



APPLICATION FOR CONTRIBUTION

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____ EMAIL: _____

ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):

TYPE OF REQUEST: Money _____ In-Kind _____

Have you previously requested money from SLCo?

If yes, when and how much (previous three years)? _____

What is the amount of your request? _____

The amount you are requesting is _____ of your annual agency budget.

What is the purpose of the money you are requesting?:

PLEASE ATTACH:

Copy of 501(c)(3)

Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

You will be expected to report to the Salt Lake County Mayor on how the money was used and the success of the project.

The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the application. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this application. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the grantee from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer or employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The applicant is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.

Dated this 30 day of May, 2018.

Applicant

Patty Johnson



APPLICATION FOR FEE WAIVER

NAME OF ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____ PHONE NUMBER: _____ EMAIL: _____

ORGANIZATION OVERVIEW (which could include mission, history, and demographics served):

Have you previously requested a fee waiver from SLCo?

If yes, when and for what facility? _____

What fees are you requesting be waived? _____

Fee waiver value \$ _____

Please describe your justification for requesting the fee waiver:

PLEASE ATTACH:

Copy of 501(c)(3)

Flyer, invitation or event announcement

Copy of independent audit. If you do not have one, please enclose a copy of current financial statements.

The undersigned hereby acknowledges that he or she has authority to bind the organization listed in the applicant. The applicant accepts the following terms and conditions as a condition of receiving and using County funds or the waiver of fees: County funds will be used solely for the purposes approved by the Mayor of Salt Lake County as applied for in this applicant. Any expenditure for purposes other than those approved will require a return of the entire grant amount and may disqualify the applicant from receiving any additional County funds. It is further understood that no grant fund will be made available to any County officer or employee or in violation of the requirements of the Public Employees Ethics Act (67-16-1 et seq.). No grant funds will be used for political or campaign purposes. As a further condition of the grant, all County funds may be subject to an audit as required by Salt Lake County. The grantee is required to complete the Disbursement of Funds Report Form for contributions more than \$2,500.00.

Dated this 30 day of May, 2018

Applicant Patty Johnson

Form 990-N E-filing Receipt - IRS Status: Accepted

1 message

epostcard@urban.org <epostcard@urban.org>
To: noki@schhlaw.com

Thu, Jan 21, 2016 at 4:37 PM

Organization: FRIENDS OF DRUG COURT FOUNDATION
EIN: 87-0584410
Submission Type: Form 990-N
Year: 2015
Submission ID: 7800582016021eq89874
e-File Postmark: 1/21/2016 6:31:51 PM
Accepted Date: 1/21/2016

The IRS has accepted the e-Postcard described above. Please save this receipt for your records.

Thank you for filing.

email: ePostcard@urban.org

FRIENDS OF DRUG COURT FOUNDATION
560 S 300 E Suite 225
Salt Lake City, UT 84111

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

FRIENDS OF DRUG COURT

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

5100 SOUTH 300 EAST SUITE 225

6 City, state, and ZIP code

SALT LAKE CITY, UTAH 84111

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

87 - 0584410

or

Employer identification number

87 - 0584410

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Nora De...

Date ►

5-31-18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

2:20 PM

05/30/18

Accrual Basis

Friends of Drug Court
Account QuickReport
January 1 through May 30, 2018

Type	Date	Num	Name	Memo	Amount
Business Expenses					
Activity Registration					
Check	03/01/2018	303	Sandy City Parks an...		970.00
Check	03/01/2018	304	Sandy City Parks an...		970.00
Total Activity Registration					1,940.00
Business Registration Fees					
Check	04/19/2018	308	Bureau of Criminal Id...	Expungement Application F...	12,340.00
Total Business Registration Fees					12,340.00
Business Expenses - Other					
Check	03/20/2018	305	Tiki Multimedia	Tiki Multimedia	100.00
Check	04/05/2018	306	Tiki Multimedia		394.25
Total Business Expenses - Other					494.25
Total Business Expenses					14,774.25
TOTAL					14,774.25

1:35 PM
05/30/18
Accrual Basis

Friends of Drug Court
Profit & Loss
January through May 2018

	Jan - May 18
Ordinary Income/Expense	
Income	
Direct Public Support	19,200.00
Total Income	19,200.00
Expense	
Bank Fee	15.00
Business Expenses	
Activity Registration	1,940.00
Business Registration Fees	12,340.00
Business Expenses - Other	494.25
Total Business Expenses	14,774.25
Void	0.00
Total Expense	14,789.25
Net Ordinary Income	4,410.75
Net Income	4,410.75

1:34 PM

05/30/18

Accrual Basis

Friends of Drug Court
Profit & Loss
January through December 2017

	Jan - Dec 17
Ordinary Income/Expense	
Income	
Direct Public Support	5,126.09
Stripe Transfer	569.45
Total Income	5,695.54
Expense	
Bank Fee	77.67
Business Expenses	
Activity Registration	1,278.00
Business Expenses - Other	2,173.42
Total Business Expenses	3,451.42
Operations	
Printing and Copying	53.30
Operations - Other	595.00
Total Operations	648.30
Total Expense	4,177.39
Net Ordinary Income	1,518.15
Net Income	1,518.15



STATE OF UTAH
DEPARTMENT OF COMMERCE
DIVISION OF CORPORATIONS & COMMERCIAL CODE
PO BOX 146705
SALT LAKE CITY UT 84114-6705

FIRST CLASS
US POSTAGE
PAID
SLC UT
PERMIT NO. 4621

Annual Report/Renewal Notice

Entity Type: Corporation - Domestic - Non-Profit
Entity Number: 1389657-0140
Renewal ID #: 6436310
Renew Before: 1/31/2018
Renewal Fee: \$10.00

FRIENDS OF DRUG COURT FOUNDATION, THE
GREGORY G SKORDAS
560 S 300 E #225
SALT LAKE CITY UT 84111

KU-SP1 84111



11/17/2017

Annual Business Renewal

The following renewals will be updated in our system within seven days
Please print the following receipt for your records

Summary For:

Business Name: FRIENDS OF DRUG COURT FOUNDATION, THE
Entity Number: 1389657-0140

Business Renewed: 11/17/2017

Business Entity Information

Entity Number:	1389657-0140	Renewal Fee:	\$10.00
Entity Name:	FRIENDS OF DRUG COURT FOUNDATION, THE	Late Fee:	\$0.00
		Total Fee Paid:	\$10.00

RENEWED

Embrace RECOVERY 5K RUN 2018

SATURDAY, AUGUST 18, 2018
& Ride for Recovery

Prepare to Be Energized!

**Good Food
Great Prizes
Live Entertainment**



**Breaking
Free!**

Honoring those who have lost their lives to addiction,
Supporting those who still struggle, and **Celebrating**
those who have found sobriety and recovery.

Registration: 8am

- \$20 per runner
- Liberty Park
(center of park, North of pond)

Start: 9am

- 5K | 3.1 mile
run/walk/mosey
- T-Shirt

Ride for Recovery: 10am

- Liberty Park
(center of park, North of pond)
- \$20/rider
- \$10/passenger
- T-Shirt

For more
information or for an ADA
accommodation, contact:
CHANDLER THOMAS
at 385.414.2332



sponsored by

**STEPPING
STONES**
embracesteppingstones.org



SME STEEL

BBQ: Noon

- 100% of proceeds go
to **STEPPING STONES**
non-profit organization to
assist in recovery
- Rock wall
- Bouncy options
- Face painting
- Opportunity drawing
- Obstacle course
- Fire trucks

Band: 12-2pm

- Jon Hanson



TIKI
multimedia

Skordas Caston & Hyde