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F	<b>. 9</b> 9	M /	Return of Organization Exempt From Inco	me Ta	<b>x</b> .	OMB No 1545-0047
¥ v	11 <b>O</b>		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except	$\sim$	$\sim 10^{\circ}$	2018
D.,			▶ Do not enter social security numbers on this form as it may be m			Open to Public
Inte	mal Reven	the Treasury ue Service	► Go to www.irs.gov/Form990 for instructions and the latest info	rmation.		Inspection
A	For the	2018 cale	ndar year, or tax year beginning 1 JULY , 2018, and ending	30 J	UNE	, <b>20</b> 19
В	Check if	applicable	C Name of organization DEPARTMENT OF UTAH, DISABLED AMERICAN VETERAN	IS	D Employ	er identification number
	Address	change	Doing business as			87-6151236
	Name ch	nange	Number and street (or P O box if mail is not delivered to street address) Room/suite	ŀ	E Telepho	ne number
님	Initial ret		273 EAST 800 SOUTH			801-359-8168
		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code			_
님	Amende		Salt Lake City, UT 84111		G Gross re	
L	Applicat	on pending	1			subordinates? Yes No
-						s included? Yes No
<u> </u>	Vebsite	npt status	□ 501(c)(3)			a list (see instructions)
K			Corporation ☐ Trust ☐ Association ☑ Other ➤ VETERANS L Year of formation.	H(c) Group (		of legal domicile UT
_	art I	Summ			IVI State	or regar domicile U1
	1		scribe the organization's mission or most significant activities: PROVIDE	SERVICES	TO DIS	ARI ED VETERANS
ĕ	'		OR AND OBTAIN US GOVERNMENT BENEFITS THROUGH THE VETERANS AD		~~~~~~~	
Activities & Governance						
ē	2	Check th	s box ▶ ☐ if the organization discontinued its operations or disposed of m	ore than	25% of	its net assets.
હુ	,		of voting members of the governing body (Part VI, line 1a)		3	6
مع	4	Number of	of independent voting members of the governing body (Part VI, line 1b)		4	0
Ę.	5	Total nun	ber of individuals employed in calendar year 2018 (Part V, line 2a)		5	3
ξ.	6	Total nun	ber of volunteers (estimate if necessary)		6	60
¥	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrel	ated business taxable income from Form \$38-T, line 38	<u> </u>	7b	0
	]		RECEIVED	Prior Yes		Current Year
e e			ons and grants (Part VIII, line 1h) .		121,454	76,101 55
Revenue			service revenue (Part VIII, line 2g)		0	0
Re			nt income (Part VIII, column (A), line (4), 4, and 7d)	<del></del>	1,702	2,303 27
	11		enue (Part VIII, column (A), lines 5, 6d, 8 <del>c, 9c, 10c, and 11e) IC</del> nue—add lines 8 through 11 (must equal Part Dann A line 12)		11,084	51,386 63 129,791 45
			d similar amounts paid (Part IX, column (A), lines 1–3)		134,240	129,791 45
	14		paid to or for members (Part IX, column (A), line 4)			<del></del>
<b>,</b>		•	other compensation, employee benefits (Part IX, column (A), lines 5–10)		75,715	······································
še		•	nal fundraising fees (Part IX, column (A), line 11e)		0	<del></del>
xpenses						
ũ			enses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,661	
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		132,386	
	19	Revenue	less expenses. Subtract line 18 from line 12		1,854	
58			Веди	nning of Cun	rent Year	End of Year
Net Assets or Fund Balances	20		ets (Part X, line 16)	1,	087,861	
E A	21		lities (Part X, line 26)		0	
_			s or fund balances. Subtract line 21 from line 20		087,861	
	art II		ure Block		<del></del>	<del></del>
Un	der penal	ties of perjui	y, I declare that I have examined this return, including accompanying schedules and statement te Declaration of preparer (other than officer) is based on all information of which preparer has	s, and to the any knowle	e best of n dae	ny knowledge and belief, it is
		, and 00p.		<del></del>	<del></del>	
Sig	ın	Signs	ture of officer	Date	·	
He		J Jigi ii	Ja Lauren		11/	12/19
,,,	, .	Type	or print name and title / ESUE A BAY/ EXTE	2=4<	JEF	R
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Pa					self-emp	\ \
	epare	1	me >	Firm'	s EIN ▶	
US	e Oni	y	idress >	Phon		
Ma	y the IF		this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	. Yes 🗌 No
Fair	Panana		tion Act Notice see the sengrate instructions Cat No 11	1282Y		Form <b>990</b> (2018)

