Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

| <u>A</u> | or th | e 2017 | calendar year, or tax year beginning , 2017, as | nd ending | | , 20 |
|--------------------------------|------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------|---------------------------------------|
| D | Charle II | auffantis. | C Name of organization | | D Employer iden | tification number |
| - G | Check if a | | RESCUE MISSION OF SALT LAKE INC. | | | |
| | Addre | ess ge | Doing business as | | 23-7 | 177264 |
| L | Name | change | Number and street (or P.O. box if mail is not delivered to street address) | oom/suite | E Telephone nun | nber |
| | Initial | return | 463 SOUTH 400 WEST | 801- | 355-1302 | |
| | | return/ nated | City or town, state or province, country, and ZIP or foreign postal code | | | |
| Г | Amer | ided | SALT LAKE CITY, UT 84101-2202 | • | G Gross receipts | \$ 2,869,408 |
| Г | | cation | F Name and address of principal officer: | | H(a) Is this a grou | p return for Yes Y N |
| | | | CHRIS CROSWHITE 463 S 400 W SALT LAKE CITY, | UT 8410 | subordinates? H(b) Are all subordin | 1 1 . 1 |
| I | Tax-ex | empt sta | atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 527 | If "No," atta | ach a list. (see instructions) |
| J | Websi | te: ► | www.rescuesaltlake.org | ! | H(c) Group exemp | otion number |
| ĸ | | | ization: X Corporation Trust Association Other | L Year of for | rmation: 1972 M s | State of legal domicile: UT |
| P | art l | Su | mmary | <u> </u> | 3,44 | |
| | 1 | | describe the organization's mission or most significant activities: TO PROV | IDE FOOI | D, CLOTHING, | , SHELTER AND |
| ø | | - | RITUAL GUIDANCE TO THE HOMELESS AND ALSO TO P | | | |
| and | | | GRÁM | ······································ | | |
| reru | 2 | Check | this box if the organization discontinued its operations or disposed | of more than 2 | 25% of its net assets | |
| Governance | 3 | Numb | er of voting members of the governing body (Part VI, line 1a) | | 1 14. | 3 |
| 8 | 4 | | er of independent voting members of the governing body (Part VI, line 1b) | | '. , F | 4 8 |
| Activities & | 5 | | number of individuals employed in calendar year 2017 (Part V, line 2a) | | | 5 18 |
| ťivi | 6 | | number of volunteers (estimate if necessary) | | | 6 1200 |
| Ac | 7a | Total : | unrelated business revenue from Part VIII, column (C), line 12 | | | 7a C |
| | | | nrelated business taxable income from Form 990-T, line 34 | | | 7b |
| | | | | | Prior Year | Current Year |
| 4. | 8 | Contri | butions and grants (Part VIII, line 1h) | | 3,618,4 | 51 2,813,718 |
| nue | 9 | | am service revenue (Part VIII, line 2g) | | 6,8 | |
| Revenue | 10 | | ment income (Part VIII, column (A), lines 3, 4, and 7d). | | 25,9 | |
| ď | 11 | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 11,2 | |
| | 12 | | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). | | 3,662,4 | |
| | 13 | | s and similar amounts paid (Part IX, column (A), lines 1-3) | | 1,518,9 | |
| | 14 | | its paid to or for members (Part IX, column (A), line 4) | | | 0 0 |
| er. | 1 | | es, other compensation, employee benefits (Part IX, column (A), lines 5-10). | | 630,4 | 67 651,270 |
| Expenses | 16 a | | ssional fundraising fees (Part IX, column (A), line 11e) | | 200,6 | |
| ē | ь | | fundraising expenses (Part IX, column (D), line 25) ▶ | | | |
| ω | 17 | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 385,8 | |
| | 18 | | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,735,9 | |
| | 19 | | nue less expenses. Subtract line 18 from line 12 | | 926,4 | |
| 20,0 | | | | | eginning of Current Y | |
| sets | 20 | Total a | assets (Part X, line 16) | | 4,572,7 | 22 5,154,471 |
| Ass | 21 | | liabilities (Part X, line 26) | | 32,4 | |
| Net Assets or Fund Balances | 22 | | ssets or fund balances. Subtract line 21 from line 20 | | 4,540,2 | |
| | art II | | gnature Block / | | | · · · · · · · · · · · · · · · · · · · |
| | | nalties c | of perjury, I declare that I have examined this return, including accompanying scheduler complete. Declaration of prepayer (office than officer) is based on all information of which | s and statemen | its, and to the best of | my knowledge and belief, it i |
| tru | e, corre | ect, and | complete. Declaration of prepayer (other than officer) is based on all information of which | preparer has a | ny knowledge. | |
| | | | Men / Talestal | | 8- | 27-2018 |
| Sig | - | | Signature of officer | | Date | |
| He | re | | Chris U. Croswhite EXECO | TIUE | DIREC | TOP |
| | | | Type or print name and title | | 1000 | |
| | | Print/ | Type preparer's name Preparer's signature | Date | Check X | if PTIN |
| Pai | | JOS | SEPH B GLASS CPA WOLL KI COM | 18-23 | 18 self-employe | |
| | parer | Firm's | sname ▶ JOSEPH B GLASS CPA PC | | Firm's EIN ▶ 8 | 37-0435881 |
| Use | e Only | _ | saddress > 821 MARION VILLAGE RD, SANDY, UT 8409 | 34 | | 801-414-3325 |
| Ma | y the | | iscuss this return with the preparer shown above? (see instructions). | | | · · · Yes No |
| _ | | | Reduction Act Notice, see the separate Instructions. | | | Form 990 (2017 |

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| Part III | i amonioni or i rogram del vice Accombilis | hments | | · |
| Brief | Check if Schedule O contains a response of describe the organization's mission: | or note to any line in this Part III | | <u> </u> |
| TO | PROVIDE FOOD, CLOTHING, SHELTER | AND SPIDITINI CUID | NCE MO MUE HOVELEGO | |
| AND | POOR | NIND BEIRITOAL GOIDA | ANCE TO THE HOMELESS | , INDIGENT |
| | | | | |
| | | | | · |
| Did th | ne organization undertake any significant prog | ram services during the year w | hich were not listed on the | <i>p</i> |
| PHOLE | FOIL 990 OF 990-EZ? | | | Yes X |
| | account along the wager vices of a defielding of | | | |
| Did th | he organization cease conducting, or make | significant changes in how | it conducts, any program | |
| CON ALOC | es? | • • • • • • • • • • • • • • • • • • • | • • • • • • • • • • • • • • • • • • • • | Yes X |
| Descr | ibe the organization's program service accor | unlishments for each of its th | | |
| CVDCII | ses. Section 501(c)(3) and 501(c)(4) organiz | ations are required to report t | the amount of grants and all | s, as measured |
| the to | tal expenses, and revenue, if any, for each prog | ram service reported. | the amount of grants and an | ocations to othe |
| | · · · · · · · · · · · · · · · · · · · | | | |
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| | rt IV Checklist of Required Schedules | | | Page |
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| га. | rt IV Checklist of Required Schedules | | | |
| 1 | le the organization decisional in another party and | - | Yes | No |
| • | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | 1 | | |
| 2 | complete Schedule A. | . 1 | X | |
| 3 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?. | . 2 | X | |
| ٠ | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| 4 | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 7 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| 5 | election in effect during the tax year? If "Yes," complete Schedule C, Part II. | 4 | | X |
| J | 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, | ' | | ļ |
| 6 | Part III. | 5 | | X |
| O | 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 | | | |
| 7 | "Yes," complete Schedule D, Part I, | 6 | | X |
| ′ | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | Х |
| U | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | 2,1 4, | 13.7 | |
| 9 | complete Schedule D, Part III | 8. | | X |
| 3 | 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 | | | |
| 10 | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | 3.0 | X |
| | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| 11 . | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. | 10 | Х | |
| | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable. | | | |
| | | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." | (1 년) 1 일본(2 년) | 10.50 | : |
| h | complete Schedule D, Part VI | 11a | Х | |
| | 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 160 kg/kg// assets reported in Part X, line 170 kg/kg// assets reported in Part X, line 180 kg/kg// assets reported in Part X, line | J | | A |
| c | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | - | _X |
| Ĭ | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | 11 1 4, 1 | |
| ď | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | X |
| _ | 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 162 If "Yes" complete Sebadule D. Bart IV. | | | |
| е | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11d | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 11e | | <u> </u> |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | | | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | X |
| | Schedule D, Parts XI and XII. Was the organization included in consolidated trial and a second trial and a | | | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | 12a | X | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional. | 401 | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. | 12b | | _ <u>X</u> |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?. | 13 | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | 14a | | X |
| | 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 | 445 | 1 | 37 |
| 15 | Did the diganization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 14b | | X |
| | for any foreign organization? If "Yes," complete Schedule F. Parts II and IV | 15 | ŀ | v |
| 16 | bld the digalization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grapts or other | 15 | | <u>X</u> |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV | 10 | | V |
| 17 | bid the organization report a total of more than \$15,000 of expenses for professional fundraising convices on | 16 | | _X_ |
| | Fact IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions) | 17 | x | |
| 8 | bid the organization report more than \$15,000 total of fundraising event gross income and contributions are | | | |
| | Fait VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | v |
| Q | Did the organization report many than our see | | | X |

