Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

-	Revenue Service		Information about	out Form 990 and i	ers on unis form as it m ts instructions is at	•		Open to Publ
A For	r the 2016 cal	endar year, or tax y	ear beginning 0°	7/01/16 a	nd ending 06/30	)/17		Inspection
B Check	k if applicable: C	Name of organization			00/00	7 - 1	D Employ	yer identification number
Addre	ess change		SOUTH VALU	LEY SANCTUA	RY, INC.			ye. Iwellingson timiling
Name	change	Doing business as	DBA SOUTH	VALLEY SER	VICES		97_0	0543219
=	return	Number and street (or P.O.	box if mail is not deliver	red to street address)		Room/suite		ne number
		PO BOX 1028  City or town, state or proving	so souther and ZID				801-	-255-1095
minned	beter							
Amen	ded return	WEST JORDAN  Name and address of princi	foot officers	UT 84084			G Gross re	eceipts 1,168,70
Applic	ation pending					M/=> In this a pro-		
	, same	JENNIFER C	AMPBELL			n(a) is this a gro	up retorn to	r subordinales Yes X
						H(b) Are all sub	ordinates in	iduded? Yes
I T		V I				If "No,"	attach a ils	t. (see instructions)
	stetue:		01(c) ( ) < (	insert na.) 494	7 a)(1 or 527			
		V.SVSUTAH.O		1		H(c) Group exen	ption numb	ber 🕨
Part		X Corporation Trust	Association	Other >	L	Year of formation: 19	94	M State of legal domicile: [
. '	COTTON	ibe the organization's	mission or most	significant activities	5:			
은	30011	ANTIFI SERVIC	CES MISSION	IS TO ERA	DICATE FAMILY	VIOLENCE F	V DDC	OVIDING
Governance	OPITON	S OF SHELTER	, ADVOCACY,	AND PREVE	NTION TO ANYO	ME EVDEDTEN	CTNC	
9	PSYCHO	LOGICAL, PHYS	SICAL, EMOT	IONAL, ECON	NOMIC OR SEXU	AT ADDICE AM	CTIVA	
9 2	OHECK BIS D	UN 📂 I II UNE ORGANI	zation discontinue:	d its operations or	dienneed of more than	0007 - 6 2	- 4	/ u 
5 3	LACITION OF A	ound members of the	doverning body (£	Parf VI line 4e\			1 . 1	7
3 4								7
								7
6	Total number	of volunteers (estima	ate if necessary)	ai 2010 (Fait V, III			5	36
7a	Total unrelate	ad business revenue	from Part VIII colu	Imp (C) line 40			6	680
ь	Net unrelated	business taxable inc	ome from Form O	OOT line 24			7a	
							7b	
8	Contributions	and grants (Part VIII	. line 1h)			Prior Year	242	Current Year
	1 10 Grant 1 Oct 4	INCOLORGING ILAN AND	). IMH: Z(1)			976,	343	1,168,65
9	Investment in	come (Part VIII. colur	nn (A) lines 3.4	and 7d)	***************************************		4.0	
11	Other revenue	e (Part VIII, column (/	A) lines 5 6d &c	9c 10c and 11c	****************		48	4.
12	Total revenue	- add lines 8 through	h 11 /must sousl /	Part VIII column	N. Ros del	07.6	201	4 4 4 5 5 5
13	Grants and si	imilar amounts paid (F	Part IX column (A	lines 4 2)	A), IIII0 (2)	976,	391	1,168,704
14	Benefits paid	to or for members (P	art IX column (A)	line 4\				
15	Salaries othe	r compensation, empl	louse honofite (C),	- II/IO 4)				
16a b	Professional f	undraicing face (Dod	Vyee benenis (Fa	rt IX, column (A),	lines 5–10)	719,	339	883,990
. b	Total fundrale	undraising fees (Part ing expenses (Part IX	ia, column (A), im	le 11e)				
17	Other evenes	on (Dart IV and man /	., column (D), line	25)	26,018			
18	Total expense	es (Part IX, column (A	4), lines 11a-11d,	11f-24e)		319,		355,740
10	i orai exhetise	5. Add lines 13-17 (n	nust equal Part IX	. column (A) line '	25)	1,039,	235	1,239,730
13	Nevenue less	expenses. Subtract li	ne 18 from line 12	·		-62,	844	-71,026
						Beginning of Curren		End of Year
21	Total fiabilities	Part X, fine 16)				1,297,		1,236,892
- 1		( COLINIO EU)				40,		51,702
art II	TOT MODELO OF	fund balances. Subtra	ict line 21 from lin	e 20		1,256,	216	1,185,190
incer per	names or pegun	/, I declare that I have e	examined this return,	including accompan	ying schedules and state	ments, and to the bes	at of my k	nowledge and belief, it is
-1	A COMPICE	b. Decidation of prepare	er (ourier trian officer	) is based on all info	ying schedules and state imation of which prepare	r has any knowledge.	-	
IIIo.	Signatur	e of officer						
jn	1 7						Date	
re	197		PBELL		EXECU	TIVE DIRE	CTOR	
_		print name and title						
	Print/Type prepa		Pre	sparer's sign sture		Date	Check	# PTIN
	SANDY BANK			Jan	of Bank CP	10/25/17		J
parer	Firm's name	STAYNER		.C.	1	10/23/17		
Only		510 S 2	00 W STE	200		Firm's	ESV P	87-0495153
	Firm's address	SALT LA	KE CITY	UT 84101	I	1		001 501 0100
the IR	S discuss this	return with the prepa	arer shown above?	? (see instructions)	1	Phone	no, č	301-531-9100
Paperw	ork Reduction	Act Notice, see the se	parate instructions					Yes No
								Form 990 (2016)