01111 55		rayer
Part		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	4.1.0
	PROVIDE SERVICES TO DISABLED VETERANS TO FILE FOR AND OBTAIN US GOVERNMENT BENEFITS THROUGH THE VETERA	1112
	ADMNINISTRATION AND OTHER SOURCES	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	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?	] 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 measur	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,
	the total expenses, and revenue, if any, for each program service reported.	
4a		0.5
	PROVIDED TRANSPORTATION FOR MORE THAN 6000 VETERANS TO THE VETERANS ADMINISTRATION HOSPITAL IN Salt Lake AND SURROUNDING AREA. ASSISTED VETERANS IN APPLYING FOR OVER \$1,000,000 00 IN BENEFITS	City
	***************************************	
	And the same of th	,
	174 - 10 - 6 - 1 - 1 - 71	
4b		
		,
	Fr. Property	
		,-
	**************************************	
		,
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	***************************************	
	Ataposty was, not - 10 proposition of the contract of the cont	
	######################################	
ı		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
40	Total program service expenses ▶	

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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<b>V</b>
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		✓
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		/
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓ ✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>/</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		<b>/</b>
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		./
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>V</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	(TX)(0)	_
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		<b>√</b> ✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>~</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>y</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<b></b>
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<b>✓</b>
b	Schedule D, Parts XI and XII	12a		<b>✓</b>
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		4
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Ž
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		<b>✓</b>
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		<u> </u>
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		<b>/</b>
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		<u> </u>
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		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		بِ
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Ļ
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	<u> </u>
		Forn	n <b>990</b>	(2018)

Part	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		<b>_</b>
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		<b>✓</b>
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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>/</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>-</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<b>✓</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>✓</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>/</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>/</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		/
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		<b>V</b>
30	conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>/</b>
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		/
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	_	/
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	~	/
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	V	/
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	· · ·	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   00		Yes	No Parava
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	127/2015/2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		1
		Forr	n 990	(2018)

Form 9	90 (2018)			Page :
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
4a	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		1
b	If "Yes," enter the name of the foreign country: ▶		2.0	300
	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		1
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>V</b>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	,		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	,		
	gifts were not tax deductible?	6b	6004000	Y
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		100	
	and services provided to the payor?	7a	<u> </u>	<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			TON!
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		areastr.	<b>√</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		Ť
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	-		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	CC55 (1975)		
_	sponsoring organization have excess business holdings at any time during the year?	8	در اوستعبده	<b>√</b>
9	Sponsoring organizations maintaining donor advised funds.			386
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	A41223 - A124-	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		/
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against 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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		<b>Market</b>	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
15	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 instructions and file Form 4720, Schedule N

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

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

Part	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 in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI		itructi	ons.
Sonti	on A. Governing Body and Management	<del></del>	<u> </u>	
30011	DITA, GOVERNING BODY and Managemone		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		<b>X</b>
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>✓</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	1	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b> _
6	Did the organization have members or stockholders?	6	✓_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		[	
	stockholders, or persons other than the governing body?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	/	
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? If "Yes," provide the names and addresses in Schedule O	9	]	/
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reve	nue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b	Describe in 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	12a		/
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	L	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14	<b>/</b>	
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?			
a	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b	<b>✓</b>	
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?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
Secti	on C. Disclosure	1 100	L	<b></b>
17	List the states with which a copy of this Form 990 is required to be filed ▶ UTAH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	·T (Sec	tion (	501(c)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	iterest	policy	, and
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and r	ecords	<b>&gt;</b>	
	PENNY G LARSEN, 273 EAST 800 SOUTH, Salt Lake City, UT 84111			

Form 990 (2	(018	
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	<del>,,,,_,,_,,_,,_,,_,,_,,,_,,,,,,,,,,</del>			, ago
Part VII	Compensation of Officers, Dir	actors Trustees Ke	ev Employees Highest	Compensated Employees, and
ومعجمي	- ampanadanan at atmadia, bit	001010, 11401000, 111	oy minpioyees, riigilest	Compensated Employees, and
•	Independent Contractors			