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

| | | | | Yes | No | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------------------------------|---------------|-----------|
| | 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. | 20a | | X | |
| | · b | if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20h | | X | |
| | 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | <u> </u> | | |
| | | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II. | 21 | | х | |
| | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | - | _ <u>~</u> | |
| | | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. | 22 | x | | |
| | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | 1 43 | | |
| | | organization's current and former officers, directors, trustees, key employees, and highest compensated | ļ | · | | |
| | | employees? If "Yes," complete Schedule J | | | 107 | |
| | 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 23 | - | X | |
| | | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | İ | | |
| | | through 24d and complete Schedule K. If "No," go to line 25a | 1 | | ٠,, | |
| | b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?. | 24a | | X | |
| | C. | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24b | | X | |
| | ٠. | to defease any tax-exempt bonds? | 1 | | | |
| | d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24c | | <u>X</u> | |
| | 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 24d | | X | |
| 4.4 | : | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | . , | 4.5 | |
| | b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 25a | | <u>X</u> | i Jelo |
| en. Liste | | 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 | | | , | |
| | 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | 25b | | <u>X</u> | |
| | | current or former officers directors trustees key employees bighest common payables to any | | | | |
| | - 1 | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | | ٠. | 25 % | |
| | 27 | Did the organization provide a grant or other assistance to an effect of the provide a grant or other assistance to an effect of the provide a grant or other assistance to an effect of the provide a grant or other assistance to an effect of the provide as grant or other assistance to an effect of the provide a grant or other assistance to an effect of the provide as grant or other assistance to an effect of the provide as grant or other assistance to an effect of the provide as grant or other assistance to an effect of the provide as grant or other assistance to a second or other assistance to a sec | 26 | | <u>X</u> | - 11 |
| e de la companya de La companya de la co | | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof a grant colorling contributor or employee, thereof a grant colorling contributor or employee. | | | | - ' |
| in a fina National | | 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. | | | | |
| | 28 | Was the organization a party to a business transportion with one of the fall with | 27 | | <u>X</u> | ٠. |
| ٠ | | 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): | | | yi daya | |
| . A. 27 | а | A current or former officer, director, trustee, enlieu empleus 9 (m/s. " | - | 4 | A LAY | : |
| di i | b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X | |
| | _ | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. | | | , | |
| | C | | 28b | | _X | |
| | | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | | |
| | .29 | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. | 28c | | <u>X</u> | |
| | 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. | 29 | X | | |
| | | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | .] | | |
| | 31 | conservation contributions? If "Yes," complete Schedule M. | 30 | | <u>X</u> | |
| ٠. | | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | | |
| | 32 | Part I | 31 | | <u>X</u> | |
| | | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | - | 1 | | |
| | 33 | complete Schedule N, Part II | 32 | | X | |
| | ~ ~ | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | ļ | | | |
| | 34 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X | |
| | √ -7 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | | |
| | 35 a | or IV, and Part V, line 1 | 34 | | X | |
| | ooa | Did the diganization have a controlled entity within the meaning of section 512(h)(13)? | 35a | | X | |
| | D | in res to line 35a, did the organization receive any payment from or engage in any transaction with a | | T | | |
| | | controlled entry within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2 | 35b | | X | |
| • | J O , | section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable | | | | |
| | | letated organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X | |
| , | J, | blu 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 | | j | | |
| | , | Part VI | 37 | | X | |
| ; | 30 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b, and | | | | |
| | | 19? Note. All Form 990 filers are required to complete Schedule O. | - 1 | 1 | | |

| | n 990 (2017) Irt V Statements Regarding Other IRS Filings and Tax Compliance | | | Page |
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| | James of the control of the con | | | r |
| | Check if Schedule O contains a response or note to any line in this Part V | • • • | | <u>. </u> |
| 4 - | Enter the number reported in Day 2 of Farm 4000 Factor 0 to 4 | Table 9 | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 4 | 有道 |
| | | | 1 | |
| • | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | (SEC. 1) | |
| 2: | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | X | 194v. 5 |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 18 | · · · · · · · · · · · · · · · · · · · | | 18 18 |
| Ŀ | of the calendar year ending with or within the year covered by this return. La 18 18 18 18 18 18 18 18 18 18 18 18 18 | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 7.5 | | 765,5 15,15 |
| 3 a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | . 200 | X |
| 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 | | X |
| 4 a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | i | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| Ė | o If "Yes," enter the name of the foreign country: ▶ | 1 | 型、被 | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | 600 | | |
| | (FBAR). | 20 v | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?. | 5c | | X |
| ъа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| h | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | - | 1 |
| 7 | | 6b | | X |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | 75:15 |
| | and services provided to the payor? | 7a | 1.50% | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | X |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 1,000 | 1 (4) | 1 |
| | required to file Form 8282? | 7c | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X. |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | X |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h_ | _X | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | 150 F |
| 9 | sponsoring organization have excess business holdings at any time during the year? | 8 | 1.50 | X |
| a | Sponsoring organizations maintaining donor advised funds. | 7 | | |
| b | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | X |
| 10 | Section 501(c)(7) organizations. Enter: | 9b | - <u>2</u> | X |
| а | | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | ٠. ا | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1 m | :: | |
| | against amounts due or received from them.) | | | 3 |
| 12 a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | X |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 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 | | X |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | · 1 | |

b Enter the amount of reserves the organization is required to maintain by the states in which

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

14a

14b

| Par | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below | | for a | Page 6 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------|------------------|
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. | r, and See ii | TOT a | i "IVO" Hione |
| | Check if Schedule O contains a response or note to any line in this Part VI | 000 11 | 1511 40 | illons. |
| Sec | tion A. Governing Body and Management | | | لسلب |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | 1.05 | 1.00 |
| | 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. | 12.12. 12.12.13.13.13.13.13.13.13.13.13.13.13.13.13. | | T. |
| b | the state of the s | 一致. 光報 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 更 版 | | |
| • | any other officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | 1. | |
| 4 | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 5 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | ļ | X |
| 6 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| _ | Did the organization have members or stockholders? | 6_ | X | · |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| b | one or more members of the governing body? | 7a | X | |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | 10 13 | , -,- |
| | the year by the following: | | | - |
| а | The governing body? | 8a | X | |
| b. | and a summing that a summing to dot on bottain of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | |
| Sect | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| OCCL | ion B. Policies (This Section B requests information about policies not required by the Internal Revenue | Code | | · · |
| | | | Yes | No |
| iva . | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| urs D | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| 110 | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | X |
| b | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | 200 |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | · . 3 | |
| h | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 40. | | |
| С | | 12b | X | |
| · | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 4. | 37 | |
| 13 | describe in Schedule O how this was done Did the organization have a written whistleblower policy? | 12c | _ X | |
| 14 | Did the organization have a written document retention and destruction policy?. | 13 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | 14 | _^_ | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 2 | | 4.5 |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | سهور خا |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | 75 PH | | |
| | participation in joint venture arrangements under applicable federal tay law, and take stone to performed the | - P | | |
| | organization's exempt status with respect to such arrangements? | 16b | | X |
| | on C. Disclosure | | | |
| 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 (or 1024 if applicable) 990, and 990 T (Section | 501(c |)(3)s | onivi |
| | available to public inspection. Indicate now you made these available. Check all that apply. | (0 | ,,-,- | |
| | X Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of interpretal attacks as a second of the conflict of the co | erest r | oolicv | and |
| | illiancial statements available to the public during the tax year. | | - ·· - y , | , |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record | s: > | | |
| CA. | EILEEN CRIST 463 S 400 W SALT LAKE CITY, UTAH 84101 TEL 801-355-1302 | - | | |

| Form | aaa | (2017) | |
|------|-----|--------|--|
| | | | |

| Part VIII | Componentian of C | VCC | | | | | | | | Page I |
|-----------|-----------------------------|---------|------------|-----------|-----|------------|---------|-------------|------------|--------|
| r art vii | Compensation of Contraction | micers, | Directors, | Trustees, | Key | Employees, | Highest | Compensated | Employees, | and |
| | urgeheurgeur Courtisc | iors | | | | | | | | |

