Form 990-T	Exempt Organization Business Income Tax Return OMB No. 1545-0887							
`v	(and proxy tax under section 6033(e))							
*	For ca	dender year 2018 or other tax year beginning $\overline{ ext{OCT}}$ 1 ,	<u>9</u> .	2018 🔢				
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for it ► Do not enter SSN numbers on this form as it may			ation is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only	
A Check box if address changed		Name of organization (Check box if name of		(Emp	oyer Identification number loyees' trust, see uctions.)			
B Exempt under section	Print	DISABILITY LAW CENTER			i	8	7-0326807	
X 501(C(1)3)	_ or	Number, street, and room or suite no. if a P.O. bo	x, see ii	nstructions.		E Unre	ated business activity code instructions.)	
408(e) 220(e)	Туре	205 NORTH 400 WEST		,555.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
408A 530(a)	Į	City or town, state or province, country, and ZIP of						
529(a)			103	-1125				
C Book value of all assets		F Group exemption number (See Instructions.)	<u> </u>					
2,408,2	11.	G Check organization type X 501(c) con	poration	501(c) trust	401(a)		Other trust	
H Eural die unimper of me	UI Yallıza	ation's unrelated trades or businesses.	1	Describe	the only (or first) uni			
trade or business here					complete Parts I-V. I		,	
		ace at the end of the previous sentence, complete Pa	arts I an	io II, complete a Schedule	M for each additiona	ai tradi	a or	
business, then complete		i-v. poration a subsidiary in an affiliated group or a pare	at auba	Idians controlled group?		- Ye	es X No -	
	-	poration a substitutry in an anniated group or a pare stifying number of the parent corporation.	nt-subs	lotary controlled group?		۲۱ ل <u>ځ</u>	ייי סאוני ער ן צי	
		DAN W ANDERSON		Telenh	one number > 8	<u> </u>	363-1347	
		de or Business Income		(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sale				(,,,	(5)	••		
b Less returns and allow		c Balance ▶	16				ĺ .	
2 Cost of goods sold (S	chedule		2					
3 Gross profit. Subtract		* * *	3				-	
4 a Capital gain net incon	ne (attac	ch Schedule D)	48				-	
b Net gain (loss) (Form	4797, P	Part II, line 17) (attach Form 4797)	4b		`	•		
c Capital loss deduction	n for trus	sts	4c					
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5					
6 Rent income (Schedu			6					
		me (Schedule E)	7			,		
		and rents from a controlled organization (Schedule F)						
		on 501(c)(7), (9), or (17) organization (Schedule G)					<u> </u>	
10 Exploited exempt acti	-		10		•		<u> </u>	
11 Advertising income (See in:			11	 			ļ	
13 Total, Combine lines			12	0.				
Part II Deductio	ns No	ot Taken Elsewhere (See instructions for						
Current from				44 44 44 4	s income.)			
14 Compensation of off	icers, di	rectors, and trustees (Schedule K)		٠	TED	14		
15 Salaries and wages					171	15		
16 Repairs and mainten	ance			. \	int mo	16	~ -	
17 Bad debts		7		105 :- CO.	13 SOCIO 13	17		
18 Interest (attach sche	dule) (s	ee instructions)		f&] FEP	17	18	<u>~</u>	
19 Taxes and licenses	/C-		•	/2/	JEN, U.	19		
20 Charitable contributi	ONS (58)	e instructions for limitation rules)		·····································	\\	20	<u> </u>	
21 Depreciation (attach	rorm 4:	DOZ)	••••••	1 21		22b		
22 Less depreciation cla 23 Depletion	401180 01	II SCHEUUIS A AIID SISEMHEIS ON (SQUII)		[228]		23		
24 Contributions to defe	 orred co	mnaneation plane		•••••		24		
25 Employee benefit pro	oarsme	ee instructions for limitation rules) sectors, and trustees (Schedule K) ee instructions) solutions for limitation rules) solutions for limitation rules)				25		
26 Excess exempt expe	nses (S	chedule I)	••			26		
27 Excess readership co	osts (Sc	chedule J)				27	-	
		hedule)				28	-	
		14 through 28				29	.0.	
		ncome before net operating loss deduction. Subtract				30	0	
31 Deduction for net op	erating	loss arising in tax years beginning on or after Janua	ıry 1, 20) 18 (see instructions)		31	20 July 19 -	
		ncome. Subtract line 31 from line 30			<u>. ,</u>	32	0.	
		munds Doduction Ant Motion, one instructions	-				Form 990-T (2018)	

Form 990-T	(2018)	DISABILITY LAW CENTER	87-0326807	Page Z
Part II	T	otal Unrelated Business Taxable Income		
33	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
		nts paid for disallowed fringes		
A.F.	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
			36	
07	miles o	3 and 34		1,000.