Check if Schedule O contains a response or note to any line in this Part VII.							Γ
	_	_	 	 	 	 <u> </u>	

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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

Check this box if neither the organization	n nor any relate	<u>d org</u>	aniz			ompe	nsa	ited any curren	t officer, directo	r, or trustee.
				((	•					
(A)	(B)			Pos				(0)	(E)	(F)
Name and Title	Average					than ous both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	악方	<u>ğ</u>	В	Κe	B.E.	ç	from the	related organizations	other compensation
	related	Individual trustee or director	冒	Officer	Key employee	ples	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	없	9		힟	8 8	7	(W-2/1099-MISC)		organization and related
	line)	, pr	불		yee	휳		'		organizations
	1	8	Institutional trustee			Highest compensated employee		ľ :		
			8			童		 		
(1) FRANK MAUGHAN	10									
COMMANDER		ĺ	1 1	1				o	0	C
(2) JERRY ESTEES	10		<del> </del>	•	-			ļ		
SENIOR VICE COMMANDER			1 1	1		1 1		١ ،	o	c
(3) JAMES YALE	10			Ť	-					
1ST JUNIOR VICE COMMANDER				1				0	0	C
(4) STEPHEN PRESTWICH	10		H	Ť						
2ND JUNIOR VICE COMMANDER			1 1	1				0	0	ď
(5) LESLIE A BAXLEY	15		$\Box$							
TREASURER			1 1	✓				o	0	. c
(6) NANCY ESPINOZA	10							<u> </u>		
FINANCE COMMITTEE CHAIR		1	1 1					o	o	
(7) ADAM RICHARDSON	10									
FINANCE COMMITTEE MEMBER		<b>✓</b>						0	0	<u>_</u>
(8) JAMES YALE	10								}	
FINANCE COMMITTEE MEMBER		1						0	0	
(9) TERRE SMITH	10									
FINANCE COMMITTEE MEMBER		<b>\</b>						0	0	
(10) FRANK MAUGHAN	10		1 1			}		}		
FINANCE COMMITTEE EXECUTIVE		✓_		i				0	0	C
(11) ANDREW OCANA	10									
FINANCE COMMITTEE SECRETARY		<b>✓</b>		Щ				0	0	
(12) PENNY G. LARSEN	40		1			.				
ADJUTANT				$\checkmark$	✓	<b>/</b>		38,040 00	0	<u>C</u>
(13) BARBARA J SMITH	40		[	- 1		[	,	,	_[	_
FORMER EMPLOYEE			-		<b>✓</b>		<u>√</u>	4,575 00	0	
(14) TONY TRAN	40	i		]		]				
HOSPITAL SERVICE COORDINATOR			اا		✓			19,136 00	0	Form <b>990</b> (2018)

Form 99	00 (2018)											₽age 8
Part	VII Section A. Officers, Directors, Trust  (A)  Name and title	(B)	(do n	ot ch	Pos neck	C) ition more	than o	one	(D)  Reportable	(E)		(F) Estimated
		hours per week (list any hours for related organizations below dotted line)	office Individua				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensatio related organizati (W-2/1099-I	ons	amount of other compensation from the organization and related organizations
(15)	AST ENTRY		1									
(16)												····
(17)			-	-	-	-		-		<del> </del>		
(18)					-			$\vdash$				<del></del>
(19)			-		-			-				<u> </u>
(20)				-	-	-		<del>                                     </del>				<del></del>
(21)				-	-	-	-	$\vdash$				
(22)				-	$\vdash$	-		-				
(23)				<del> </del>	-	-	-	┼-		-		
(24)			_	-	-	-		-	<del> </del>			<del></del>
(25)				-	-	-	-	-				<del></del>
1b	Sub-total	L	<u></u>	L	<u> </u>	L_	<u> </u>	L	<del> </del>	ļ		
c	Total from continuation sheets to Part	VII, Section			-	-			talari			
d	Total (add lines 1b and 1c)	t not limited						e) w	ho received m	ore than \$1	100,00	0 of
												Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	tor, o	or ti uch	rust ind	ee, ivid	key o ual	· emp	oloyee, or high · · · · ·	nest compe	ensate	3
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or in	dividua	
Section	on B. Independent Contractors			_								
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat	ted ind	dep	end or ti	ent he c	contralenc	act lar	ors that receive year ending wit	ed more that th or within	an \$10 the or	0,000 of ganization's tax
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compensation
								$\vdash$				
		<del></del>										
2	Total number of independent contractor received more than \$100,000 of compens	ors (includi	ng bu the or	ut n gan	ot IIzat	limit ion	ed to	o th	nose listed ab	ove) who		

