	Acknowledgement and General Information for Entities That File Returns Electronically	2022
Name(s) as shown on return		Employer Identification Number
UTAH GAY & LESE	IAN CRANER	
_PO BOX 520394		
SALT LAKE CIT	ticipating in IRS e-file.	
1. x 2022 990E The electronic fil 2. x 990EZ	z income tax retum for Federal was filed end on generatives were provided by Tracey Dean Tax income tax retum was accepted on05-15-2023 using a Person	
	nature. The entity entered a PIN or authorized the Electronic Retum Originator (ERO) to end assigned to this retum is 8760362023135zynlpyb	nter or generate a PIN signature.
IRS. IF Y	OU DO, IT WILL DELAY THE PROCESSING OF THE RE	FURN.

FOR TAX YEAR 2022

UTAH GAY & LESBIAN CHAMBER

Tracey Dean Tax 3664 South Wedgewood Road Salt Lake City, UT 84106 (801)824-2600

Form 990-EZ

Short Form

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public

2022

Depa Inter	artment o nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990EZ for instructions and the late	est informatio	on.	Inspection
A	or the	2022 calenda	r year, or tax year beginning , 2022	, and ending	_	, 20
BC	heck if ap	pplicable	C Name of organization		D Employer	identification number
A	Address	change	UTAH GAY & LESBIAN CHAMBER		45-4656	5686
	Name ch	nange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	number
	nitial retu		РО ВОХ 520394		(801)30	0-0884
	-inal retu Amendeo	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code	•	F Group Exe	emption
			SALT LAKE CITY, UT 84152		Number	, in particular in the second s
		ting Method:	X Cash Accrual Other (specify)	н		ne organization is not
	Nebsite	-	S://WWW.UTAHLGBTQCHAMBER.ORG/			ach Schedule B
			heck only one) $-501(c)(3)$ $x 501(c) (6$) (insert no.) $4947(a)(1)$	or 527	(Form 990).	ach Schedule B
					(FOITT 990).	
		organization:	X Corporation Trust Association Other b to line 9 to determine gross receipts. If gross receipts are \$200,000 or m	ore or if total a	esots	
			500,000 or more file Form 990 instead of Form 990-F7			
			e, Expenses, and Changes in Net Assets or Fund Balan			
ГС	art I			•		,
			he organization used Schedule O to respond to any question in th			
	1		s, gifts, grants, and similar amounts received			17,627
	2	-	vice revenue including government fees and contracts			56,138
	3	•	dues and assessments			79,368
	4	Investment ir	ncome	•••••	4	23
	5a		nt from sale of assets other than inventory			
	b		tother basis and sales expenses			
	С	Gain or (loss	s) from sale of assets other than inventory (subtract line 5b from line 5a) $\ $.		5c	
	6	Gaming and	fundraising events:			
	а	Gross incom	e from gaming (attach Schedule G if greater than			
ne		\$15,000) . .				
Revenue	b	Gross incom	e from fundraising events (not including <u></u> of contri	butions		
Re		from fundrais	sing events reported on line 1) (attach Schedule G if the			
		sum of such	gross income and contributions exceeds \$15,000) 6b			
	с	Less: direct e	expenses from gaming and fundraising events			
	d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtr	act		
		line 6c)			6d	
	7a	Gross sales	of inventory, less returns and allowances			
	b	Less: cost of	goods sold			
	с	Gross profit	or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
	8	Other revenu	le (describe in Schedule O)		8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and &			153,156
	10		imilar amounts paid (list in Schedule O).			1,725
	11		to or for members			
	12	•	er compensation, and employee benefits			94,735
es	13		fees and other payments to independent contractors			21,004
Expenses	14		rent, utilities, and maintenance			5,925
Ц.	15		lications, postage, and shipping			1,446
	16	• •	ses (describe in Schedule O)			26,543
	17		ses. Add lines 10 through 16			151,378
	18		eficit) for the year (subtract line 17 from line 9)			1,778
S	19		r fund balances at beginning of year (from line 27, column (A)) (must agree			1,770
Net Assets	13		igure reported on prior year's return)		19	22 021
t As	20					23,021
Net	20 21	-	es in net assets or fund balances (explain in Schedule O)			04 500
	21	INET ASSETS O	r fund balances at end of year. Combine lines 18 through 20		21	24,799

