISTRIBUTED

NO FURTHER MONITORING IS CONSIDERED NECESSARY.

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

Internal Revenue Service Name of the organization

CHRISTIAN CENTER OF PARK CITY

Employer identification number 87-0643778

Pa	art I Questions Regarding Compensation				
	·			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided	d any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide an	ny relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organiz	zation follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describ	ed above? If "No," complete Part III to explain	. 1b		
2	Did the organization require substantiation prior to reimbu	ursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Direct	tor, regarding the items checked on line 1a?	. 2		
3	Indicate which, if any, of the following the organization us	ed to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not chec	ck any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but	ut explain in Part III.			
	X Compensation committee	X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	X Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part \	VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payme	ent?	4a		Х
b	Participate in or receive payment from a supplemental nor	nqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based co	ompensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide to	he applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organize	zations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		Х
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		Х
b	Any related organization?		6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1				
		III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid of				1
	initial contract exception described in Regulations section		. 8		Х
9	If "Yes" on line 8, did the organization also follow the rebu				
	Regulations section 53.4958-6(c)?		9		

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

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

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

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

(A) Name and Title		<b>(B)</b> Breakdown of W	V-2 and/or 1099-MISe compensation	C and/or 1099-NEC	other deferred benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LEAH HARTER	(i)	164,192.	0.	0.	2,092.	0.	166,284.	0.
DIRECTOR OF COUNSELING	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ROB HARTER	(i)	140,853.	0.	0.	2,894.	18,468.	162,215.	0.
EXECUTIVE DIRECTOR (THRU 09/2024)	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							<u> </u>
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						L	

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

#### **SCHEDULE L**

Department of the Treasury

(Form 990)

## **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

IIII	ai i i everide dei vice	G0 10 1			JGC	actionic and the lat							
Nam	ne of the organization									rident	ificati	on nu	mber
D-			ENTER OF PARK							13778			
Ра						ion 501(c)(4), and sec							
	Complete if the o					art IV, line 25a or 25b	; or Form 990-EZ, Pa	art V, I	ine 40	b.	1, ,		
1	(a) Name of disqualified p	person (n	n) Relationship bet person and o			lified (d	c) Description of tran	sactio	n				cted?
			porcon and c	. 9							+ Y	es	No
<u>(1)</u> (2)												-	
(3)												$\neg$	
(4)													
(5)													
(6)													
2	Enter the amount of tax i	incurred by the	e organization mar	agers	or disc	qualified persons dur	ing the year under						
	section 4958								\$				
3	Enter the amount of tax,	if any, on line	2, above, reimburs	sed by	the or	ganization			\$				
		.,											
Pa	rt II Loans to and	d/or From I	nterested Per	sons									
	•	· ·				, Part V, line 38a, or	Form 990, Part IV, lir	ne 26;	or if th	ne orga	anizati	on	
			90, Part X, line 5,			T	Γ	ı		<b>/b)</b> An	proved	1	
	(a) Name of interested person	(b) Relationsh with organizati		fron	an to or n the	(e) Original principal amount	(f) Balance due		) In ault?	by bo	ard or	(i) v	Vritten ement?
	interested person	With organizati	on on loan	<u> </u>	zation?	principal amount			1		nittee?		1
<u> </u>				То	From			Yes	No	Yes	No	Yes	No
(1)		1		+						+			+
(2) (3)				+									1
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)	)												
Tota		····	41-1	<u></u>		\$							
Pa			enefiting Inter										
	Complete if the	organization ar	nswered "Yes" on	Form 9	90, Pa								
	(a) Name of interested p	person	(b) Relationship			(c) Amount of assistance	(d) Type assistan			•	) Purp assista		of
			interested per the organiz		u	assistance	assistan	CE			assisi	arice	
	<u> </u>	+							+				
(1)									-				
_(2) _(3)		+							$\dashv$				
<u>(3)</u> (4)									-+				
(5)									$\dashv$				
(6)													
						t			-				

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

Schedule L (Form 990) 2023

(7) (8) (9) (10)

Part IV Business Transactions Involving Interested	Persons
--	---------

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization? revenues?		
				Yes	No	
(1)LEAH HARTER	SEE PART V	166,284.	SEE PART V		Х	
(2)MONTE CALDWELL	SEE PART V	108,000.	SEE PART V		Х	
(3)						
(4)						
(5)						
(6)				1		
(7)						
(8)				<u> </u>		
(9)				-		
(10) Part V Supplemental Information						
	t- musetiana an Cabadula I. Cas ii					
Provide additional information for res	ponses to questions on Schedule L. See in	istructions.				
CH L, PART IV, BUSINESS TRANSACTIONS	INVOLVING INTERESTED PERSONS.					
Z, IIMI IV, DODINEDO INMONCITONO	INTOLVING INTLANDIED TENDONS;					
A) NAME OF PERSON: LEAH HARTER						
II, MAIL OF FERDON, ESTAT MARCEN						
B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION: FAMILY					
,						
MEMBER OF ROB HARTER, EXECUTIVE DIREC	TOR					
·						
C) AMOUNT OF TRANSACTION: \$166,284						
D) DESCRIPTION OF TRANSACTION: COMPE	NSATED AS DIRECTOR OF COUNSELIN	G				
A) NAME OF PERSON: MONTE CALDWELL						
B) RELATIONSHIP BETWEEN INTERESTED P	ERSON AND ORGANIZATION: FAMILY					
MEMBER OF BYRON RUSSELL, BOARD MEMBER						
a) worms of management #100,000						
C) AMOUNT OF TRANSACTION: \$108,000						
D) DESCRIPTION OF TRANSACTION: CONSU	INTING PERG POD DAMADAGE					
D) DESCRIPTION OF TRANSACTION: CONSU	LIING FEES FOR DATABASE					
ADMINISTRATION						
DHINISIMIION						

#### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	CHRISTIAN CENTER OF PARK CITY					87-0643778			
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		2,355,654.	THRIFT SHOP VALU	E			
6	Cars and other vehicles	Х	2	6,565.	FAIR VALUE				
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х		1,846,194.	1.93/LB COST ESTIMATED				
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ( NEW TOYS )	Х	1,896	237,000.	RETAIL VALUE				
26	Other (EASTER BASKETS)	Х	1,500	7,200.	\$4.80/BASKET COS	T ES			
27	Other ( )								
28	Other ( )								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 8283, Part V, Donee Acknowledgement 29								
	-		_				Yes	No	
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?					30a		Х	
b	If "Yes," describe the arrangement in Part II.								
31						Х			
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?		•			32a		х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	ked,				
	describe in Part II.	( ) /	), i i)	( ) ( )	•				

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

Schedule M (Form 990) 2023 332142 09-11-23

#### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHRISTIAN CENTER OF PARK CITY

**Employer identification number** 87-0643778

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE CHRISTIAN CENTER OF PARK CITY (CCPC) IS A CHRISTIAN, HUMANITARIAN
COMMUNITY RESOURCE CENTER THAT HELPS IMPROVE THE LIVES OF PEOPLE AND
COMMUNITIES THROUGH MEETING IMMEDIATE AND BASIC NEEDS, SERVING AS A
LEADING NETWORKER OF COMMUNITY RESOURCES, OFFERING COUNSELING AND CARE
SUPPORT, AND BY GIVING HOPE TO THOSE WE SERVE. FOCUSING PRIMARILY ON
THE POPULATION CENTERS OF SUMMIT AND WASATCH COUNTIES, CCPC SERVES ALL
PEOPLE, REGARDLESS OF RACE, RELIGION, NATIONALITY, SEXUAL ORIENTATION,
ETHNICITY, OR GENDER. WE REQUIRE NO MEMBERSHIP, DUES, OR COMPLIANCE
WITH OUR FAITH TRADITIONS TO BE SERVED BY OUR PROGRAMS AND RESOURCES.
FORM 990, PART VI, SECTION A, LINE 2:
ROB HARTER, EXECUTIVE DIRECTOR THRU SEPTEMBER 30, 2024, AND LEAH HARTER,
DIRECTOR OF COUNSELING HAVE A FAMILY RELATIONSHIP. JAMES SWARTZ, CO-CHAIR
AND SUSAN SWARTZ, CO-CHAIR HAVE A FAMILY RELATIONSHIP. JIM BERGMAN, BOARD
MEMBER, AND JUDY BERGMAN, BOARD MEMBER HAVE A FAMILY RELATIONSHIP. ALLEN
LILES, BOARD MEMBER, AND BONNIE LILES, BOARD MEMBER HAVE A FAMILY
RELATIONSHIP. DOUG SCHILLINGER, BOARD MEMBER AND DEB SHILLINGER, BOARD
MEMBER HAVE A FAMILY RELATIONSHIP. DOUG WELLS, BOARD MEMBER AND LINDA
WELLS, BOARD MEMBER HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. A COPY OF THE FORM
990 IS PROVIDED TO THE EXECUTIVE DIRECTOR AND THE BOARD FOR THEIR REVIEW
PRIOR TO FILING.

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

<u>Schedule O (Form 990) 2023</u> Page **2** 

**Employer identification number** Name of the organization CHRISTIAN CENTER OF PARK CITY 87-0643778 FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES AN ANNUAL DISLOSURE OF POSSIBLE CONFLICTS OF INTEREST. IT IS THE POLICY OF CCPC THAT THE EXISTENCE OF ANY CONFLICT OF PERCEIVED OR POTENTIAL CONFLICT BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. IT IS THE CONTINUING RESPONSIBILITY OF COVERED PERSONS TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND IMMEDIATELY MAKE ANY REQUIRED DISCLOSURE. DISCLOSURE SHOULD BE MADE TO THE EXECUTIVE DIRECTOR (OR. IF HE IS THE ONE WITH THE CONFLICT, TO THE BOARD CHAIRMAN) WHO SHALL THEN BRING THIS MATTER TO THE ATTENTION OF THE BOARD OR SUCH OTHER COMMITTEE OF THE BOARD THAT MAY BE AUTHORIZED TO EVALUATE AND RESPOND TO SUCH DISCLOSURES, IN THE BEST INTERESTS OF CCPC. THE BOARD, OR SUCH COMMITTEE, SHALL THEN DETERMINE IN THEIR SOLE DISCRETION WHETHER A CONFLICT OF INTEREST EXISTS AND IS MATERIAL, AND IF SO, WHETHER ANY CONTEMPLATED TRANSACTION MAY NEVERTHELESS BE AUTHORIZED AS JUST, FAIR, AND REASONABLE IN THE BEST INTEREST OF CCPC. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE ORGANIZATION'S EXECUTIVE DIRECTOR'S IS DETERMINED BY ANNUAL REVIEW AND APPROVAL OF THE ORGANIZATION'S BOARD OF DIRECTORS. COMPENSATION FOR THE ORGANIZATION'S OFFICERS' AND KEY EMPLOYEES' IS DETERMINED BY ANNUAL REVIEW AND APPROVAL BY THE ORGANIZATION'S BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S ARTICLES OF INCORPORATION AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST.