

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)

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
EDUCATORS MUTUAL INSURANCE ASSOCIATION OF UTAH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5101 S COMMERCE DRIVE

City or town, state or province, country, and ZIP or foreign postal code
MURRAY, UT 84107

D Employer identification number
87-0189237

E Telephone number
(801) 262-7476

G Gross receipts \$ 103,644,681

F Name and address of principal officer:
STEVEN C MORRISON
5101 S COMMERCE DRIVE
MURRAY, UT 84107

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)(9) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.EMIHEALTH.COM

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1935

M State of legal domicile: UT

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDE LIFE, ACCIDENT, & HEALTH INSURANCE TO EDUCATIONAL GROUPS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	89
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	428,251
b Net unrelated business taxable income from Form 990-T, line 39	7b	110,869

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)		0
9 Program service revenue (Part VIII, line 2g)	88,844,220	48,845,069
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,469,976	1,860,930
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,694	39,197,969
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	93,334,890	89,903,968

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)	68,583,850	63,226,034
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,527,187	8,277,127
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,377,442	4,337,575
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	82,488,479	75,840,736
19 Revenue less expenses. Subtract line 18 from line 12	10,846,411	14,063,232

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	159,285,953	170,515,820
21 Total liabilities (Part X, line 26)	59,545,248	49,050,728
22 Net assets or fund balances. Subtract line 21 from line 20	99,740,705	121,465,092

Part II Signature Block

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.

Sign Here
Signature of officer: *****
Date: 2020-09-24
MICHAEL GREENHALGH CFO/TREASURER
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-09-25
Check if self-employed PTIN: P00573067
Firm's name ▶ LARSON & COMPANY PC Firm's EIN ▶ 87-0516083
Firm's address ▶ 11240 S RIVER HEIGHTS DR SUITE 300 Phone no. (801) 313-1900
SOUTH JORDAN, UT 840955123

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

PROVIDE LIFE, ACCIDENT, & HEALTH INSURANCE TO EDUCATIONAL GROUPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	Yes	
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
12b	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (9), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (No), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (No), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: MIKE GREENHALGH 5101 S COMMERCE DRIVE MURRAY, UT 84107 (801) 262-7476

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, or 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.
- See instructions for the order in which to list the persons above.
- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN C MORRISON CEO/PRESIDEN	15.00 25.00			X				217,119	369,689	108,990
(2) MICHAEL GREENHALGH CFO/TREASURE	15.00 25.00			X				165,200	281,287	90,391
(3) DAVID RYAN LOWTHER COO/SECRETAR	15.00 25.00			X				118,147	201,169	79,831
(4) DAVID WOOD CHIEF ACTUAR	15.00 25.00				X			99,693	169,748	71,845
(5) CINDY DUNNAVANT VP SALES & M	15.00 25.00				X			89,660	152,665	70,002
(6) JOSEPH CAMPBELL CIO	15.00 25.00				X			76,112	129,595	71,274
(7) BRANDON SMART CHIEF LEGAL	15.00 25.00				X			69,471	118,288	64,438
(8) ROGER PROCTOR IT DEV. MANA	15.00 25.00					X		62,106	105,747	61,184
(9) STEPHEN CLAY CONTROLLER	15.00 25.00					X		60,212	102,524	62,156
(10) JUSTIN BLEAZARD VP UNDERWRIT	15.00 25.00					X		60,252	102,591	59,983
(11) MARK PINGREE ACTUARY	15.00 25.00					X		59,640	101,549	53,402
(12) CHRISTIE LYNNE HAWKES SR VP CORP C	15.00 25.00					X		59,092	100,615	53,402
(13) MICHAEL R FRANCIS DIRECTOR	1.00 1.00	X						6,290	10,710	0
(14) COREY CALLAHAN DIRECTOR	1.00 1.00	X						5,499	9,363	75
(15) PAUL GOTTFREDSON DIRECTOR	1.00 1.00	X						4,663	7,941	1,027
(16) CLINT HALVERSON DIRECTOR	1.00 1.00	X						4,611	7,851	75
(17) BRYAN SPRAGUE DIRECTOR	1.00 1.00	X						4,611	7,851	75