Form 9	00-EZ (2022) UTAH GAY & LESBIAN (CHAMBER		45-4	6566	586 Page 2
Part	II Balance Sheets (see the instructions for Pa	urt II)				
	Check if the organization used Schedule O t	o respond to any qu	estion in this Part I			X
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[23,021	22	48,799
23	_and and buildings			0	23	0
	Other assets (describe in Schedule O)		F	0	24	0
	Fotal assets		F	23,021	25	48,799
26	Total liabilities (describe in Schedule O)			0	26	24,000
	Net assets or fund balances (line 27 of column (B) mus			23,021	27	24,799
Part		•				
	Check if the organization used Schedule O	to respond to any qu	uestion in this Part	ш́П		Expenses
What i	s the organization's primary exempt purpose? TO ASS				• •	uired for section
						c)(3) and 501(c)(4)
as mea person	be the organization's program service accomplishments for asured by expenses. In a clear and concise manner, descu s benefited, and other relevant information for each progra DLLABORATION WITH SLC TO HELP STRUGGL	ribe the services provid am title.			orgar other	nizations; optional for s.)
29	Grants \$ 11,750) If this amou	nt includes foreign gran	is, check here		28a	23,684
	Grants \$) If this amour	nt includes foreign grant	s, check here		29a	
		nt includes foreign grant	s, check here		30a	
		nt includes foreign grant		· · · · · · · · · · · · · · · · · · ·	31a	
	tal program service expenses (add lines 28a through 3				32	23,684
Part				ensated - see the instr	uctio	ns for Part IV)
	Check if the organization used Schedule O to res	pond to any question in	this Part IV		• • •	
	(a) Name and title	(b) Average hours per week devoted to position	 (c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC) (if not paid, enter -0-) 	(d) Health benefits, contributions to employe benefit plans, and deferred compensation	e (Estimated amount of other compensation
ELIZ	ABETH PITTS					
CEO		40.00	56,567	1,723		0
SAMA	NTHA TAYLOR					
CHAI	RWOMAN	10.00	0	0		0
MICH	AEL REYNOLDS					
VICE	CHAIR	5.00	0	0		0
JON	JEPSEN					
TREA	SURER	5.00	0	0		0
					_	

Part	-EZ (2022) UTAH GAY & LESBIAN CHAMBER 45-4656			Pag
	V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	′		
			Yes	Ν
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		2
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q.	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
Ū	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		
86	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N.	36		
27 2		50		
	Enter amount of political expenditures, direct or indirect, as described in the instructions	07h		
	Did the organization file Form 1120-POL for this year?	37b		
8 а	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this retum?	38a		
	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-		
9	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	_		
	Gross receipts, included on line 9, for public use of club facilities	_		
0 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911:; section 4912 :; section 49 <u>55</u> :			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part.I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
	40c reimbursed by the organization	40e		
e	40c reimbursed by the organization	40e		
е 1	40c reimbursed by the organization		884	
е 1	40c reimbursed by the organization	00-0	884	
e 1 2 a	40c reimbursed by the organization	00-0	884 Yes	
е 1 2а	40c reimbursed by the organization 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed: The organization's books are in care of: ELIZABETH PITTS Located at: 568 EAST 12TH AVENUE, SALT LAKE CITY, UT At any time during the calendar year, did the organization have an interest in or a signature or other authority over	300-0 3		
e 1 2 a	40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed: The organization's books are in care of: ELIZABETH PITTS Located at: 568 EAST 12TH AVENUE, SALT LAKE CITY, UT ZIP + 4 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)?	00-0		
e 1 2 a	40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed: The organization's books are in care of: ELIZABETH PITTS Located at: 568 EAST 12TH AVENUE, SALT LAKE CITY, UT 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)? If "Yes," enter the name of the foreign country:	300-0 3		
e 1 2 a	40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed: The organization's books are in care of: ELIZABETH PITTS Located at: 568 EAST 12TH AVENUE, SALT LAKE CITY, UT ZIP + 4 84103 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	300-0 3		
e 11 12 a b	40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed: The organization's books are in care of: ELIZABETH PITTS Located at: 568 EAST 12TH AVENUE, SALT LAKE CITY, UT ZIP + 4 84103 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		
e 11 12 a b	40c reimbursed by the organization	300-0 3		
e 12a b	40c reimbursed by the organization	42b 42c	Yes	
e 1 2a b	40c reimbursed by the organization	42b 42c	Yes	
e 1 2 a b c	40c reimbursed by the organization	42b 42c	Yes	
e 12a b c 3	40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Elizabet Pitts List the states with which a copy of this return is filed: The organization's books are in care of: ELIZABETH PITTS Located at: 568 EAST 12TH AVENUE, SALT LAKE CITY, UT ZIP + 4 84103 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing Form 990-EZ in lieu of Form 1041-Check here. Image: Additional Account of tax-exempt interest received or accrued during the tax year. 40 or quirty the amount of tax-exempt interest received or accrued during the tax year. 43	42b 42c	Yes	
e 12a b c 3	40c reimbursed by the organization	42b 42c	Yes	
e 12a b c 3 4a	40c reimbursed by the organization	42b 42c	Yes	
e 12a b c 3 4a	40c reimbursed by the organization	42b 42c 44a	Yes	
e 1 2a b c 3 4a b	40c reimbursed by the organization	42b 42c 44a 44a 44b	Yes	
e 1 2a b c 3 4a b c	40c reimbursed by the organization	42b 42c 44a	Yes	
e 1 2a b c 3 4a b c	40c reimbursed by the organization	42b 42c 44a 44a 44b	Yes	
e 2a b (3 4a b c d	40c reimbursed by the organization	42b 42c 44a 44a 44b	Yes	
e 41 42 a b c 43 44 a b c d	40c reimbursed by the organization	42b 42c 42c 44a 44b 44c	Yes	
e 111 12a b c 13 14a b c d	40c reimbursed by the organization	42b 42c 42c 44a 44a 44b 44c 44d	Yes	
e 11 12 12 13 14 14 15 15 15 15	40c reimbursed by the organization	42b 42c 42c 44a 44a 44b 44c 44d	Yes	

