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Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2013**

**Open to Public Inspection**

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.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 20 13

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**The Sparrow Alliance**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**55 North Main Street** **Ste. 403**  
 City or town, state or province, country, and ZIP or foreign postal code  
**Logan, Utah 84321**

**D** Employer identification number  
**26-3480885**

**E** Telephone number  
**435-787-8285**

**F** Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶

**I** Website: ▶ [www.sparrowalliance.org](http://www.sparrowalliance.org)

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**J** Tax-exempt status (check only one) -  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received . . . . .	1	492.	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	0.
2	Program service revenue including government fees and contracts . . . . .	2	0.	11	Benefits paid to or for members . . . . .	11	0.
3	Membership dues and assessments . . . . .	3	0.	12	Salaries, other compensation, and employee benefits . . . . .	12	0.
4	Investment income . . . . .	4	0.	13	Professional fees and other payments to independent contractors . . . . .	13	1,290.
5a	Gross amount from sale of assets other than inventory . . . . .	5a	0.	14	Occupancy, rent, utilities, and maintenance . . . . .	14	0.
b	Less: cost or other basis and sales expenses . . . . .	5b	0.	15	Printing, publications, postage, and shipping . . . . .	15	0.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	0.	16	Other expenses (describe in Schedule O) . . . . .	16	0.
6	Gaming and fundraising events			17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	1,290.
a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a	0.	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(798.)
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b	0.	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	5,182.
c	Less: direct expenses from gaming and fundraising events . . . . .	6c	0.	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	0.
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0.	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	4,384.
7a	Gross sales of inventory, less returns and allowances . . . . .	7a	0.				
b	Less: cost of goods sold . . . . .	7b	0.				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0.				
8	Other revenue (describe in Schedule O) . . . . .	8	0.				
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	9	492.				

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	5,051.	<b>22</b> 4,253.
<b>23</b> Land and buildings	0.	<b>23</b> 0.
<b>24</b> Other assets (describe in Schedule O)	131.	<b>24</b> 131.
<b>25</b> Total assets	5,182.	<b>25</b> 4,384.
<b>26</b> Total liabilities (describe in Schedule O)	0.	<b>26</b> 0.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,182.	<b>27</b> 4,384.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Work on social justice issues on local/global scale

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
<b>28</b> _____ _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b> _____ _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____ _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (describe in Schedule O)	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Herm Olsen 1461 North 1525 East, Logan, UT 84341	5-15 hours/month	0.	0.	0.
Norma Olsen 1461 North 1525 East, Logan, UT 84341	5-15 hours / month	0.	0.	0.
Marshall Thompson 2125 North 1450 East, Provo, UT 84604	5-15 hours / month	0.	0.	0.
Kristen Thompson 2125 North 1450 East, Provo, UT 84604	5-15 hours / month	0.	0.	0.
Adam Smith 5 Channel Avenue, Norwalk, CT 06854	5-15 hours / month	0.	0.	0.
Holly Smith 5 Channel Avenue, Norwalk, CT 06854	5-15 hours / month	0.	0.	0.
Joslyn Olsen Kelly 1461 North 1525 East, Logan, UT 84341	5-15 hours / month	0.	0.	0.
Clayton Olsen 2494 West Bridle Oak Drive, South Jordan, UT 84095	5-15 hours / month	0.	0.	0.
Jackson Olsen 1630 Oakdale Circle, Henderson, NC 27536	5-15 hours / month	0.	0.	0.
Celeste Olsen 1630 Oakdale Circle, Henderson, NC 27536	5-15 hours / month	0.	0.	0.
Wade Olsen 3600 South 250 West, Nibley, UT 84321	5-15 hours / month	0.	0.	0.
Amber Olsen 3600 South 250 West, Nibley, UT 84321	5-15 hours / month	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
41	List the states with which a copy of this return is filed ▶ <u>Utah</u>		
42a	The organization's books are in care of ▶ <u>Amber Olsen</u> Telephone no. ▶ <u>435-755-7879</u> Located at ▶ <u>3600 South 250 West, Nibley, UT</u> ZIP + 4 ▶ <u>84321-7933</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		✓
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ▶ _____		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		✓
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>50</b> Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

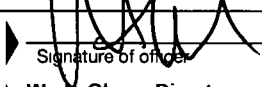
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	 Signature of officer	Date
	Wade Olsen, Director Type or print name and title	5 May, 2014

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**The Sparrow Alliance**

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

**26-3480885**

**PART 2, LINE 24: BALANCE SHEET (OTHER ASSETS)**

**\$ 131. Accounts Receivable**

**\$ 131. TOTAL OTHER ASSETS**

**PART IV: LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

**a) Mandy Olsen Cogman**

**b) 15154 Weddington Street, Sherman Oaks, CA 91411**

**c) 1 hour/month**

**d, e, f) ZERO -0- Compensation, Benefits, and Expenses**

**a) Bryan Cogman**

**b) 15154 Weddington Street, Sherman Oaks, CA 91411**

**c) 1 hour / month**

**d, e, f) ZERO -0- Compensation, Benefits, and Expenses**