	(2016) SOUT	H VALLE	Y SANCTUARY,	INC.	87-054321	9	Page
Part II	Statem	ent of Progr	am Service Accor	mplishmen	ts		rayer
	Check i	f Schedule C	contains a respon	se or note t	to any line in this Part I	N	X
1 Brief	ly describe the	organization's r	nission:				
SOU	TH VALLE	Y SERVIC	ES MISSION	IS TO E	RADICATE FAMIL	Y VIOLENCE BY PRO	OVIDING
A+ 11	CMO OF	OUCTIFK,	ADVOCACY,	AND PRE	VENTION TO ANY	ONE EXPERTENCING	
PSYC	HOLOGIC	AL, PHYS	ICAL, EMOTIC	NAL, EC	CONOMIC OR SEXU	VAL ABUSE AT HOME	
2 Did t	he organization	undertake any	significant program servi	ces during the	year which were not listed or	n the	
pnor	Form 990 or 9	90-EZ?			************************		es X No
lf "Y€	es," describe the	ese new service	s on Schedule O.				30 [23] 140
3 Did t	he organization	cease conducti	ng, or make significant o	hanges in hov	v it conducts, any program		
servi	ces?					□ v <sub>e</sub>	es X No
lf "Y∈	s," describe the	se changes on	Schedule Q.				-0 [23] 140
4 Desc	ribe the organiz	ation's program	service accomplishment	ts for each of	its three largest program serv	ices as measured by	
ехра	nses. Section 5	01(c)(3) and 50°	1(c)(4) organizations are	required to re	port the amount of grants and	t allocations to others	
the to	otal expenses, a	ind revenue, if a	ny, for each program se	rvice reported.	Part and distribute of Brains of	a anocaucits to opiois,	
				Troo reperious	•		
4a (Code	e: ) (l	Expenses \$	724,630 i	ncluding grants	s of \$	) (Revenue \$	
IN O	RDER TO	BETTER	EOUIP SURVIV	ORS WIT	H THE SETTE	ECESSARY TO MAIN	
LIVE	S FREE	FROM VIC	LENCE WE PI	SOUTH	COMPOSISION I	N-HOUSE SERVICES	TAIN
INCL	UDING I	DIVIDUA	LIZED SUPPOR	T CROTTE	OC TIPE_CVIII	N-HOUSE SERVICES	
CLAS	SES. CH	LDREN'S	PROGRAMS, A	50-400	S, LIFE-SKILLS	CLASSES, PARENT	ĻŅĢ
PERS	ONAT. ADV	OCACY AI	VD REFERRATS	EOD OU	TSIDE SERVICES	ILDREN PROGRAM,	
-HOU	R. CRISI	S HOTT.T	ME THAT DOO!	TDES CE	TOIDE SERVICES	. WE ALSO OPERATE	A24
	ΑΨΤΟΝ Ι	ION-THIDGE	MENILIYI COME.	TOUS OF	KIDIO INTERVENT	ION, DOMESTIC VI	OLENCE
REFE	RRAT. SEI	RVICES.	ÆNTAL, CONF	TUCNITAL		WELL AS RESOURCE	AND
	VIDITATE	EMEDCENC	DOUTING LISC	AL YEAR	2016-2017, WE	PROVIDED 344	
1421.	ATTINOUTE:	ELEKGENC	T SUPPLEK M	TTH ' W ' T	OTAL OF 15,447	BED NIGHTS.	
				• • • • • • • • • • • • • • • • • • • •			
4b (Code:	. \ /=	·	200 000				
		xpenses \$ SERVICE	206,806 in			) (Revenue \$	)
	I INCLUE			ERS COM	MUNITY CASE MAI		PUBLIC
			NICAL THERAP	Y SERVI	CES, COMMUNITY	COALITIONS AND H	<b>IEALTH</b>
DE DWA	TONSUIL	CLASSES	THROUGH OU	R COMMUI	NITY RESOURCE (	ENTERS. SVS HAS	TWO
CLA	ANENT LO	CALTONS	IN WEST JOR	DAN AND	RIVERTON AND	SATELLITE LOCATIO	NS AT
5.100x	LODPIC I	TOKAKIES	AND THE RO	AD HOME	'S MIDVALE SHE	LTER LOCATION DI	RING
TIDOL	LEO TAR	50T0-501	/ WE PROVID	ED 557	INDIVIDUALS CA	SE MANAGEMENT SER	VICES
WŅĎ	гээ тийт	VIDUALS,	CLINICAL SE	RVICES.			
21.	g						
	P						*****
*****	·····						
- (0)			444				
c (Code:		cpenses \$		duding grants	of \$	) (Revenue \$	)
SOUTH		SERVICE	S PROVIDES S	HELTER	FOR THOSE THAT	HAVE BEEN FORCE	D INT
A CRI	SIS SIT	UATION,	BUT WE STRIN	Æ TO E	LIMINATE THAT N	EED BY TEACHING	
TŅĎŤĀ	LDUALS 1	WHAT DOM	ESTIC VIOLEN	CE IS A	AND THEN HELPIN	G THEM FIND RESO	URCES.
OUR E	REVENTI	ON AND E	DUCATION PRO	GRAMS I	EMPOWER ADULTS	AND CITET DEPART DITTE	OUGH
EDUÇA	TTON FO	CUSING O	N MEETING TH	IE EMOTI	ONAL, BEHAVIOR	37 3370 000	EDS OF
FAMIL	IES. DU	RING FIS	CAL YEAR 201	6-2017,	WE ATTENDED A	ND TAUGHT AT 330	
EAEML	S AND R	EACHED A	N ESTIMATED	15,687	PEOPLE.		
			Westight		***************************************		
			mineral plantage and a		***************************************		
		******					
			CO 12:11:14/10/10/10/10/10/10/10/10/10/10/10/10/10/			er organization of the second section of the section of t	
		s (Describe in S	chedule O.)				
(Expens			including grants of \$		) (Revenue \$	Y	
e Total pr	ogram service	expenses 🕨	1,045,552	2		/	

_	diction of frequied objectues	7/	Yes	No
1	ts the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		**	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		1
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3	-	Λ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	_	X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		X
_	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	0	_	Δ
_	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt population continue? If "Von " complete Schools!" O. Flort IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		^
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Δ
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Subsetule D. Cont. III	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	- 17	_
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1110	_	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	-	Λ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	- 1	Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	-	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			-21
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, Independent audited financial statements for the tax year? If	-		
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	- 1	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	<u>X</u>
• •	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	4-		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	-	X
. •		40		v
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	-	X
-	ff "Yes," complete Schedule G, Part III	19		Х
	The state of the s		990	

zua	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20:	Yes	s A
-	in 100 to line 202, did the diganization attach a copy of its audited financial statements to this return?	20	_	+
~ '	Did the Organization report more than \$5,000 of grants or other assistance to any domestic amortization or		-	+
	comestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
	The trip of the state of the st		+	+
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
	and the state of t		+	+-
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		>
24a	the organization have a tax-exempt bond issue with an outstanding principal amount of more than		T	+ 4
	\$ 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Ves." answer lines, 24b			
	urrough 24a and complete Schedule K. If "No," go to line 25a	24a		X
b	The tire organization invest any proceeds of tax-exempt bonds beyond a temporary negrod exception?	24b	_	1
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	+	+
1	o detease any tax-exempt bonds?	24c		
d l	The organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		+
pa :	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization organization organization			
	rainsaction with a disqualified person during the year? If "Yes," complete Schedule I. Part I	25a		X
	see organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			1
)	ear, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900 E72			
	"Yes," complete Schedule L, Part I	25b		x
6 [	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
C	urrent or former officers, directors, trustees, key employees, highest compensated employees, or			
<b>7</b> 7	isqualified persons? If "Yes," complete Schedule L, Part II	26		Х
7 [	id the organization provide a grant or other assistance to an officer, director, trustee key employee			
5	ubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
e 	ntity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
•	to digarization a party to a business transaction with one of the following parties (see Schedule I			
a A	art IV instructions for applicable filing thresholds, conditions, and exceptions):			
b A	current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	family member of a current or former officer, director, trustee, or key employee? If "Yes," complete chedule L, Part IV			
		28b		X
100	n entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
D	as an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
D	id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
-	id the organization receive contributions of art, historical treasures, or other similar assets, or qualified priservation contributions? If "Yes," complete Schedule M			
D	d the omenization liquidate terminate on disaster and	30		X
P	d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
Di	d the organization sell evolution dispose of or transfer many than 0000	31		X
	implete School de N. Dest II.			
Di	of the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
se	ctions 301.7701-2 and 301.7701-32 // "Yes." complete Sebestile B. B. L. L.			
W	ctions 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		X
		1 1		
ı Di	IV, and Part V, line 1 If the organization have a controlled entity within the meaning of section 512(b)(13)?  Yes" to line 35a, did the organization receive any power forms.	34	_	X_
	Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		<u>X</u>
co	htrolled entity within the meaning of section 512/b/(13/2) # "You " complete Out of the Research of Section 512/b/(13/2) # "You " complete Out of the Research of Section 512/b/(13/2) # "You " complete Out of the Research o			
Se	ntrolled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  ction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	_	
rela				
Dic	I the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X_
	If that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
an	The state of the s		- 1	
an	t VI			
Pa	the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		X_