			······································	1,000.
		ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	1	0.
		he smaller of zero or line 36	38	<u> </u>
		ax Computation	\$ 1 at 1	
		izations Taxable as Corporations. Multiply line 38 by 21% (0.21)		0.
40		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
-	Ш,	Tax rate schedule or Schedule D (Form 1041)	► <u>40 </u>	
41	Proxy	tax. See Instructions	> <u>41</u>	<u>-</u>
42	Aitern	ative minimumį tax (trusts only)	42	
43	Tax o	n Noncompliant Facility Income. See instructions	43	
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
		ax and Payments		
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)	E, 1	
	-	credits (see instructions)		
	Cana	al business credit. Attach Form 3800	·-·	
C	Gener	al pusitiess cieule Atlacti Futili 3000		
, d	Crean	for prior year minimum tax (attach Form 8801 or 8827)	450	
		credits. Add lines 45a through 45d		0
48	Subtra	act line 45e from line 44	48	0.
47		taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (
48		tax. Add lines 46 and 47 (see instructions)		0.
. 49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Paym	ents: A 2017 overpayment credited to 2018 estimated tax payments 50a 55b		
b	2018	estimated tax payments 500 600	430	
		eposited with Form 8868		
		n organizations: Tax paid or withheld at source (see instructions)	, , , , , , , , , , , , , , , , , , ,	
		p withholding (see Instructions) 60e		
		for small employer health insurance premiums (attach Form 8941) 50f		
		credits, adjustments, and payments: Form 2439	.,,,	
. 9		Form 4136 Other Total 50g		
			5,1	430.
		payments. Add lines 50a through 50g		250.
, 52		ated tax penalty (see Instructions). Check if Form 2220 is attached	▶ 53	
		ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		430.
- 54		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		
55			tunded 55	430.
Part \		Statements Regarding Certain Activities and Other Information (see Instru		
56		time during the 2018 calendar year, did the organization have an interest in or a signature or other authori		Yes No
•	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil	8	1 1
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		1 1.
•	here			X
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?	X
		s," see instructions for other forms the organization may have to file.		
58		the amount of tax-exempt interest received or accrued during the tax year >\$		والمناكب المسام
		ider penalties of perjury, I doctere that I have examined this return, including accompanying schedules and statements, and to frect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled	the best of my knowledge an	d belief, It is true,
Sign	∞	rrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled		
Here		Atalya duike > 1/3//2020 EXECUTIVE DIRE	IOMAN I	discuss this return with shown below (see
		Signature of officer Date Title		X Yes No
,			Check if PTIN	
1		1		
Paid		1'	self- employed	1301037
Prepa	arer	CPA CPA 01/24/20		
Use C		Firm's name ► EIDE BAILLY LLP	Firm's EIN ▶ 4	-0250958
	-	5 TRIAD CENTER, STE 600		
-		Firm's address ► SALT LAKE CITY, UT 84180-1106	Phone no. 801-5	
823711 01	-09-19			Form 990-T (2018)

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Schedule A - Cost of Goods S	old. Enter	method of Invent	lory v	aluation N/A	,		-		
1 Inventory at beginning of year					6				
2 Purchases	2	7 Cost of goods sold. Subtract line 6							•
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4 a Additional section 263A costs		*	line 2					1	•
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					TY	es No
b Other costs (attach schedule)	4b		1	property produced or a	cquired	for resale) apply to			_
	5		1	the organization?					