Check if Schedule O contains a response or note to any line in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 nor any related organization compensated any current officer, director, or trustee. (C) (A) (B) Position (D) (E) (F) Name and Title Average (do not check more than one Reportable Reportable Estimated hours per box, unless person is both an compensation compensation from amount of officer and a director/trustee) week (list anv from related other hours for the organizations compensation Individual Highest compensated employee Institutional related organization (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted trustee and related line) organizations trustee (1) CHRIS CROSWHITE 40 EXECUTIVE DIRECTOR 0 X X 76,496 19,793 (2) ALEX HALLIEN 2.0 DIRECTOR 0 X 0 0 BRAD LAVOIE 2.0 DIRECTOR 0 Х 0 0 (4) BILL KLEMAN 2.0 TREASURER 0 x × 0 0 0 (5) TONY REHMER 2.0 SECRETARY 0 Х Х 0 0 0 (6) SCOTT PRICE 4.0 CHAIRMAN 0 X Χ 0 0 0 **(7)** ROBERT BUCKLEY 2.0 DIRECTOR 0 X 0 0 0 (8) STEVE SCHWAB 2.0 DIRECTOR 0 X 0 0 0 (9) RICH SPENCE 2.0 DIRECTOR 0 0 0 (10)0 0 0 (11)0 0 0 (12)0 0 0 (13)0 0 0 0 0 0

| Part VII Section A. Officers, Directors, Tru | stees, Ke | y Em | plc | yee | es, a | and F | ligh | nest Compensate | ed Employee | yees (continued) | | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------|------------------------------|---------------|--------------|--------------------|-------------|----------------------------------------|-------------------------------------------|------------------|--------------------------------------------------------------------|--|
| (A) Name and title | (B) Average | box | , unle | Po: check | erson | e than o | an | (D) Reportable compensation | (E) Reportable compensation from | | (F) Estimated amount of | |
| | week (list any hours for related organizations below dotted line) | Indivic or dire | ଜ Institutional trustee ଚ | | Key employee | Highest compensate | tee) Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MIS | s | other compensation from the organization and related organizations | |
| | | tee | ustee | | | ensated | | | | | | |
| (15) | | | | | | | | | | | | |
| (16) | | - | | | | | | . 0 | | 0 | 0 | |
| (17) | | | | - | | | | 0 | | 0 | 0 | |
| (18) | | | | - | _ | | | 0 | | 0 | -0 | |
| (19) | | | - | } | - | | | 0 | | 0 | 0 | |
| (20) | | | | | | | | 0 | | 0 | | |
| (21) | | | | _ | | 3 . | | 0 | | 0 | 0 | |
| | . 25 | | | | | | | 0 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 0 | - 0 | |
| (44) | | | | | | | | ,* ** 0 | | 0 | · | |
| (23) | | | | | | | | 0 | | 0 | Θ | |
| (24) | |] | | | | - | | 0 | | | 0 | |
| (25) | | | | | | | | | | | | |
| 1b Sub-total c Total from continuation sheets to Part VII, S | Section A | . , . | L | ••• | • • • | | > | 76,496 | | 0 | 19,793 | |
| d Total (add lines 1b and 1c) | | <u> </u> | · · | | | · · · | • | 76,496 | ** | | 19,793 | |
| 2 Total number of individuals (including but no reportable compensation from the organization) | <u>n</u> ► | | | 0 | . • | | | | | | Yes No | |
| 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched | cer, directo Jule J for su | or, o: ich ind | r tr divic | uste dual | e, | | | oloyee, or highes | | | 3 X | |
| For any individual listed on line 1a, is the organization and related organizations grindividual Did any person listed and line 4. | eater than | \$15 | 50.0 | วดดว | 7 11 | nsatio | n a | nd other compen | sation from th | ne ch | 4 X | |
| Did any person listed on line 1a receive or for services rendered to the organization? If "Y | accrue co | mper | ารลา | tion | fror | n anv | / un | irelated organizati | on or individu | | | |
| Section B. Independent Contractors | | | | | | | | | | | 5 X | |
| 1 Complete this table for your five highest com- compensation from the organization. Report of year. | pensated i compensati | indep ion fo | end r th | ent e ca | con | tracto dar ye | ors t | that received more ending with or with | than \$100,0 nin the organi | 00 of zation's | tax | |
| (A) Name and business add | ress | | | | | | | (B) Description of ser | vices | | (C) ensation | |
| ONE & ALL INC PO BOX 936517, ALANTA, GA 31193-6 | E17 | | | | | | ME | KT AND CONSU | | | 198,066 | |
| MANUAL, GA 31193-0 | J | | | | | | | | | | | |
| | | · · · · · | | | · | | | | | | - | |
| 2 Total number of independent contractors received more than \$100,000 of compensation | including) in from the | but orgai | t n niza | ot ! ition | limit ▶ | ed t | o t | hose listed abov | /e) who | | | |
| JSA 7E1050 1.000 | | | | | | | | | Lienza (San | F | orm 990 (2017) | |

| Form | n 990 (| 2017) | | | | | | |
|--------------------------------------------------------|---------|----------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| | rt VI | | nue | | | | | Page 9 |
| | | Check if Schedule O c | ontains a respo | nse or note to a | ny line in this Part | VIII | | |
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | <u>1a</u> | | | | 重要要要 | |
| 20 5 | b | Membership dues | | | | | | 是基業學 |
| īfs, | C | Fundraising events | | 3,277 | | | | |
| n E | d | Related organizations | <u>1d</u> | | | | | |
| Sir | е | Government grants (contribu | , , , , , , , | | * * * * * * * * * * * * * * * * * * * | | | |
| buti | f | All other contributions, gifts, | | | 建 导位医皇 | | | |
| ĘÖ | | and similar amounts not include | | 2,810,441 | 数差差 3. 董 | | | |
| Seg | g | Noncash contributions included | | 1,150,191 | | | | |
| | h | Total. Add lines 1a-1f | · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | 2,813,718 | | | |
| Program Service Revenue | 1_ | PROGRAM SERVICE | Distriction | Business Code | DA BER | Paga Ana | 计学法型语句 | 位的 數學 。例 |
| Rey | 2a | INOGRAM BERVICE | REVENUE | | 6,205 | | | |
| ice ice | b | | | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | |
| erv | C | | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | | |
| Ε | a | | . | | | | | |
| gra | e | A)I - II | | | | | <u> </u> | |
| Pro | _g | All other program service rev Total. Add lines 2a-2f | enue | | 6,205 | | , pr. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | |
| | 3 | - | dividen | | 0,203 | 1 12 | 700 in 1900 in | |
| | | and other similar amounts). | | | 31,951 | | | |
| | 4 | Income from investment of | | | <u> </u> | | | Tarana da . |
| | 5 | Royalties | | brocccus . | | 7 | | |
| | 3 | ·**· | (i) Real | (ii) Personal | 1 | | | |
| | 6a | Gross rents | 16,179 | | | V 11 20 | | w We. |
| | b | Less: rental expenses | | | | an - 30 mg 3 d | | |
| | | Rental income or (loss) | 16,179 | | | | | |
| | đ | Net rental income or (loss) . | | <u></u> | 16,179 | | | 1 1 1 Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | 7a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| ٠ | p. | Less: cost or other basis | * | | ļ | | 100 | - |
| | | and sales expenses | | | | | | |
| | C | Gain or (loss) | | | | | | |

Other Revenue

RECYCLING FEES 11a OTHER ADJUSTMENTS

> d All other revenue e Total. Add lines 11a-11d . .

Net gain or (loss) 8a Gross income from fundraising

Net income or (loss) from sales of inventory. Miscellaneous Revenue

Business Code

events (not including \$ ___ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net Income or (loss) from fundraising events. 9a Gross income from gaming activities. c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances . . . b Less: cost of goods sold

Total revenue. See instructions. JSA 7E1051 1.000

| | | | | * * * * * * * * * * * * * * * * * * * | | | } | | 107 | | : :: | |
|-----------|-----------|---|-------------|---------------------------------------|---|----|---|--------|-----|---|-----------|--|
| | - | | - | | 7 | | | 14 · | • | + | | |
| 248 | | | | | ļ | | | | | | | |
| 1,107 | | | | | | | | | | | | |
| | | | | | + | | | | | _ | | |
| 1,355 | - y -, | : | *** | | 7 | 7. | | , 1m 1 | 200 | + | | |
| 2,869,408 | | | | | 7 | | | | | ╅ | · · · | |

Form 990 (2017) Part IX Statement of Functional Expenses

| Tall M Statement of Functional Expenses | 5 | | | | |
|----------------------------------------------------|-------------------------|--------------------------|----------------------|-----------|--|
| Section 501(c)(3) and 501(c)(4) organizations must | st complete all columi | ns. All other organizati | ons must complete co | lumn (A). | |
| Check if Schedule O contains a resp | onse or note to any lir | ne in this Part IX | | | |
| Do not include amounts reported on lines 6b, 7b, | (A) | (B) | (C) | _ (D) | |

| Do 8b, | not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------|---------------------------------------|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | : | | | |
| . 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,191,855 | 1,191,855 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 76,496 | 30,599 | 34,423 | 11,474 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 463,808 | 357,717 | 46,893 | E0 100 |
| 8 | Pension plan accruals and contributions (include | 405,000 | 337,717 | 40,093 | 59,198 |
| Ū | section 401(k) and 403(b) employer contributions) | 7,140 | 7,140 | | |
| 9 | Other employee benefits | 62,970 | | 6,298 | 2 261 |
| 10 | Payroll taxes | 40,856 | | 6,149 | 3,261 5,344 |
| | Fees for services (non-employees): | | 25/303 | 0,143 | |
| | Management | | | e to gar ad a e | |
| b | Legal | AND THE CONTRACTOR OF THE CONT | 1 1 1 1 1 | : . | |
| | Accounting | 3,000 | | 3,000 | 1.7 |
| d | Lobbying | | | 3,000 | |
| е | Professional fundraising services. See Part IV, line 17. | 197,517 | | | 197,517 |
| | Investment management fees | 13,079 | 13,079 | The second second | 237,317 |
| | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.). | 17,493 | 7,097 | 10,396 | a garage |
| 12 | Advertising and promotion | 27,389 | 3,846 | | 23,543 |
| - 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 63,276 | 63,276 | | |
| 17 | Travel | 7,913 | | 1,023 | |
| 18 | Payments of travel or entertainment expenses | | | | 14 . |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | 77 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 27,985 | 27,985 | | |
| 23 | Insurance | 24,429 | 22,859 | 1,255 | 315 |
| 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.) | | | 8 | |
| а | SEE ATTACHED SCHEDULE | 195,771 | 144,235 | 8,124 | 43,412 |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| | All other expenses | <u>-</u> | | | |
| 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if | 2,420,977 | 1,959,352 | 117,561 | 344,064 |
| JSA | following SOP 98-2 (ASC 958-720) | | | | Form 990 (2017) |