DAA

	Part V Statements Regarding Other IRS Filings and Tax Compliance					Page
	Check if Schedule O contains a response or note to any line in this Pa	rt V .				[
4.					Yes	N
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13			
k	The state of the s	1b	0			
C	and services and services and services to reportable payments to ventors and					
2.	reportable gaming (gambling) winnings to prize winners?			1c		
28	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
Ŀ	Statements, filed for the calendar year ending with or within the year covered by this return	2a	36			
'n	the reported an into East and and organization life an required rederal employment tax refer	ums?		2b	X	
20	Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3a b	The deline of the contract of the second second of the sec		*******	. 3a		X
4a	The state of the s	rle O		3b		1_
40	A signature of organization light and life of the	r autho	rity			
	over, a financial account in a foreign country (such as a bank account, securities account, or other (account)?	financia	1			
b	of "Vac" anter the name of the feeding counts.					X
IJ	and the first of the foldings, p					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial (FBAR).	Accou	ints			
50	· ·					
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		********	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ection?		5b		X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		_
va	best the digenization have annual gross receipts that are normally dreater than \$100,000, and did to	he				
b	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 contributing gifts were not tax deductible?	ons or				
7	Organizations that may receive deductible contributions under section 170(c).			. 6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for					
_	and condens according to the con-	_				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a		X
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7b		_
	required to file Form 8282?	33		1 - 1		**
d	required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	7d		. 7c		Х
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ru vontrani	n	7.		77
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	www.	ır		$\rightarrow$	X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 990	0 on required?	7f	$\rightarrow$	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	a Form 1008 C2	7g	-	-
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	a rolli 1050-01	7h	-	
	sponsoring organization have excess business holdings at any time during the year?	u oy u		8		
)	sponsoring organizations maintaining donor advised funds.				-	_
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-	
0	Section 507(c)(7) organizations, Enter:			- 00	$\rightarrow$	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		7 1		
ı	Section 501(c)(12) organizations. Enter:			7		
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
8	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule C.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
		3b				
5	Enter the amount of reserves on hand	3c				
	USO THE COORDIZATION receive any nauments for indoor tenning continue divine the territory			14a		X
a b	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			1-164	_	**

Form 990 (2016)

	990 (2016) SOUTH VALLEY SANCTUARY, INC. 87-0543219  rt VI Governance, Management, and Disclosure For each "Voc" management of "inc. 2 th such 7" to 1.			Page
Га	and bisclosule Large lessonse to lines / through /n helpw	and :	for a	"No
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule (	o. Se	e ins	truc
Sec	Check If Schedule O contains a response or note to any line in this Part VI			. 2
	1911 A. Governing Body and management			_
1a	Enter the number of voting members of the governing body at the end of the tax year	_	Yes	N
	If there are material differences in voting rights among members of the governing body, or	-		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b				
2	Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?			l .
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	-	X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	_		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		Х
6		5		X
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		Х
	The or more members of the governing back of			
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
	stockholders, or persons other than the governing hodg?			
8	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	7b	_	X
a				
b	Each committee with authority to act on behalf of the governing body?	8a	X	
•	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	Х	_
1	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	.		
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9	-	X
	the internal Revenue	COC		
a I	olid the organization have local chapters, branches, or affiliates?	40.	Yes	No
b I	"Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a	-	X
é	filiates, and branches to ensure their operations are consistent with the organization's everyt purposes?	404	- 1	
a F	las the omanization provided a complete convert this Earth 000 to all provided a complete convert this Earth 100 to all provided as complete convert this Earth 100 to all provided as complete convert this earth 100 to all provided as complete convert this earth 100 to all provided as complete convert this earth 100 to all provided as complete convert this earth 100 to all provided as complete convert this earth 100 to all provided as complete convert this earth 100 to all provided as con	10b	v	_
b [	describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	_
a C	lid the amanization have a written conflict of interest paths 2 45 % 4 5 5 - 4 5 5 - 4 5	40-	₹.	
b V	Vere officers directors or trustees and key complexes required to disclare and	12a	X	
c [	id the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	^	_
a	accribe in Cahadula O hamilting	40-	v	
	id the organization have a written whistleblower policy?	12c	X	_
	id the organization have a written document retention and destruction nation		X	_
	id the process for determining compensation of the following persons include a review and approval by	14	4	_
ir	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a T	18 ORGANIZATION'S CEO. Executive Director, or top management efficient	150	х	
b C		15a 15b		X
lf	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	-	Λ
a D	d the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
W	th a taxable entity during the year?	16a		v
b If	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	108	-	<u>X</u>
pa	irticipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
OI	anization's exempt status with respect to such arrangements?	16b		
CLIC	n C. Disclosure	00		_
Li	st the states with which a copy of this Form 990 is required to be filed   UT			
S	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			• • • •
a	allable for public inspection. Indicate how you made these available, Check all that apply			
X	Own website Another's website X Upon request Other (explain in Schedule O)			
D	scribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of Interest policy, and			
nn	ancial statements available to the public during the tax year.			
St	ate the name, address, and telephone number of the person who possesses the organization's books and records.			
FM	TIFER CAMPBELL PO BOX 128			
ES:	! JORDAN UT 84084-1028 801-2	)55-	-100	2 5
	01 04004 1020 001-2		TOC	J