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Part VIII		Check if Schedule C		nonce or note	to any lina in 4L:	o Dort \/III		. ~
		Oneck ii Schedule C	o contains a res	ponse or note			· · · · · · · · ·	<u> </u>
					(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
						function revenue	revenue	under sections
হা হ	1a	Federated campaign	s 1a			1972		, 512–514
iran Per	b	Membership dues .		11,685 25		Principal Conference		
ls, Grants Amounts	C	Fundraising events .		,				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		(		Personal Property		
S, E	е .	Government grants (cor						
tior sr S	f					# P# # 18 18 1	18 18 18 18 18 18 18 18 18 18 18 18 18 1	
혈美		and similar amounts not inc	cluded above 1f	64,416 63				
E D	· g	Noncash contributions include	ded in lines 1a-1f <sup>.</sup> \$	(				
	<u>h</u>	Total. Add lines 1a-1	f	<u></u> ▶	76101 55			
Program Service Revenue				Business Code		PART IF SHE	Mark San	
eVe.	2a				ļ <u>-</u>			
oč e	b				<b></b>			
ξ	C.				ļ			
S	a							
Тап	e	All ather are areas			<del>                                     </del>		ļ <u>-</u>	
rog	[	All other program sen		L	<del>                                     </del>		Haradhara dhara dhara	Open Street August and Street
	3	Total. Add lines 2a-2 Investment income						Salves de ales
		and other similar amo	•	<b>&gt;</b>	2,303 27			
	4	Income from investment of tax-exempt bor			2,303 27			
	5	Royalties	it of tax-exempt be	nia proceeds	ļ <del>0</del>			
		noyancs	(i) Real	(ii) Personal				
	6a	Gross rents	18,000.00			Park Not Ser		
	Ь	Less: rental expenses	0	0				
	c	Rental income or (loss)	18,000 00	C				
-	d	Net rental income or (	(loss)	>	18,000.00			With California and Asset David State David
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
	'	assets other than inventory	0	C			a sala sa Arija da	the second
	b	Less: cost or other basis						John Comp. Services
		and sales expenses .	0	0				
	c	Gain or (loss) .	0	0	P - 1			
	d	Net gain or (loss)		<u> </u>	O	O. G. Price of Control	TOWARD PROSERVATION OF THE PROSECULAR PROSEC	COLUMN ACCION CONSIDERATION ACCIONA
. 🛛	۱ ـ							
enue	8a	Gross income from fu	_					
9		events (not including \$ of contributions reporte	2,519 00		Carlotte Park			
<b>—</b>	ļ_	See Part IV, line 18 .		33,586 63				
Other	ь	Less: direct expenses		200 00	1181-231-21831-2182-21831-21831-21831-21831-2			processor a process of
Ó	C	Net income or (loss) fi			33,386 63		estrandaramente un des	ALM STATE STATE STATE STATE
		Gross income from ga		, , , , , , , , , , , , , , , , , , ,				
,	·	See Part IV, line 19	· · · · a	ò				
•	b	Less: direct expenses		0				And the second
	, .	Net income or (loss) fi		vities ►	0	,		
	]	returns and allowance		0				
	b	Less: cost of goods s	old b	0				
	С	Net income or (loss) fi	rom sales of inve	entory . ►	0			Lister a point and the lister and th
		Miscellaneous R	levenue	Business Code				
	11a							
	b							
	С							
	d	All other revenue					neekyenervandes ender	nen i erene erene eren
	Э	Total. Add lines 11a-		🟲		Barth Vet tell Vederal States States	3 (24)	THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SE
	12	Total revenue. See in	nstructions .	<u> &gt; </u>	129,791 45		L	Form <b>990</b> (2018)