Form 9	090-EZ (2022) UTAH GAY & LESB	IAN CHAMBER			45-46566	86	F	Page 4
	Did the organization engage, directly or indirec						Yes	No
	to candidates for public office? If "Yes," complete					46		х
Part \	All section 501(c)(3) organization 50 and 51.	is must answer ques		-				es
	Check if the organization used S	chedule O to respon	d to any question ir	this Part VI .				. 🗆
							Yes	No
	Did the organization engage in lobbying activitive year? If "Yes," complete Schedule C, Part II .			-		47		
	Is the organization a school as described in se					48		
	Did the organization make any transfers to an e					49a		
	If "Yes," was the related organization a section		-			49b		
	Complete this table for the organization's five hi	•						
	employees) who each received more than \$100	• • •	• •		•			
			(c) Reportable	(d) Health benefits				
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(Forms W-2/1099-MISC/ 1099-NEC)	contributions to emplo benefit plans, and defe compensation	oyee (e) I	Estimate other cor		
51	Total number of other employees paid over \$10 Complete this table for the organization's five hi \$100,000 of compensation from the organizatio	ghest compensated indep	endent contractors who e		; than			
	(a) Name and business address of each independent contra	actor	(b) Type of servic	e	(c) Comp	pensatio	n	
d	Total number of other independent contractors	each receiving over \$100),000					
52	Did the organization complete Schedule A? No.	ote: All section 501(c)(3)	organizations must attac	ch a				
	completed Schedule A					Yes	х	No
nder pena	Ities of perjury, I declare that I have examined this ref	urn, including accompanying	schedules and statements,	and to the best of my	knowledge an	nd belie	f, it is	
le, correct	t, and complete. Declaration of preparer (other than o	officer) is based on all informa	ation of which preparer has a	any knowledge.				
	ELIZABETH PITTS							
ign	Signature of officer			Date				
ere	ELIZABETH PITTS, CEO							
	Type or print name and title							-
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTI	N		
aid	Tracey Dean		05-15-20	323 self-empl	oyed POC	3271	.09	
repare				Firm's EIN				
se On		ewood Road						
- -	Salt Lake City			Phone no.	801-824-	2600		
av the IF	RS discuss this return with the preparer shown a				X			No
EA			· · · · · · · · · · · · · ·	· · · · · · · · · ·		orm 99		-

SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 (Form 990) Complete to provide information for responses to specific questions on 2022 Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. **Open to Public** Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number UTAH GAY & LESBIAN CHAMBER 45-4656686

01. List of grants and similar amounts paid (Part I, line 10)

ACTIVITY	GRANTS GIVEN	
AMOUNT	1,725	

02. Description of other expenses (Part I, line 16)

DESCRIPTION	AMOUNT	
INSURANCE	1,250	
SAFE ZONE EXPENSE	4,331	
MEALS AND TRAVEL	3,646	
EVENT EXPENSE	13,705	
BOARD TRAINING	264	
OFFICE SUPPLIES	3,270	
LICENSES AND PERMITS	77	

03. Description of total liabilities (Part II, line 26)

CATEGORY	BEGINNING OF	YEAR	END OF YEAR	
EIDL LOAN		0	24,000	
			21,000	

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning , 2022, and ending

Go to www.irs.gov/Form8879TE for the latest information.

Do not send to the IRS. Keep for your records.