DAA

Form 990 (2016) S	mnenestic	n of Officer	TAC 7	U.P.	ur.I	1	IN	٠.	87-05	15219	Page	
Ind	inpensation lependent	Contractors	s, <i>U</i>	irec	ior	5, 1	rus	stee	s, Key Employees,	Highest Compensat	ed Employees, an	H
				a re	Spc	nse	or	not	te to any line in this I	Part VII	Г	1
Section A. Off	ficers, Directo	rs, Trustees, k	ву Е	mpl	oye	9S, 2	ind i	High	est Compensated Empl	ovees		1
<ol> <li>Complete this ta organization's tax ye</li> </ol>	able for all pers ear.	ons required to	be lis	sted.	Rep	ort o	omp	ensa	ation for the calendar year	ending with or within the		
<ul> <li>List all of the</li> <li>List the organi</li> </ul>	r -0- in column organization's i ization's five c	is (D), (E), and current key em urrent bighest (	(F) if ploye	no d es, it	omp fany ted	oens v. Se	ation e in:	was struc	s paid. tions for definition of "key	nie de cetere des lieux encoles de		
organization and an	y related organ	nizations.										
<ul> <li>List all of the organization, more that the formula of the formula organization.</li> </ul>	able compensa organization's f han \$10,000 o following order:	tion from the or former director f reportable con : individual trust	ganiz 's or opens ees c	ation <b>trus</b> ation	tees fro	tany tha m th	/ rela t rec e ora	ated eiver paniz	organizations.	s who received more than ner director or trustee of the anizations. notovees: highest	3	
compensated emplo	yees; and form	ner such persor	15.						-			
	r neither the o		any n	elate			zatio	n co	mpensated any current of	icer, director, or trustee.		_
(A) Name and	Title	(B) Average hours per week (list eny hours for	bo	o not ex, unh	Po check ess po nd a	erson direct	ls botl or/trus	n an tee)	(D) Reportable compensation from the organization	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated emount of ather compensation	
		related organizations below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(Nº2) (Garvinso)	from the organization and related organizations	
(1) STEVE ME	CHAM	1	+				8.					_
		1.00										
TREASURER	IDREWSEN	0.00	X		X				0	0	C	)
(2) LANCE AN	IDKEMPEN	1.00										
CHAIR		0.00	X		Х				0	0	0	
(3) CORALEE	WESSMAN											
PAST CHAIR		1.00	v		7.7							
(4) CHERYL Q	UINN	0.00	Х		Х				0	0	0	
BOARD MEMBER		1.00	Х						0	0	0	
(5) JEREMY M	TPPEK	1.00										
CHAIR-ELECT	**********	0.00	X		Х				0	0	0	
(6) DENNIS SI	MITH								U	0	0	C
BOARD MEMBER		1.00							_			
(7) BYRON JO		0.00	Х	+	-		-	+	0	0	0	5
		1.00										
BOARD MEMBER		0.00	X	4				4	0	0	0	
(8) JENNIFER	CAMPBE	40.00										
EXECUTIVE DII	RECTOR	0.00		-	Х	+	+	-	69,264	0	0	
10)				+	+	+	+	+				
***************************************		Marin Control										
11)				+	-	+	-	1				

Form **990** (2016)