Form 990 (2018) Part IX Statement of Functional Expenses 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 response or note to any line in this Part IX (C) Management and general expenses Do not include amounts reported on lines 6b, 7b, (B) Program service (D) Fundraising 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, trustees, and key employees . . . . . 61,751 00 19,136.00 42,615.00 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 . . . . . . 1,500 00 1,500 00 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . 4.899.06 1.558 74 3.340 32 10 Fees for services (non-employees): 11 a Management . . . . . . . . c Accounting . . . . . . . . . . Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . 12 Advertising and promotion . . . . 30,689 48 13 Office expenses . . . . . . 1,519 00 14 Information technology . . . . . . . 5,000.00 15 Occupancy . . . . . . . . . . . . 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 8,000 00 20 21 Payments to affiliates . . 22 Depreciation, depletion, and amortization . 23 24 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) **TELEPHONE EQUIPMENT** 700 00 COMPUTER REPLACEMENT 2,000 00 PRINTER/COPIER/FAX MACHINE 500 00 SNOW AND ICE REMOVAL 1500 00 All other expenses 2,449 00 2,449 00 Total functional expenses. Add lines 1 through 24e 25 118,988 54 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs

from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) . . . . Form 990 (2018)

Part X Balance Sheet

Cash—non-interest-bearing		artA	Dalance Sheet	<del></del>		·····
1   Cash—non-interest-bearing   13,315.00   1   15,100.05     2   Savings and temporary cash investments   160,782.00   2   170,304.22     3   Piedges and grants receivable, net   4   Accounts receivable, net   4   Accounts receivable, net   4   Accounts receivable from Current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule   5   Complete Part II of Schedule   7   Notes and loans receivable, net   10   Notes and loans receivable, net   10   Notes and loans receivable, net   10   Notes and loans receivable   10   Notes and			Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u> 🗆
2   Savings and temporary cash investments   160,782 00   2   170,304.22   3   Pedges and grants receivable, net   4   4   4   4   4   4   4   4   4		· · ·				
3 Piedges and grants receivable, net 4 Accounts receivables, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualifed persons (as defined under section 4989fil), persons described in 4999fil), persons de		1		13,819 00	1	15,100 05
A   Accounts receivable, net   S   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   S   Complete Part II of Sched		2		160,782 00	2	170,304.22
tustess, key employees and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disquarited persons (as defined under section 4986pf(II), person described in 4986pf(III), person des		3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.  6 Loans and other receivables from other disqualified persons (as defined under section 4958(c)(10), persons described in section 4958(c)(3(8), and contributing employeen and sponsoring organizations of section 501(c)(9) voluntary employees beneficary organizations (see instructions). Complete Part II of Schedule L.  7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 913,250.00 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—publicly traded securities 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34). 17 Accounts payable and accrued expenses 17 Investments—propared ilabilities 19 Deferred revenue 10 Tax-exempt bond liabilities 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Ecrow or custodial account liability. Complete Part IV of Schedule D 12 Loans and other pâyables to curreil and formor officors, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 10 Total assets. Add lines 17 through 25 10 Total liabilities. Add lines 17 through 25 11 Complete Part X of Schedule D 26 Total liabilities in cludding federal income tax, payables to related third parties 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Conganizations that do not follow SFAS 117 (ASC 958), check here I and complete lines 27 through 29, and lines 33 and 34. 29 Particular development fund 30 Capital stock or trust principal, or current funds 31 Total net assets for fund balances 31 Total net assets for fund bal		4			4	
4936/f(1), persons described in section 4058(c(3)(6), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L	s	5	trustees, key employees, and highest compensated employees.		5	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10b Less: accumulated depreciation 10b 913,260.00 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,087,861 00 16 1,098,664 20 17 Accounts payable and accrued expenses 17 Interpretation 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 19 D		6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary		6	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10b Less: accumulated depreciation 10b 913,260.00 11 Investments—publicly traded securities 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,087,861 00 16 1,099,664 20 17 Accounts payable and accrued expenses 17 Interpretation 17 Accounts payable and accrued expenses 19 Deferred revenue 19	Š	7	Notes and loans receivable, net		7	