2022

, 20

EIN or SSN

45-4656686

Department of the Treasury Internal Revenue Service

Name of filer

UTAH GAY & LESBIAN CHAMBER Name and title of officer or person subject to tax

ELIZABETH PITTS, CEO

Type of Return and Return Information Dart I

Fail	1	туре	OIREL	unn and	i Relui		Information			
8038-0 3a, 4a, 3b, 4b,	P and 5a, 6a , 5b, 6b	Form { , 7a, 8 , 7b, 8	5330 filer: a, 9a, or <i>1</i> 8 b, 9b, or	s may ente 10a below 10b, whic	er dollars , and the chever is	rs a ne a s ap	g this Form 8879-TE and enter the applicable amount, if any, from the retum nd cents. For all other forms, enter whole dollars only. If you check the box mount on that line for the return being filed with this form was blank, then I oplicable, blank (do not enter -0-). But, if you entered -0- on the return, then one line in Part I.	x on eave	line 1a e line 1 l	b, 2b,
1a	Form	990 c	heck here			b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	•	1b	
2a	Form	990-E	Z check I	nere	x	b	Total revenue, if any (Form 990-EZ, line 9)	•	2b	153,156
3a	Form	1120-	POL che	ck here		b	Total tax (Form 1120-POL, line 22)	•	3b	
4a	Form	990-P	F check I	nere		b	Tax based on investment income (Form 990-PF, Part V, line 5)	•	4b	
5a	Form	8868	check he	re		b	Balance due (Form 8868, line 3c)	•	5b	
6a	Form	990-T	check he	ere		b	Total tax (Form 990-T, Part III, line 4)	•	6b	
7a	Form	4720	check he	re		b	Total tax (Form 4720, Part III, line 1)		7b	
8a	Form	5227	check he	re		b	FMV of assets at end of tax year (Form 5227, Item D) $\ldots \ldots \ldots$	•	8b	
9a	Form	5330	check he	re		b	Tax due (Form 5330, Part II, line 19). .		9b	
10a				here			Amount of credit payment requested (Form 8038-CP, Part III, line 22)	. 1	10b	
Part		Decl	aration	and Sig			Authorization of Officer or Person Subject to Tax			
Under	penaltie	es of p	erjury, I de	eclare that	х	<u>c</u> l	am an officer of the above entity or $\hfill \square$ I am a person subject to tax wit	h re	spect to	o (name
of entity	y)						, (EIN) and that I have ex	ami	ned a c	opy of the
interme acknow the dat (direct retum, 1-888-3 proces the pay	ediate s vledgen e of any debit) e and the 353-453 sing of	ervice nent o y refun entry to financ 37 no l the ele have s	provider, f receipt of d. If appli the finan cial institut ater than ectronic paselected a	transmitte or reason i cable, I au cial institut tion to deb 2 busines ayment of	er, or ele for reject uthorize t tion acco it the ent s days p taxes to	ectro the coun ntry prio	above is the amount shown on the copy of the electronic return. I consent to ronic return originator (ERO) to send the return to the IRS and to receive fr of the transmission, (b) the reason for any delay in processing the return U.S. Treasury and its designated Financial Agent to initiate an electronic fu t indicated in the tax preparation software for payment of the federal taxes o to this account. To revoke a payment, I must contact the U.S. Treasury Fina r to the payment (settlement) date. I also authorize the financial institutions is ceive confidential information necessary to answer inquiries and resolve issue on number (PIN) as my signature for the electronic return and, if applicable, in	or ro unds wed ncia nvol ues r	the IRS efund, a withdra l on this I Agent ved in t related	and (c) awal at the to
PIN: cł	neck on	ne box	only							
хI	authori	ize	Tracey	7 Dean	Tax		to enter my PIN 56686		as my	signature
					EF	RO	firm name Enter five numbe do not enter all z			
a	agency((ies) re	gulating o		s part of		n. If I have indicated within this return that a copy of the return is being filed to B IRS Fed/State program, I also authorize the aforementioned ERO to enter			
f	iled retu	um. If I	have ind	icated with	nin this re	retu	pect to the entity, I will enter my PIN as my signature on the tax year 2022 on that a copy of the return is being filed with a state agency(ies) regulating PIN on the return's disclosure consent screen.			

Part III Certification and Authentication	Date05-15-2023
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	876036 11111
	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on am submitting this return in accordance with the requirements of Pub. 4 Providers for Business Returns.	
ERO's signature	Date 05-15-2023
ERO Must Retain Thi	is Form - See Instructions
Do Not Submit This Form to the	he IRS Unless Requested To Do So

990	Overflow Statement	2022	D 1
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	FEIN	Page 1
.,	ESBIAN CHAMBER		5-4656686
			1000000
	ASSETS		
Description		Z	Mount
	NG	\$	18,021
ZIONS MM			5,000
	Total:	\$	23,021
	ASSETS END OF YEAR		
Description		Z	Mount
ZIONS CHECKI		\$	19,776
ZIONS MM			29,023
	Total:	\$	48,799
·			