RESCUE MISSION OF SALT LAKE, INC. FORM 990 PART IX LINE 24 a December 31, 2017

| DUES AND SUBSCRIPTIONS 2,415 864 0 3, LEGAL AND SUBSCRIPTIONS 1,000 0 0 1, MEALS 846 250 50 1, MISCELANEOUS 36,959 270 5,100 42, POSTAGE AND MAILING 31,459 2,640 9,652 43, PRINTING 30,829 0 11,185 42, REPAIRS AND MAINTENANCE 10,729 0 0 10, SUPPLIES 6,697 3,125 3,019 12, TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, VEHICLES 2,916 0 0 2, | | PROGRAM | MANAGEMENT | FUNDRAISING | TOTAL |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------|------------|-------------|---------|
| DUES AND SUBSCRIPTIONS 2,415 864 0 3, LEGAL AND SUBSCRIPTIONS 1,000 0 0 1, MEALS 846 250 50 1, MISCELANEOUS 36,959 270 5,100 42, POSTAGE AND MAILING 31,459 2,640 9,652 43, PRINTING 30,829 0 11,185 42, REPAIRS AND MAINTENANCE 10,729 0 0 10, SUPPLIES 6,697 3,125 3,019 12, TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, | BANK AND CREDIT CARD FEES \$ | . 0 | 790 | 12.643 | 13,433 |
| LEGAL AND SUBSCRIPTIONS 1,000 0 0 1, MEALS 846 250 50 1, MISCELANEOUS 36,959 270 5,100 42, POSTAGE AND MAILING 31,459 2,640 9,652 43, PRINTING 30,829 0 11,185 42, REPAIRS AND MAINTENANCE 10,729 0 0 10, SUPPLIES 6,697 3,125 3,019 12, TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 0 2, VEHICLES 2,916 0 0 2, | DUES AND SUBSCRIPTIONS | 2,415 | 864 | | 3,279 |
| MEALS 846 250 50 1, MISCELANEOUS 36,959 270 5,100 42, POSTAGE AND MAILING 31,459 2,640 9,652 43, PRINTING 30,829 0 11,185 42, REPAIRS AND MAINTENANCE 10,729 0 0 10, SUPPLIES 6,697 3,125 3,019 12, TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, VEHICLES 0 0 2, | LEGAL AND SUBSCRIPTIONS | 1,000 | 0 | 0 | 1,000 |
| POSTAGE AND MAILING 31,459 2,640 9,652 43, PRINTING 30,829 0 11,185 42, REPAIRS AND MAINTENANCE 10,729 0 0 10, SUPPLIES 6,697 3,125 3,019 12, TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, WEHICLES | MEALS | 846 | 250 | 50 | 1,146 |
| PRINTING 30,829 0 11,185 42, REPAIRS AND MAINTENANCE 10,729 0 0 10, SUPPLIES 6,697 3,125 3,019 12, TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, | MISCELANEOUS | 36,959 | 270 | 5,100 | 42,329 |
| REPAIRS AND MAINTENANCE 10,729 0 0 10, SUPPLIES 6,697 3,125 3,019 12, TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, | POSTAGE AND MAILING | 31,459 | 2,640 | 9,652 | 43,751 |
| REPAIRS AND MAINTENANCE 10,729 0 0 10, SUPPLIES 6,697 3,125 3,019 12, TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, | PRINTING | 30,829 | 0 | 11,185 | 42,014 |
| TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, VEHICLES | REPAIRS AND MAINTENANCE | 10,729 | 0. | • | 10,729 |
| TELEPHONE AND INTERNET 13,906 185 1,763 15, TRAINING 2,916 0 0 2, VEHICLES | | 6,697 | 3,125 | 3,019 | 12,841 |
| TRAINING 2,916 0 0 2, | TELEPHONE AND INTERNET | 13,906 | 185 | 1,763 | 15,854 |
| WELICI EC | TRAINING | 2,916 | . 0 | | 2,916 |
| | VEHICLES | 6,479 | 0 | 0 | 6,479 |
| Grand Total \$ 144,235 8,124 43,412 195, | Grand Total \$ | 144,235 | 8,124 | 43,412 | 195,771 |

Part X Balance Sheet

| <u></u> | | Check if Schedule O contains a response or note to any line in this F | Paπ X | | (B) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|-----------------|
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 1,146,075 | 1 | 1,531,646 |
| | 2 | Savings and temporary cash investments | 909,610 | 2 | 1,014,702 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | 24 S | |
| | 1 | trustees, key employees, and highest compensated employees. | | 贯 譯 | |
| 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 6 | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers | | 5 | |
| : 4 | | and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| Accete | 7 | Notes and loans receivable, net | | 7 | |
| Ă | 8 | Inventories for sale or use | | 8 | |
| 18.79 | 9 | Prepaid expenses and deferred charges | 4,662 | 9 | 3,786 |
| es × | ilua | Land, buildings, and equipment: cost or | | | |
| | 1. | other basis. Complete Part VI of Schedule D 1,378,791 | | | |
| \cdot , \cdot \cdot \cdot | | Less: accumulated depreciation 10b 138,886 | 1,260,414 | | 1,239,905 |
| | 11 | Investments - publicly traded securities | 1,251,961 | 11 | 1,364,432 |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | 4 Mar 28 H Z |
| Hat I | 13 | Investments - program-related, See Part IV, line 11 Intangible assets | ** | 13 | |
| and the second of the second o | 14 | Intangible assets | | 14 | 1 |
| | 15 | Other assets. See Part IV, line 11 | | 15 | · · · · · |
| · · · · · · · · · · · · · · · · · · · | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 4,572,722 | | 5,154,471 |
| 4 | 17 | Accounts payable and accrued expenses | 32,436 | | 65,962 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| fies | 22 | Loans and other payables to current and former officers, directors, | | | |
| Liabilities | 1 | trustees, key employees, highest compensated employees, and | | - | 宴, 富州, 陈. 克. |
| Ľ | | disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | <u> </u> |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | ł | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | 26 | of Schedule D | | 25 | |
| · | 20 | Total liabilities. Add lines 17 through 25. | 32,436 | | 65,962 |
| S | | Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. | | Section 1 | |
| ž | 27 | | | | |
| a <u>la</u> | 28 | | 2,516,363 | 27 | 2,857,849 |
| Fund Balances | 29 | Temporarily restricted net assets Permanently restricted net assets | 205,505 | | 316,800 |
| Ę | | | 1,818,418 | | 1,913,860 |
| ō | 20 | complete lines 30 through 34. | | | 1,313,000 |
| ie fe | 30 | Capital stock of trust principal, or current funds | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | <u> </u> | 31 | |
| Net.) | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Ž | 33 | Total net assets or fund balances | 4,540,286 | 33 | 5,088,509 |
| - | 34 | Total liabilities and net assets/fund balances | 4,572,722 | | 5,154,471 |
| | | | | | Form 990 (2017) |

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X

20

3a

3b

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

| | | * | | | | | | |
|--------------|----------|--------------------------------------------------------|--------------------------------------------------|----------------------------------------------------|---------------------------------|--------------------------------------------------|---------------------------------------|-------------------------------------|
| | | E MISSION OF SALT | | | | | 23-717 | 7264 |
| | irt I | Reason for Public Cha | arity Status (All | organizations must | comple | te this p | art.) See instructions | 3. |
| The | orga | anization is not a private for | | | | | | |
| 1 | | A church, convention of ch | | | | | | |
| 2 | | A school described in sect | | | | | | |
| 3 | | A hospital or a cooperative | e hospital service | organization described | in sectio | on 170(b |)(1)(A)(iii). | |
| 4 | | A medical research organi | ization operated in | n conjunction with a ho | spital de | scribed i | n section 170(b)(1)(A |)(iii). Enter the |
| | | hospital's name, city, and s | state: | | | | | |
| 5 | | An organization operated | for the benefit o | f a college or univers | ty owne | d or ope | erated by a governme | ental unit described in |
| | | section 170(b)(1)(A)(iv). (0 | | | • | , | , , | * |
| 6 | | A federal, state, or local go | overnment or gov | ernmental unit describe | ed in sec | tion 170 | (b)(1)(A)(v). | |
| 7 | X | An organization that norm | nally receives a si | ubstantial part of its s | upport fr | om a do | vernmental unit or fr | om the general public |
| | | described in section 170(b |)(1)(A)(vi), (Com | olete Part II.) | | 50 | Torring and arms of the | on the general public |
| 8 | | A community trust describe | | | e Part II) | • | · · · · · · · · · · · · · · · · · · · | Part of the second |
| 9 | | An agricultural research or | rganization descri | ed in section 170(b)(: | υ (Δ.(i) () (Δ.) (i.v.) | onerated | in conjunction with a | land grant college |
| | | or university or a non-land- | -grant college of a | acriculture (see instruc | tions) F | nter the | name city and state o | f the college or |
| | | university: | | 9 | | 11101 1110 | name, only, and state o | i the college of |
| 10 | | An organization that norma | ally receives: (1) r | nore than 331/3 % of its | SUDDO | from co | ntributions members | hin face, and groce |
| | لنحسا | receibts from activities refa | ated to its exempt | TUNCTIONS - SUbject to | certain e | ycention | is and (2) no more this | in 331120/of ite |
| : | | support from gross investmacquired by the organization | ment income and | unrelated husiness tax | able inco | nme /lec | e section 511 tov) from | businesses |
| 11 | | An organization organized | and operated eve | ligio. See section 509 | (a)(2). ((| complete | Paπ III.) | |
| 12 | | An organization organized | and operated exc | dusively to test for publi | of to p | orform th | stion 509(a)(4). | 2012 |
| - | · | of one or more publicly su | innorted erganiza | tions described in a | . OI, 10 P | enom u | ie functions of, or to | carry out the purposes |
| | | of one or more publicly su | through 12d that | dogoribos the time of a | uon sus | (a)(1) o | section 509(a)(2). | ee section 509(a)(3). |
| : | , I_ | Check the box in lines 12a | | | | | | |
| . а | <u> </u> | _ Type I. A supporting org | ianization operate | d, supervised, or conti | olled by | its supp | orted organization(s), | typically by giving |
| | | the supported organization | on(s) the power to | regularly appoint or e | lect a m | ajority of | f the directors or truste | es of the |
| | | supporting organization. | | | | | | |
| b | , L | | ganization supervi | sed or controlled in co | nnection | with its | supported organizati | on(s), by having |
| | | control or management of | | | the sam | e persor | ns that control or mar | age the supported |
| | | _ organization(s). You must | | | • | | | tea, and a set of the second of the |
| C | | | grated. A suppor | ting organization opera | ated in c | onnectio | n with, and functiona | lly integrated with, |
| | _ | _ its supported organization | | | | | | |
| d | L. | | integrated. A su | pporting organization of | perated | in conne | ection with its suppor | ted organization(s) |
| | | that is not functionally into | egrated. The orga | anization generally mu | st satisfy | a distrib | ution requirement and | d an attentiveness |
| | - | _ requirement (see instruct | tions). You must c | omplete Part IV, Sect | ions A a | nd D, an | d Part V. | · · · · · · |
| е | L_ | Check this box if the orga | anization received | a written determination | n from t | he IRS ti | nat it is a Type I, Type I | II, Type III |
| | | functionally integrated, or | r Type III non-fund | tionally integrated sup | porting o | organizat | ion. | |
| f | | er the number of supported | | | | | · · · · · · · · · · · · · · · · · · | |
| g | | vide the following information | ion about the supp | oorted organization(s). | | | | |
| | (i) Na | ame of supported organization | (ii) EIN | (iii) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of |
| | | **** ="" | · | (described on lines 1-10 above (see instructions)) | | ur governing ment? | support (see instructions) | other support (see |
| | | | | | Yes | No | matidottotiaj | instructions) |
| (A) | | | | | | | | |
| | | | | | | | | |
| (B) | | | | | | | | |
| (D) | | | | | 1 | | | |
| (C) | | | | | | | | |
| (C) | | | | | | | | |
| (D) | | | | | | | | |
| (D) | | | | | | | | |
| / <u>-</u> - | | | | | | | | |
| (E) | | | | | | | | |
| | | | | | | | | |
| Tota | al | | | | = _ |]. | | |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Cale | endar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not include any "unusual grants.") | 2,578,045 | 2,795,990 | 3.035.587 | 3.618.451 | 2-813-718 | 14,841,791 |
| | | | | | 0,020,102 | 2,020,120 | 11/011/101 |
| 2 | Tax revenues levied for the organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | ·.· |
| 3 | · | | | | | | |
| J | The value of services or facilities furnished by a governmental unit to the organization without charge | | <u>,</u> | . : ' | | | |
| 4 | Total. Add lines 1 through 3 | 2,578,045 | 2,795,990 | 3.035.587 | 3,618,451 | 2 813 718 | 14,841,791 |
| 5 | The portion of total contributions by | | | | | 7 3 2 3 | 14,041,79I |
| · | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on line 1 that exceeds 2% of the amount | | | 10 A B | | | |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | grade bust | | | | 14,841,791 |
| | tion B. Total Support | | | 18/2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2- | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | |
| | ndar year (or fiscal year beginning in) | | (b) 2014 | <i>-∂</i> (ć) 2015 | (d) 2016 | | (f) Total |
| 7 | Amounts from line 4 | 2,578,045 | 2,795,990 | 3,035,587 | 3,618,451 | 2,813,718 | 14,841,791 |
| 8 | Gross income from interest, dividends, payments received on securities loans, | . * * * * * * * * * * * * * * * * * * * | | January . | v sine Serie | e na santa a s Santa a santa a | |
| | rents, royalties, and income from | | | ty Justi | | v (| L. Link |
| 41 | similar sources | 8,182 | 150 | 34,777 | 36,889 | 48,131 | 157,716 |
| 9 | Net income from unrelated business | | ram pro Talas est | A SHORT OF | | · · · · · · · · · · · · · · · · · · · | |
| | activities, whether or not the business | 1 1.1% | | age NV. | | | te turije gladnost |
| | is regularly carried on | | to the state of th | 144.5 | | | |
| 10 | Other income. Do not include gain or | | | | | | 17.1 12.1 1 |
| | loss from the sale of capital assets (Explain in Part VI.) | | | | 1.4 | | |
| 11 | Total support. Add lines 7 through 10 | | | 1.2 | | 48 A. 46 | 14,999,507 |
| 12 | Gross receipts from related activities, etc. (s | | | | | | 14, 333, 307 |
| 13 | First five years. If the Form 990 is for | | | | | | F04/-)/0) |
| | organization, check this box and stop here | or the organization | ions msi, secon | u, mma, rourm, | or min tax yes | ar as a section | 501(c)(3) |
| Sec | tion C. Computation of Public Sup | port Percenta | ge | | | · | |
| 14 | Public support percentage for 2017 (lin | | | | | | 98.9485% |
| 15 | Public support percentage from 2016 | Schedule A, Pa | rt II, line 14 | | | 15 | 99.2410% |
| 16a | 331/3% support test - 2017. If the org | ganization did n | ot check the bo | x on line 13, ar | nd line 14 is 33 | 1/3 % or more, c | heck this |
| | box and stop here. The organization qu | ualifies as a pub | licly supported | organization | | | ▶ X |
| þ | 331/3% support test - 2016. If the org | janization did no | ot check a box o | on line 13 or 16 | a, and line 15 is | s 331/3 % or mo | re, check |
| 4 | this box and stop here . The organization | on qualifies as a | publicly suppor | ted organization | n | | ▶ |
| 1/a | 10%-facts-and-circumstances test - 2 | 1017. If the org | anization did n | ot check a box | on line 13, 16a | a, or 16b, and I | ine 14 is |
| | 10% or more, and if the organization | meets the "fac | cts-and-circumsi | ances" test, ch | eck this box ar | nd stop here. E | xplain in |
| | Part VI how the organization meets to | ne "racts-and-c | rcumstances" te | est. The organiz | zation qualifies | as a publicly s | upported |
| h | organization | 1040 1541 | | | | • • • • • • • • | ▶ 🔲 |
| D | 10%-facts-and-circumstances test - 2 | to 16. If the org | anization did n | ot check a box | on line 13, 16 | a, 16b, or 17a, | and line |
| | 15 is 10% or more, and if the organization in Part VI have the accompanient | inization meets | the "racts-and | l-circumstances' | test, check th | nis box and st | op here. |
| | Explain in Part VI how the organization | | | | | | |
| 18 | supported organization Private foundation. If the organization | did not shoot a | hav an line 40 | 165 165 475 | | | ▶ □ □ |
| | instructions | aid not check a | DOX ON ME 13, | 10a, 10D, 1/a, | , or 17b, check | this box and see | , [|
| - | instructions | | | | | | |