5 Total. Add lines 1 through 4b Schedule C - Rent Income (Fro	om Real	Property and	Pe	sonal Property	Leas	ed With Real Pro	oper	ty)	
1. Description of property									•
(1)									
(2)								•	
(3)			-	· · · · · · · · · · · · · · · · · · ·			-		
(4)									
2.	Rent receiv	ed or accrued						,	
(a) From personal property (if the percental rent for personal property is more than 10% but not more than 50%)	ge af	i of rent for p	Brsonsi	onal property (if the percents property exceeds 50% or if ed on profit or (ncome)	age	3(8) Deductions direct columns 2(a) a	ly conn and 2(b)	ected with the Inco (attach schedule)	ome In
(1)			•						-
(2)		· · · · · · · · · · · · · · · · · · ·							
(3)									
(4)	•			***					
Total	0.	Total	·		0.				-
(c) Total income. Add totals of columns 2(a) here and on page 1, Part I, line 6, column (A)	and 2(b). En	ter >			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Debt-F	inanced	Income (see	nstru	ctions)					
			2	Gross income from or allocable to debt-		3. Deductions directly co to debt-finar		perty	
1. Description of debt-finance	d property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other dedu (attach sched	ctions -
(1)			 		├─		+		
(2)				-			╅╴		
(3)			 		 -		十		
(4)					\vdash		╅╴		•
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis diocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)		8. Allocable de (column 6 x total e 3(a) and 3	of columns
(1)				%			\top		
(2)		 	1	%			+		
(3)				%	_	· · · · · · · · · · · · · · · · · · ·	\top		
(4)				%			十		
· · · · · · · · · · · · · · · · · · ·			•			nter here and on page 1, Part I, line 7, column (A).		Enter here and on Part I, line 7, colu	
Totals Total dividends-received deductions include				.	<u> </u>	0) <u>. </u>	<u> </u>	0.

-				Exempt C	Controlled O	rganizatio	ons					
- 1. Name of controlled organization		on 2. Em Identifi num	cation	3. Net unre (loss) (see	elated income instructions)	Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		gnillo	Deductions directly connected with Income in column 5	
(1)_								 	· · · · · · · · · · · · · · · · · · ·		-	
(2)												
(3)												
(4)									_			
Vonexempt C	ontrolled Organiz	ations	-					•				
7. Taxe	ble income	8. Net unrelated incon (see instruction		9. Total	of specified pays made	ments	10. Part of col- in the contro	umn 9 tha Iling organ se income	nization's	11. Dec	fuctions directly connects income in column 10	
•						ł			l			
(1)			-									
(2)						Ī						
(3)												
(4)												
	`						Enter here an	ımns 5 an id on pagi . column (1, Part 1,	Enter h	td columns 6 and 11. here and on page 1, Part I,	
Totals			•••••••			▶			ν ο.		line 8, column (B).	
Schedule	G - Investme	nt Income of a	Section	501(c)(7), (9), or	(17) Or	ganizatio	n				
	1. Descri	iption of Income			2. Amount of	Income	3. Deducti directly conf (attach sche	nected	4. Set-a (attach s	isides chedule)	5. Total deductions and set-asides (col. 3 plus col. 4)	
·(1)												
(2)		,										
-(3)						Ì						
(4)												
•					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (8)	
Totals				▶		0.		•			0	
		Exempt Activity			r Than Ac	lvertisi	ng Incom	e				
	scription of ted activity	2. Gross unrelated business income from trade or business	directly of with per of un	penses connected oduction related as income	4. Net inconfrom unrelated business (or minus colum gain, comput through	d trade or olumn 2 in 3), if a te cols. 6	5. Gross in from activity is not cured business in	that ated	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
·(1)												
·(2)												
(3)												
-(4)		Enter here and on page 1, Part I,	brae.	ere and on 1, Part I,			-				Enter here and on page 1,	
	_	line 10, col. (A).	line 10	, col. (B). ○	, ,					•	Part II, line 26.	
Totals		0.		0.	<u> </u>						0	
Part I In	come From F	ng Income (see i Periodicals Rep	orted o	ns) n a Con	solidated	Basis				<u> </u>		
			- T		1 4						7 -	
1.	Name of periodical	2. Gross advertising income	adv	3. Direct vertising costs	or (loss) (c - col. 3), if a g	tising gain iol. 2 minus jain, comput hrough 7.	5. Ctrcui	ation 10	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)												
(2)	-								<u> </u>			
-(3)	** (· · .	.;		I		i .	
-(4)						, - '					<u></u> .	
ì	Part II, line (5))		0.	0					1		O	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)		_				
(2)			1			(
(3)	-					· · · · · · · · · · · · · · · · · · ·
(4)						
Totals from Part I	0.	0.	1		<u> </u>	0
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col. (B).]	, r		Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.	1			1 0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	-
Total. Enter here and on page 1, Part II, line 14			0 -

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