10a	ĕ	8	Inventories for sale or use		8	
ther basis. Complete Part VI of Schedule D  b Less: accumulated depreciation  11 Investments—bublicly traded securities  12 Investments—other securities. See Part IV, line 11  13 Investments—orgram—related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrew or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and formor officors, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  21 Escrew or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payable to unrelated third parties  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Unrestricted net assets  27 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  29 Permanently restricted net assets  30 Capital stock or trust principal, or current funds  31 Pad-in or capital surplus, or land, building, or equipment fund  31 Pad-in or capital surplus, or land, building, or equipment fund  31 Total net assets or fund balances  1,087,861 00 34 1,088,664 20  1,087,661 00 34 1,088,664 20		9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation    10b		10a	Land, buildings, and equipment: cost or			
11   Investments – publicly traded securities   11   12   Investments – other securities. See Part IV, line 11   12   13   Investments – program-related. See Part IV, line 11   13   14   Intangible assets   14   15   15   15   15   15   15   15			other basis. Complete Part VI of Schedule D 10a 913,260 00		X.	
12   Investments – other securities. See Part IV, line 11   13   Investments – program-related. See Part IV, line 11   13   Intangible assets   14   15   15   15   15   15   15   16   16		b	Less: accumulated depreciation 10b	913,260 00	10c	913,260.00
13   Investments—program-related. See Part IV, line 11   14   Intangible assets   14   15   Cher assets. See Part IV, line 11   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   1.067,861 00   16   1.098,664 20   17   Accounts payable and accrued expenses   17   18   Grants payable and accrued expenses   17   18   18   19   Deferred revenue   19   19   19   19   19   19   19   1		11	Investments—publicly traded securities		11	
14		12	Investments-other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)		13	Investments-program-related. See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 34) . 1,087,861 00 16 1,098,664 20  17 Accounts payable and accrued expenses . 17  18 Grants payable		14	Intangible assets		14	
17 Accounts payable and accrued expenses 17 In 18 Grants payable		15	Other assets. See Part IV, line 11		15	
18 Grants payable		16	Total assets. Add lines 1 through 15 (must equal line 34)	1,087,861 00	16	1,098,664 20
19 Deferred revenue		17	Accounts payable and accrued expenses		17	
20 Tax-exempt bond liabilities		18	Grants payable		18	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officors, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties. 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total liabilities and net assets/fund balances 34 Total liabilities and net assets/fund balances 35 Loans and other payables to current funds payables to current fund parties and notes payable to unrelated third parties 22 2 2 3 2 2 4 2 2 2 3 2 2 4 2 2 2 2 3 2 2 2 2		19				
Loans and other payables to current and former officors, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		20			_	
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Corganizations that follow SFAS 117 (ASC 958), check here   27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that on to follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organi		21		the readillate and alterestic before the following in	21	
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  1,087,861 00 33 1,098,664 20  1,087,861 00 34 1,098,664 20	es	22				
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds  31 Paid-in or capital surplus, or land, building, or equipment fund  32 Retained earnings, endowment, accumulated income, or other funds  33 Total net assets or fund balances  1,087,861 00 33 1,098,664 20  1,087,861 00 34 1,098,664 20	Ħ					
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parties, and other liabilities not included on lines 17–24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25			· ·	ļ	24	
26 Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24) Complete Part X		25	
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34 Total liabilities and net assets/fund balances	_	20				
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34 Total liabilities and net assets/fund balances	la	27				
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1.34 TORI INDIFFES AND HEL 455CL3/TUTIO DAIGNOCS	Ne					
		34	Total liabilities and net assets/fund balances	1,007,001 00	54	Form <b>990</b> (2018)