Schedule A (Form 990 or 990-EZ) 2017

Part III Support Schedul

| (Complete only if you check If the organization fails to qu | ced the box or | line 10 of Par | t I or if the ora | anization faile | d to qualify und l.) | er Part II. |
|----------------------------------------------------------------|----------------|-----------------|---------------------------------------|---------------------------------------|-------------------------|-------------|
| A. Public Support | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | |
| ear (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | | | i | | | |

| Sec | tion A. Public Support | | | | | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | (1) 10101 |
| | received. (Do not include any "unusual grants.") | | : | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | ļ | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 . | | | | | | , |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to |] | | | | | |
| | or expended on its behalf | | · . | | | | · |
| 5 | The value of services or facilities | | | | | N | |
| | furnished by a governmental unit to the | | • | | | | , , |
| | organization without charge | | | | | | |
| 6 . | Total. Add lines 1 through 5 | · · | | | · | | |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | 3 |
| L | received from disqualified persons | | | | The state of the s | 2 500 2 | 1 12. 1. 1. 1. |
| D. | Amounts included on lines 2 and 3 received from other than disqualified | No. 1 of the second | | . 4. | | | |
| | persons that exceed the greater of \$5,000 | | 1 T | | | 47. | A S. Flag Co. 188 |
| | or 1% of the amount on line 13 for the year | | | | | | ser e ĝi, te |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | (大) [大] | | | |
| | line 6.) | | | ¥. | | | and a stable of the stable |
| | tion B. Total Support | · · · · · · · · · · · · · · · · · · · | | -40 - | ware en e | | 5 7 7 7 5 2 |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6. | | | | | | |
| iva | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, royalties, and income from similar sources | | | | | | e Communication of the second |
| b | rents, royalties, and income from similar sources | | | | | | |
| b | rents, royalties, and income from similar sources | | | | | | |
| b | rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | rents, royalties, and income from similar sources | | | | | | |
| | rents, royalties, and income from similar sources | | | | | | |
| c | rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 5 | | | | | |
| c | rents, royalties, and income from similar sources | | | | | | |
| c | rents, royalties, and income from similar sources | | | | | | |
| c 11 12 | rents, royalties, and income from similar sources | | | | | | |
| c 11 12 | rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| c 11 12 | rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | or the organizati | on's first, secor | d, third, fourth, | or fifth tax ve | ar as a section | 504(6)(3) |
| 11 12 13 | rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | <u></u> . <u>.</u> | | d, third, fourth, | or fifth tax ye | ar as a section | 501(c)(3) |
| 11 12 13 14 Sect | rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | ort Percentag | <u> </u> | | | ar as a section | 501(c)(3) |
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Part IV

Supporting Organizations

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

| Section A. Ali Su | porting Or | ganizations |
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part Vi** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | NO |
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| 14611 | Supporting Organizations (continued) | | | |
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| a | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 2027 | 温馨 。 | 343 |
| b | | 11a | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11b | | |
| Sect | ion B. Type I Supporting Organizations | 11c | L | |
| | | · · · | Yes | No |
| 1 | Did the directors tructors or membership of one or more connected accomplished | | 1 63 | |
| • | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | 14. 海 | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | T. K. | - 4/5000 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | j: | <u> </u> | - 14 ²⁷ |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in Part | 14.4 | 青山 | |
| • • | VI how providing such benefit carried out the purposes of the supported organization(s) that operated | | 1 | |
| = | supervised, or controlled the supporting organization. | 2 | | |
| Sect | ion C. Type II Supporting Organizations | | | |
| | and the state of the state of the state of the state of the state of the state of the state of the state of the | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 15 | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | 1-27 | | |
| 9 | or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | 1 | | |
| C4 | | 1 | | - <u></u> |
| Secti | on D. All Type III Supporting Organizations | | · · · | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | Yes | No |
| : | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior | | | 1 2 |
| | tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | - 19 |
| | the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 | ··· | |
| ~ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | 2 | | |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | ٠ ، | |
| | supported organizations played in this regard. | 3 | | • |
| Secti | on E. Type III Functionally Integrated Supporting Organizations | | | - |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in | structi | ons) | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | - LI LI CO | <i>0110)</i> . | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instruc | ctions). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| a | | 1; | 7 | - N |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes | | 整 | 1.* |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | _ | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | ** | 3.7 | 7.7 |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | 3.33 | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | 1. 12 | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | 4 |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers directors or | | . | |
| _ | trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | t | . 1 | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | izati | ions | |
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| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization | trus ation | st on Nov. 20, 1970 (explain ns_must complete Section | in Part VI). See s A through E. |
| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | 13.5 |
| collection of gross income or for management, conservation, or | | The state of the state of | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |
| maintenance of property held for production of income (see instructions) | 6 | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | , | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 4. | | |
| b Average monthly cash balances | 1a 1b | | 40 A C |
| c Fair market value of other non-exempt-use assets | 1c | ' | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | - Iu | | 1 |
| factors (explain in detail in Part VI); | | | Av år i de diserri |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | Married Hallette et al. 1 a. |
| 3 Subtract line 2 from line 1d | 3 | | 11. The State of |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | ₹ + <u>E</u> E: + + + + + + + + + + + + + + + + + + + | |
| see instructions). | 4 | s which the | e in the Appendix of |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | 15.12.13.13 | |
| 6 Multiply line 5 by .035. | 6 | | Silver and the second |
| 7 Recoveries of prior-year distributions | 7 | | 44.5 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | 3 2 3 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionally instructions) | inte | grated Type III supporting o | organization (see |

| Sect | tion D - Distributions | Supporting Organiza | itions (continuea) | |
|------|----------------------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Amounts paid to supported organizations to accomplish e | vomnt numenee | | Current Year |
| 2 | Amounts paid to perform activity that directly furthers exe | exempt purposes | | |
| | organizations, in excess of income from activity | mbr barboses or subbor | tea | |
| 3 | Administrative expenses paid to accomplish exempt purp | acce of cumparted argon | izotione | |
| 4 | Amounts paid to acquire exempt-use assets | oses of supported organ | nzations | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| - 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | · · · · · · · · · · · · · · · · · · · | | |
| 8 | Distributions to attentive supported organizations to which | the ergonization is see | | |
| • | (provide details in Part VI). See instructions. | the organization is res | ponsive | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Line o divided by Line 9 amount | 1 | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| _1 | Distributable amount for 2017 from Section C, line 6 | 表 可能 · 克尔克 · 克尔克 | 11 分一學 3.4 學 3 | |
| 2 | Underdistributions, if any, for years prior to 2017 | ¥ | | · · · · · · · · · · · · · · · · · · · |
| | (reasonable cause required-explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | A Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Company of the Comp |
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| b_ | From 2013 | | | |
| C | From 2014 | the test of the | | |
| d | From 2015 | | | |
| e | From 2016 | | | *- |
| es f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | (1) 美元奖 (量) 公司 | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | 1 | | |
| 4 | Distributions for 2017 from | | 10 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 Table 15 | |
| • | Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | <u> </u> | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
| b | Applied to 2017 distributable amount | | | . 100 |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | on respectively the per- | | AND THE STORY |
| | any. Subtract lines 3g and 4a from line 2. For result | | • • • • • | |
| | greater than zero, explain in Part VI. See instructions. | | ** | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| 5, | and 4c. | | | |
| 8 | Breakdown of line 7: | | Z Z Z | |
| а | Excess from 2013 | × 2* | | |
| b | Excess from 2014 | | | |
| С | Excess from 2015 | | | |
| d | Excess from 2016 | | | |
| е | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

| Schedule A | (Form 990 or 990-EZ) 2017 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12: Part IIV Section A lines 1.2. 2b. 2c. 4b. 4c. 5c. 0.0c. 0b. 0c. 4d. 4d. 4d. 4d. 4d. 4d. 4d. 4d. 4d. 4d |
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| | III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
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Schedule B (Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number RESCUE MISSION OF SALT LAKE INC. 23-7177264 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization Employer identification number RESCUE MISSION OF SALT LAKE INC. 23-7177264 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution SEE ATTACHED SCHEDULE Person Pavroll 720,276 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution SEE ATTACHED SCHEDULE X Person Payroll 515,671 Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Nο. Name, address, and ZIP + 4 Total contributions Type of contribution Person 400 Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll

Noncash
(Complete Part II for noncash contributions.)

Name of organization

RESCUE MISSION OF SALT LAKE INC.