For	m 990 (2016) SOUTH VA	LLEY SAN	ICT ruste	UA es.	RY Kev	Em	INC	ees.	87-054	3219 ated Employees (continued)		Page	9
	(A) Name and title	(B) Average hours per week (list eny	(d	o not	Po check	(C) sition ( more erson	than is both	one n æn	(D) Reportable compensation from the	(E) Reportable compensation from related crganizations	Esti ama o compa	(F) imated ount of other ensation	
		hours for related organizations below dotted line)	individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organ and	m the nization related aizations	
,	11.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5 (1.5						, ii						
٠		,,											
000													
	San Sanisa Silanan saba												
4													
••••	duranti marcona como	••••											_
													_
1b	Sub-total						. 1		69,264				-
	Total from continuation shee Total (add lines 1b and 1c)							1	69,264				_
2	Total number of individuals (inc	cluding but not lit	mited	to t	hos	e list	ed al		e) who received more than	\$100,000 of			
_	reportable compensation from	the organization	▶ (	)	_	_		_				Yes No	_
3	Did the organization list any for	rmer officer, dire	ector,	or t	trust	ee, l	сеу е	mple	oyee, or highest compens	ated			
4	employee on line 1a? If "Yes," For any individual listed on line	1a, is the sum	of re	porta	ble	com	pens	atior	and other compensation	from the	3	X	-
	organization and related organi individual	izations greater t	lhan	\$15	0,00	0? H	"Yes	s," ca	omplete Schedule J for si	uch		l v	
5	Did any person listed on line 1a	a receive or acc	rue c	omo	ens	ation	fron	any	y unrelated organization or	individual	4	X	-
octi	for services rendered to the orgon B. Independent Contractor	anization? If "Ye	95,"	com	lete	Sc.	redu	le J	for such person		5	X	_
1	Complete this table for your five	e highest compe	nsat	ed in	iden	end	ent c	ontra	actors that received more	than \$100.000 of			er.
_	compensation from the organiza	ation. Report cor	nper	rsatio	on fo	or th	e cal	enda	ar year ending with or with	in the organization's tax year.		(0)	_
_	Name and b	A) Jusiness address	_				-	_	Descripto	B) n of services	Co	(C) impensation	
													-
					_		+	-	-		-		-
					_	_	+	_			-		
2	Total number of independent co received more than \$100,000 of	ntractors (Includ	ing t	out n	ot li	mited	to t	hose	e listed above) who	0			
A		- Colligion library (1)	awi11	110	unge	et takag	uOII )			0	Form	990 (2018	)

Page 8

	Check if Schedule			(A)	(B) Related or	(C)	(D)
				Total revenue	Halated or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a					312-014
b	Membership dues	1b					
C	Fundraising events	1c					
đ	Related organizations	1d					
е	Government grants (contributions)	1e	790,713				
f	All other contributions, gifts, grants, and similar amounts not included above						
		1f	377,943				
	Noncash contributions included in lines 1:		75,659				
n	Total. Add lines 1a-1f			1,168,656			
20			Busn. Code				
2a							
b		15(0(1)(1)(1)					
d	·						
e	I						
_	All other program service reve						
	Total. Add lines 2a-2f						
	Investment income (including						
	and other similar amounts)	uividenas,		4.0			
	Income from investment of tax-	evenuet be		48			4
	Royalties						
•	(i) Real		(ii) Personal				
6a	Gross rents	-	(ii) Personas			- 1	
	Less: rental exps.						
	Rental inc. or (loss						
	Net rental income or (loss)						
/2	Gross amount from (i) Securities		(ii) Other				
	sales of assets other than inventory		(4) 5113.				
_	Less: cost or other						
	basis & sales expe						
	Gain or (loss)						
	Net gain or (loss)						
8a (	Gross income from fundraising even	ts					
	not including \$						
Ċ	of contributions reported on line 1c).						
	See Part IV, line 18	а					
b L	ess: direct expenses	b					
c N	Net income or (loss) from fundr	aising ever	nts ▶				
9a (	Pross income from gaming activities						
S	See Part IV, line 19	а					
b L	.ess: direct expenses	b					
c N	let income or (loss) from gamir	ng activities	s <b>&gt;</b>				
0a G	Pross sales of inventory, less						
ń	etums and allowances	a					
b L	ess: cost of goods sold	b					
c N	let income or (loss) from sales	of invento	y				
	Miscellaneous Revenue		Busn. Code				
la .	······						
C is							
d A	I other revenue						
e T	otal. Add lines 11a-11d						
2 _ T	otal revenue. See instructions			1,168,704	0	0	48

## Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors				
trustees, and key employees	69,264	45,348	20 010	0.00
6 Compensation not included above, to disqualified	05,204	43,340	20,910	3,006
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	681,907	613,013	20 200	10.00
8 Pension plan accruals and contributions (include	001, 307	613,013	28,288	40,606
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	77,593	62,492	11 200	0 700
10 Payroll tayes	55, 226	48,017	11,368	3,733
11 Fees for services (non-employees):	33,220	40,017	3,686	3,523
a Management				
b Legal				
c Accounting	8,500		0.500	
	0,300		8,500	
e Professional fundraising services. See Part IV, line	1			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column				
(A) amount, list line 11g expenses on Schedule O.)	48,250	1 050	46 400	
2 Advertising and promotion	40,230	1,850	46,400	
3 Office expenses	11,643	7 450	0.010	
4 Information technology	4,890	7,453	2,348	1,842
5 Royalties	4,090	3,712	1,178	
6 Occupancy	68,071	CE 007	1 400	
7 Travel	12,390	65,087	1,492	1,492
8 Payments of travel or entertainment expense	12,390	10,588	1,541	2.61
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	51,880	E1 000		
3 Insurance	8,740	51,880	4 700	
4 Other expenses, Itemize expenses not covered	0,740	3,451	4,788	501
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.)				
a FOOD & HOUSEHOLD GOODS	75,659	75 (50		
b CLIENT ASSISTANCE	41,940	75,659		
EQUIPMENT & MAINTENANCE	20,618	41,940	C 000	
MISCELLANEOUS EXPENSE	2,068	14,618	6,000	
e All other expenses	1,091	404	610	1,054
Total functional expenses. Add lines 1 through 24e	1,239,730	1 045 550	1,051	
Joint costs. Complete this line only if the	1,233,130	1,045,552	138,160	56,018
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ I if				
following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2016

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year Cash—non-interest bearing 96,364 70,926 1 2 Savings and temporary cash investments 52,536 52,585 2 Pledges and grants receivable, net 126,433 3 100,334 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 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 and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 14,856 22.381 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,924,042 b Less: accumulated depreciation 10b 933,376 1,006,873 10c 990,666 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34) 15 15 16 1,297,062 1,236,892 16 Accounts payable and accrued expenses 17 40,846 17 51,702 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 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 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 .... 40.846 26 51,702 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 1,194,276 27 1,143,657 Temporarily restricted net assets 61,940 28 41,533 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 1,256,216 1,185,190 Total liabilities and net assets/fund balances 1,297,062 34 1,236,892

Form 990 (2016)

mm 990 (2016) SOUTH VALLEY SANCTUARY, INC. 87-0543219			F	age 1
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				[
1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,	168,	704
E Potal expenses (must equal Part IX, column (A), line 25)	2	1,:	239,	730
Trevenue less expenses. Subtract line 2 from line 1	2		-71,	026
The assess of land balances at beginning of year (must equal Part X, line 33, column (A))	4	1,	256,	216
Net unrealized gains (losses) on investments	5			
Condition services and use of facilities	6			
infoother capenaes	7			
/ The pendu dujusprients	8			
other changes in het assets of fund balances (explain in schedule O)	9			
Net assets or fund balances at end or year. Combine lines 3 through 9 (must equal Part X, line				
33, column (B))	10	1.1	L85,	190
rant XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII				
Accounting method used to prepare the Form 990: Cash X Accrual Other				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				х
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?			X	х
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		2b	X	X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-1332		2b	X	