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## **SCHEDULE C** (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

Tax) (	see separate instructions), t	hen	, ,, ,	,	,,,,,,,,,
• S	section 501(c)(4), (5), or (6) orga	anizations <sup>.</sup> Complete Part III			
Name	of organization			Employer ide	ntification number
DISA	BLED AMERICAN VETERAN	S, DEPARTMENT OF UTAH			87-6151236
Part	I-A Complete if the	e organization is exempt und	er section 501(	c) or is a section 527	organization.
1		f the organization's direct and in			
2	Political campaign activit	y expenditures (see instructions)			0
3		cal campaign activities (see instruc			0
Part		e organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organization	ation under section	n 4955 ▶ \$	0
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	0
3	If the organization incurre	ed a section 4955 tax, did it file Fo	rm 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).
1	activities	ly expended by the filing organiz	. <b></b>	\$	0
2	527 exempt function acti	filing organization's funds contribution or the vities		\$	0
3		expenditures. Add lines 1 and 2		on Form 1120-POL, ▶ \$	0
4		file Form 1120-POL for this year			Yes No
5	organization made payme the amount of political co	ses and employer identification nui ents. For each organization listed, ontributions received that were pro fund or a political action committe	enter the amount motly and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II-A		II-A	Complete if the organizati section 501(h)).					
A	<sup>r</sup> Ch	Check ► ☐ If the filing organization belongs to an affiliated group (and list in Part IV each a address, EIN, expenses, and share of excess lobbying expenditures).					liated group memb	per's name,
В	Ch	Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.						
			Limits on Lo	bbying Expendit	ures		(a) Filing	(b) Affiliated
			(The term "expenditures"	means amounts	paid or incurred.	)	organization's totals	group totals
	1a	Total lo	bbying expenditures to influence	ce public opinion	(grass roots lobby	ing)		
	b	Total lo	bbying expenditures to influence	ce a legislative bo	dy (direct lobbying	g)'	•	
	C	Total lo	bbying expenditures (add lines	1a and 1b) .				
	d	Other e	exempt purpose expenditures					
	e		xempt purpose expenditures (a					•
	f		ng nontaxable amount. Ente					ų
	-	column	-		•	•		
	Γ	If the ar	nount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:	700 Y 10 200 E 10 20	
			r \$500,000		nount on line 1e.	•		
	F		00,000 but not over \$1,000,000		15% of the excess	over \$500,000.	100	
			,000,000 but not over \$1,500,000		10% of the excess			
	-		,500,000 but not over \$17,000,000	Y	5% of the excess of			
			7,000,000	\$1,000,000.				
_	g Grassroots nontaxable amount (enter 25			<del></del>			TAX SHARE VALUE OF SHARE OF SHARE	10,000,000,000,000,000,000,000,000
	h Subtract line 1g from line 1a. If zero or le			· ·			<del></del>	
	i Subtract line 1f from line 1c. If zero or les						,	
	i		e is an amount other than zer	•	1h or line 1i, did	the organization	file Form 4720	
•3	• -		ng section 4911 tax for this yea			_		Yes No
₹'•		<del>-</del>		<del></del>	Period Under Sec	<del></del>		<del></del>
		(Som	e organizations that made a s			` '	of the five column	ns below.
			' See ti	ne separate insti	ructions for lines	2a through 2f.)	*	-
			Lobbyii	ng Expenditures	During 4-Year Av	/eraging Period		
		Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	( <b>c</b> ) 2017	(d) 2018	(e) Total
	2a	Lobbyii	ng nontaxable amount					
•	b		ng ceiling amount of line 2a, column (e))					•
	С	Total lo	bbying expenditures		, ,			
	d	Grassro	oots nontaxable amount					
	е		oots ceiling amount of line 2d, column (e))					
	f	Grassro	oots lobbying expenditures				,	

Schedule C (Form 990 or 990-EZ) 2018

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	iled F	orn	า 5768
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(a	)	(b)
aesci	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?			6. 12.8 1 25.4 15 4 15.5
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
C	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
1	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-	1	
b	If "Yes," enter the amount of any tax incurred under section 4912		- 1	
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Part		(5)		otion
, Q. C	501(c)(6).	(3), 0	36	Cuon
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 /
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 2
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior y	ear?	3 1
Part	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OF answered "Yes."		Part	
1	Dues, assessments and similar amounts from members	.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).		2a	
a	Current year	<b>-</b>	2b	
C	Total	-	2c	<del></del>
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	:	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of t excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ng 🛚		
_	and political expenditure next year?		4	
_5	Taxable amount of lobbying and political expenditures (see instructions)	<u>·                                     </u>	5	
Pari	IV Supplemental Information	- II-A	. D.	+ II A lines 1
Provid	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou instructions); and Part II-B, line 1. Also, complete this part for any additional information.	p list)	; Par	t II-A, IInes T and
2 (566	instructions), and Fart II-b, line 1. Also, complete this part for any additional information.			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Schedule C (Fori	n 990 or 990-EZ) 2018	Page 4
Part IV	Supplemental Information (continued)	
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## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## 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 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

DISABLED AMERICAN VETERANS, DEPARTMENT OF UTAH	87-6151236						
PART VI - ITEM 19 ALL GOVERNING DOCUMENTS OF THE ORGANIZATION ARE STORED AT THE ADDRESS OF RECORD AND							
ARE AVAILABLE FOR REVIEW DURING NORMAL BUSINESS HOURS							
	<u></u>						
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Schedule O (Form 990 or 990-EZ) (2019)	·		Page 2
Name of the organization		Employer identification number	
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