Employer identification number 23-7177264

Part II. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
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| Part III | Exclusively religious, charitable, etc. | contributions to organiz | 23-7177264 zations described in section 501(c)(7), (8), or |
| | (10) that total more than \$1,000 for | the year from any one co | contributor. Complete columns (a) through (e) an |
| | the following line entry. For organizat | ions completing Part III on | nter the total of exclusively religious, charitable, etc. |
| | contributions of \$1,000 or less for th | e year (Enter this informati | tion once. See instructions \ \ \C |
| | Use duplicate copies of Part III if addit | e year. (Enter this informational space is peeded | ation once. See instructions.) > 5 |
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Rescue Mission of Salt Lake Inc. Schedule B of IRS Form 990 Tax Year December 31, 2017

Cash Donations equal or greater than 5,000.00

Donor Information filed with IRS – Left blank for Donor Privacy

Rescue Mission of Salt Lake Inc. Schedule B of IRS Form 990 Tax Year December 31, 2017

Non Cash Donations equal or greater than 5,000.00

Donor Information filed with IRS – Left blank for Donor Privacy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

7E1268 2.000

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number

RESCUE MISSION OF SALT LAKE INC. 23-7177264 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . . Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a), 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 4 Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

| | Organizations Maintaining Colle | | | | | | | | | |
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| 3 | Using the organization's acquisition, acces | ssion, and o | ther record | ds, check | any of | the follow | ing that au | e a sign | ificant u | se of its |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | | d | Loan o | r exchar | nge progra | ms | | | |
| b | Scholarly research | e, e e e | е 🔄 | Other | | | : | | , | |
| ¢ | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's | collections | and explai | in how t | hey furth | ner the or | ganization's | exempt | purpose | in Part |
| | XIII. | | | | | | | | | |
| 5 | During the year, did the organization solicit | or receive d | onations of | art, histo | rical trea | asures, or | other simila | ìr | | * * * |
| | assets to be sold to raise funds rather than t | to be mainta | ined as par | t of the o | rganizat | ion's collec | ction? | [| Yes | No |
| Pa | t IV Escrow and Custodial Arrangem | | | | | | | | | |
| | Complete if the organization answays 990, Part X, line 21. | wered "Yes | " on Form | 990, Pa | art IV, lin | ne 9, or re | ported an | amount | on For | n ^{sarata} |
| 1a | Is the organization an agent, trustee, custo | dian or othe | r intermedi | ary for co | ontributio | ons or othe | r assets not | | | |
| | | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XI | | | owing tab | le: | | | - | | ٠٠٠: بـــا |
| | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | | | - | | | Ar | nount | | |
| C | Beginning balance | | | | | 1c | | • • | | - |
| d | Additions during the year | | | | | ld | | | · · · · · · · · | |
| е | Distributions during the year | | | | · · | le | | : | 1 | |
| · F | Ending balance | | | • • • • • • | _ | lf | 1000 | i i i | | |
| 2a | | Form 990. F | Part X. line : | 21 for es | | | account liah | nility? | Yes | No |
| ь | If "Yes," explain the arrangement in Part XI | | | | | | | | | |
| | t V Endowment Funds. | Ottook 110 | 10.11.01.024 | piariacion | nas been | provided | OIT CAL MI | **** | | |
| | Complete if the organization answ | vered "Yes | on Form | 990 Pa | nf IV lin | e 10 | | : | 114 Ph 4 | i wani. |
| | | rrent year | (b) Prior | | | vears back | (d) Three ye | ars hack | (a) Four | ears back |
| ۵. | · · · · · · · · · · · · · · · · · · · | 023,923 | | | | | | n n | (e) rours | reals Dack |
| 1a | - 19 mm/9, 11 J - 11 mm/1.04 1 1 1 1 1 | 101,300 | | 3,306 9,586 | | 86,290 | | | | |
| b | | 101,300 | 703 | 3,300 | 1 | .86,200 | | 3,197 | | · • • • • • • • • • • • • • • • • • • • |
| . с | Net investment earnings, gains, | 117 416 | | | | 10 747 | | 5 004 | * v1 = -i | |
| | · 4.4 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · | 117,416 | 62 | 2,387 | | 12,141 | 3 | 5,224 | | * . N. 3 ² * |
| d | Grants or scholarships | | 7 | | | | | | <u> </u> | |
| . e | Other expenditures for facilities | | N | | • | | | | | 10 |
| | and programs | | | 5,000 | | · | | | | <u> </u> |
| f | Administrative expenses | 11,979 | | 1,356 | | 14,043 | | 0,131 | | |
| g | End of year balance | 230,660 | 2,023 | 3,923 | 1,4 | 48,306 | 1,28 | 8,290 | | |
| .2 | Provide the estimated percentage of the cu | ırrent year e | nd balance | (line 1g, | column (a | a)) held as | | | | |
| а | Board designated or quasi-endowment ▶_ | 14.0000 | % | | | ٠, | | | | |
| b. | Permanent endowment ► 86.0000 % | | | | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c sh | ould equal 1 | 00%. | | | | | | | |
| 3a | Are there endowment funds not in the poss | ession of the | e organizati | ion that a | are held | and admir | nistered for t | he | | |
| | organization by: | | | | | | | • | Y | es No |
| | (i) unrelated organizations | | | | | | | | 3a(i) | X |
| | (ii) related organizations | | | | | | | | 3a(ii) | X |
| b | If "Yes" on line 3a(ii), are the related organi | izations listed | as required | d on Sche | edule R? | | | • • • • | 3b | X |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | • • • • | L | |
| Par | EVI Land, Buildings, and Equipment. | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | Complete if the organization ans Description of property | wered "Yes | | 990, Pa | | | ee Form 9 | | X, line | |
| | | (investr | nent) | | her) | | eciation | ,,, | , book valu | |
| 1a | Land | | 87,400 | | | + Ng 10 - 1 | | | 88 | 7,400 |
| þ | Buildings | 3 | 60,015 | | | | 40,813 | | | 9,202 |
| C | Leasehold improvements | | | | | | | ······ | | · |
| d | Equipment | | 94,663 | · | | | 61,360 | | | 33,303 |
| е | Other | | 36,713 | | | | 36,713 | | | |
| Tota | I. Add lines 1a through 1e. (Column (d) musi | | | (, column | (B). line | 10c.) | ▶ | | 1.23 | 39,905 |
| | | = | , , , , , , , , | | , , | | | Cabadi | | 0000 2017 |

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) VARIOUS MUTUAL FUNDS | 1,364,432 | QUOTED EXCHANGE RATES | |
| (C) | | | |
| (D) ***** | | | ····· |
| (E) | | | |
| (F) | | | |
| (6) | | | |
| (H) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 1,364,432 | · · · · · · · · · · · · · · · · · · · | |
| | ered "Yes" on Form 990 | , Part IV, line 11c. See Form 990, Part X | , line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value | , |
| (1) | | and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s | |
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| (5) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
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| (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answe | ered "Yes" on Form 990, | Part IV, line 11d. See Form 990, Part X | , line 15. |
| (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answe | | Part IV, line 11d. See Form 990, Part X | |
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| (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answer (1) (2) (3) (4) | ered "Yes" on Form 990, | Part IV, line 11d. See Form 990, Part X | , line 15. |
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| (9) fotal. (Column (b) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answer (a (1) (2) (3) (4) (5) (6) | ered "Yes" on Form 990, | Part IV, line 11d. See Form 990, Part X | , line 15. Book value |
| (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) | ered "Yes" on Form 990, | Part IV, line 11d. See Form 990, Part X | , line 15. Book value |
| (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) | ered "Yes" on Form 990, | Part IV, line 11d. See Form 990, Part X | , line 15. Book value |
| (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answer (1) (2) (3) (4) (5) (6) (7) (8) (9) | ered "Yes" on Form 990,) Description | Part IV, line 11d. See Form 990, Part X (b) | , line 15. Book value |
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| (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answer (a (1) (2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (Column (b) must equal Form 990, Part X, col. (Complete if the organization answer | ered "Yes" on Form 990,) Description (B) line 15.) | Part IV, line 11d. See Form 990, Part X (b) | , line 15. Book value |
| (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (C) Part X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability | ered "Yes" on Form 990,) Description (B) line 15.) | Part IV, line 11d. See Form 990, Part X (b) Part IV, line 11e or 11f. See Form 990, | , line 15. Book value |
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| (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answer (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (c) Part X Other Liabilities. Complete if the organization answer line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | ered "Yes" on Form 990,) Description (B) line 15.) | Part IV, line 11d. See Form 990, Part X (b) Part IV, line 11e or 11f. See Form 990, | , line 15. Book value |
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| Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses and lines 3 and 4c. (This must equal Form 990, Part I, line 12) For total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2, 306, Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b Other (Describe in Part XIII.) Add lines 4a and 4b Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts included on Form 990, Part IX, line 25, but not on line 1: Amounts include on Form 990, Part IX, line 25, but not on line 1: Amounts include on Form 990, Part I | Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | 1. | rage |
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| Part XIII Supplemental Information. rovide the descriptions required for Part II. lines 3, 5, and 9; Part III. lines 1a and 4; Part IV. lines 1b and 2b; Part V. line 4; Part X. lines 1b. and 2b; Part V. line 4; Part X. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b; Part V. lines 1b. and 2b. and | 5 Tota | expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 2,306,52 |
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| | Part XI, li | descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa nes 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | rt V, lin ation. | e 4; Part X, line |
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| Page Part XIII Supplemental Information (continued) | <u>5</u> |
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

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

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

Open to Public Inspection

| Name of the organization | | | | | Employer identification | on number |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------|--------------|--------------------------------------|---------------------------------------|-----------------------------------------|
| RESCUE MISSION OF SALT LAKE | INC. | | | •1 | 23-7177264 | • |
| Part I Fundraising Activities. Con | nplete if the orga | ınization a | answered | "Yes" on Form | 990, Part IV, line | 17. |
| Form 990-EZ filers are not | | | | | | |
| 1 Indicate whether the organization rai | sed funds through | any of the | following | activities. Check | all that apply. | |
| a X Mail solicitations | е | | | non-government o | | |
| b X Internet and email solicitations | f | | | government grant | , | |
| c X Phone solicitations | q | | | ising events | | |
| d X In-person solicitations | 5 | | olai lalla,a | | | |
| 2a Did the organization have a written o | r oral agreement w | ith any in | dividual (in | oluding officers o | lirostoro trustoso | |
| or key employees listed in Form 990 | . Part VII) or entity | in connec | tion with r | professional fundra | ising services? | X Yes No |
| b If "Yes," list the 10 highest paid indi | viduals or entities | (fundraise | rs) pursua | int to agreements | under which the | fundraiser is to be |
| compensated at least \$5,000 by the | organization. | , | , , | | | randralour lo to be |
| | • | | | | | |
| | | (III) Did fun | draiser have | | (v) Amount paid to | 4.0.4 |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | | r control of | (iv) Gross receipts from activity | (or retained by) | (vi) Amount paid to (or retained by) |
| or order (unadably | | contrib | outions? | nom activity | fundraiser listed in col. (i) | organization |
| | · · · · · · · · · · · · · · · · · · · | Yes | No | | | |
| 1 ONE & ALL INC | | | | . j | 15 6 C 1 190 | |
| ALANTA, GA | MARKETING | | X | 482,153 | 198,066 | 284,087 |
| 2 GATEWAY COMMUNICATIONS INC | | 1 | | 102/103 | 130,000 | 204,007 |
| PORTLAND, OR | MARKETING | İ | x | 7,937 | 9,846 | 0 |
| 3 | | | | 1,331. | J, 0.40 | |
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| Total | | | | 400 000 | 007 010 | |
| | tion is registered a | r licensed | to policit | 490,090 | 207,912 | 284,087 |
| 3 List all states in which the organization or licensing. | iioii is registered o | licensed | to solicit | contributions or | nas peen notified | it is exempt from |
| region of hounding. | | | | | | |
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| - 1 | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
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| | | | (event type) | (event type) | (total number) | (add col. (a) through col. (c)) |
| Kevenue | 1 | Gross receipts | | | | |
| 2 | 2 | Less: Contributions | | · | - | |
| | 3 | Gross income (line 1 minus line 2). | | | | · . |
| | 4 | Cash prizes | | + 41 - g | | |
| | 5 | Noncash prizes | | | | |
| | 6 | | | | : | |
| | 7 | Food and beverages | | | | |
| | | Entertainment | | PASSES OF THE PROPERTY OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE PASSES OF THE | * | |
| | 9 | Other direct expenses | | | | en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de |
| | 1 | Direct expense summary. Add lines 4 Net income summary. Subtract line 1 Gaming. Complete if the orga than \$15,000 on Form 990-E | inization answered "Y |) | | orted more |
| - T | | | E, mio oa. | | | |
| | : | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (ad col. (a) through col. (c |
| | 1 | Gross revenue | | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (ad coi. (a) through coi. (c |
| \dagger | | | | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (ad col. (a) through col. (d |
| + | 2 | Gross revenue | | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c |
| \dagger | 2 | Gross revenue | | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (ad col. (a) through col. (c |
| \dagger | 2 3 4 | Gross revenue | (a) Bingo | bingo/progressive bingo | (c) Other gaming | (d) Total gaming (ad col. (a) through col. (c |
| + | 2 3 4 5 | Gross revenue | | bingo/progressive bingo | (c) Other gaming Yes% No | (d) Total gaming (ad col. (a) through col. (c |
| | 2 3 4 5 | Gross revenue | (a) Bingo Yes% No | Yes% | Yes% | col. (a) through col. (c |
| | 2 3 4 5 6 | Gross revenue | (a) Bingo Yes% No through 5 in column (d) | Yes% | Yes % No | col. (a) through col. (a |
| a | 2 3 4 5 6 7 8 Er | Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtractive the state(s) in which the organization the organization licensed to conduct growth state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | (a) Bingo Yes% No through 5 in column (d) tt line 7 from line 1, column conducts gaming ac | Yes% No wmn (d) tivities: of these states? | Yes % No | col. (a) through col. (a |

| Sched | dule G (Form 990 or 990-EZ) 2017 | | | Page 3 |
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| 11 | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership | o or other entity | | |
| | formed to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | • | % |
| b | An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special e | vents books and | | |
| | records: | | | |
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| | Name ► | | | |
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| | Address ► | | · · · · | |
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| b | revenue? | | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ | and the | | |
| C. | amount of gaming revenue retained by the third party ► \$ | | eri e | ; |
| v | is 100, office hame and address of the filled party. | | | |
| | Name ► | # * 10. | | |
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| | Address ► | 1.6.3. | | |
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| 16 | Gaming manager information: | हेर्ना स्थापन के जान है। | 100 m | |
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| | Name ► | ईक्टरोंके जोता है। इ.स.च्या १९५० वर्ष | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| | Gaming manager compensation ► \$ | | HORSE STATE | (to the |
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| | Description of services provided ▶ | i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de l | | |
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| | Director/officer Employee Independent contractor | | | |
| 17 | Mandaton, distribution | | 4 | |
| 17 | Mandatory distributions: Is the organization required under state law to make charitable distributions from the gam | | | |
| - | retain the state gaming license? | ing proceeds to | | ٦., |
| h | Enter the amount of distributions required under state law to be distributed to other exempt | organizations or | Yes | _ No |
| _ | spent in the organization's own exempt activities during the tax year > \$ | organizations of | | |
| Part | | columns (iii) and | (v): and | 7 |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an | y additional inform | ation. | |
| | See instructions. | • | | |
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Schedule G (Form 990 or 990-EZ) 2017

OMB No. 1545-0047 Grants and Other Assistance to Organizations. Gove 1 Does the organization maintain records to subst Complet Part I General Information on Grants and A RESCUE MISSION OF SALT LAKE INC. Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE (Form 990)

| ernments, and Individuals in the United States | 2106 |
|---------------------------------------------------------------------------------------------------------------|--------------------------------|
| te if the organization answered "Yes" on Form 990. Part IV, line 21 or 22 | 080 |
| ► Attach to Form 990. | Open to Public |
| ► Go to www.irs.gov/Form990 for the latest information. | Inspection |
| | Employer identification number |
| | 23-7177264 |
| Assistance | |
| stantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and | or assistance, and |

°N

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form

990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

PartII

| I (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------|----------------|------------------------------------|-----------------------------|---------------------------------------|-------------------------------------------------------------|------------------------------------------------|------------------------------------|
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| (12) | | | | | | | |
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| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | vernment or | ganizations list | ed in the line 1 table | 9 | | A : : : : : : : : : : : : : : : : : : : | |
| 3 Enter total number of other organizations listed in the line 1 table. | in the line | l table | | | • | A :::::::::::::::::::::::::::::::::::: | |
| For Paperwork Reduction Act Notice, see the Instructions for Form 990. | is for Form 99 | 0. | | | | Sche | Schedule I (Form 990) (2017) |

JSA 7E1288 1.000

Schedule I (Form 990) (2017)

Schedule 1 (Form 990) (2017) (f) Description of noncash assistance CLOTHING, HOUSING SPIRITUAL AND RECOVERY Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. FOOD, (e) Method of valuation (book, FMV, appraisal, other) FMV 1,035,363 (d) Amount of noncash assistance 21,805 (c) Amount of cash grant (b) Number of recipients VARIOUS 1 SPIRITUAL AND RECOVERY ASSISTANCE FOOD, CLOTHING, HOUSING, (a) Type of grant or assistance Part III Part IV N က 10 φ

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SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

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Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Employer identification number

Name of the organization RESCUE MISSION OF SALT LAKE INC. 23-7177264 Part Types of Property (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art..... Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods....... 394,472 Cars and other vehicles Intellectual property Securities - Publicly traded Securities - Closely held stock . . . Securities - Partnership, LLC, Securities - Miscellaneous Qualified conservation contribution - Historic structures....... Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial 16 17 Collectibles..... 18 19 Food inventory..... Х **VARIOUS** 741.867 Drugs and medical supplies 21 22 Scientific specimens..... 23 24 Archeological artifacts..... Other ▶(TOKENS 25 **VARIOUS** 13,852 FMV Other ►(_ 26 27 Other ►(28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a X b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?..... 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?.... 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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describe in Part II.

SCHEDULE O (Form 990 or 990-EZ)

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.

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

RESCUE MISSION OF SALT LAKE INC. 23-7177264 PART VI SECTION B QUESTION 11a KEY EMPLOYEES REVIEW 990 BEFORE FILING AND COPIES ARE GIVEN TO MEMBERS OF THE GOVERNING BOARD PART VI SECTION B QUESTION 12c OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO REPORT COMPLIANCE WITH POLICIES PART VI SECTION C QUESTION 19 GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST

| Name of the organization | Page 2 Employer identification number |
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| RESCUE MISSION OF SALT LAKE INC. | 23-7177264 |
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