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SCOTT THORNTON DIRECTOR	1.00 1.00	X						4,522	7,699	75
(19) WENDELL BENNETT DIRECTOR	1.00 1.00	X						4,167	7,095	75
(20) RANDALL REID SMART DIRECTOR	1.00 1.00	X						4,152	7,069	0
(21) MICHAEL R EVANS DIRECTOR	1.00 1.00	X						1,850	3,150	0
(22) DELORA WIGHT DIRECTOR	1.00 1.00	X						1,850	3,150	0
(23) BRADLEY BARTELS DIRECTOR	1.00 1.00	X						1,116	1,900	32
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)								1,180,035	2,009,246	848,332

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
R&O CONSTRUCTION 933 WALL AVENUE OGDEN, UT 84404	BUILDING CONSTR	1,139,955
ELDORADO COMPUTING 5353 N 16TH STREET SUITE 400 PHOENIX, AZ 85016	CUSTOM SOFTWARE	727,203
SAVEONSP 611 JAMISON ROAD SUITE 201 ELMA, NY 14059	CLAIMS PROCESSI	622,387
RED CARD SYSTEMS LLC 744 OFFICE PARKWAY SAINT LOUIS, MO 63141	PRINTING & MAIL	379,905
IMAGICOM PO BOX 1724 LAYTON, UT 84041	CUSTOM SOFTWARE	301,844

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **12**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any 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	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f: \$	1g			
	h Total. Add lines 1a-1f				

Program Service Revenue			Business Code			
	2a INSURANCE PREMIUMS		524298	33,020,439	33,020,439	
b SERVICE INCOME		524298	15,396,379	15,396,379		
c EHPL RENT		531120	423,847		423,847	
d SERVICE INCOME		524298	4,404		4,404	
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			48,845,069			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,776,654			1,776,654		
	4 Income from investment of tax-exempt bond proceeds								
	5 Royalties								
	6a Gross rents	6a	(i) Real	(ii) Personal					
			574,655						
			b Less: rental expenses	6b	196,153				
			c Rental income or (loss)	6c	378,502				
	d Net rental income or (loss)				378,502			378,502	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other					
			13,621,816	7,020					
			b Less: cost or other basis and sales expenses	7b	13,537,540	7,020			
			c Gain or (loss)	7c	84,276				
	d Net gain or (loss)				84,276			84,276	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
	b Less: direct expenses	8b							
	c Net income or (loss) from fundraising events								
	9a Gross income from gaming activities. See Part IV, line 19	9a							
	b Less: direct expenses	9b							
	c Net income or (loss) from gaming activities								
	10a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b								
c Net income or (loss) from sales of inventory									
Miscellaneous Revenue	Business Code								
11a REINSURANCE PREMIUM-EHPL	524130	38,819,467	38,819,467						
b									
c									
d All other revenue									
e Total. Add lines 11a-11d			38,819,467						
12 Total revenue. See instructions			89,903,968	87,236,285	428,251		2,239,432		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 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				
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	63,226,034			
5 Compensation of current officers, directors, trustees, and key employees	1,085,267			
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	4,237,633			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,392,614			
9 Other employee benefits	1,239,611			
10 Payroll taxes	322,002			
11 Fees for services (non-employees):				
a Management				
b Legal	50,992			
c Accounting	36,058			
d Lobbying	20,791			
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	122,312			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,269,437			
12 Advertising and promotion	66,094			
13 Office expenses	353,427			
14 Information technology				
15 Royalties				
16 Occupancy	514,163			
17 Travel	25,110			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	943,879			
23 Insurance	44,130			
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.)				
a INVESTMENT DEPRECIATION	174,839			
b CLAIMS/COMMISSIONS 990-T	97,327			
c GROUP SERVICE FEE	96,350			
d STATE INCOME TAX	35,182			
e All other expenses	-512,516			
25 Total functional expenses. Add lines 1 through 24e	75,840,736	0	0	0
26 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	36,582,125	2	20,037,748
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,138,004		
	b Less: accumulated depreciation	10b 1,609,557	22,802,391	10c 23,528,447
	11 Investments—publicly traded securities	41,390,786	11	56,893,822
	12 Investments—other securities. See Part IV, line 11	37,918,109	12	45,439,174
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,592,542	15	24,616,629
16 Total assets. Add lines 1 through 15 (must equal line 34)	159,285,953	16	170,515,820	
Liabilities	17 Accounts payable and accrued expenses	5,036,799	17	5,747,787
	18 Grants payable		18	
	19 Deferred revenue		19	12,864
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	11,151,699
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	54,508,449	25	32,138,378
	26 Total liabilities. Add lines 17 through 25	59,545,248	26	49,050,728
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	99,740,705	31	121,465,092
32 Total net assets or fund balances	99,740,705	32	121,465,092	
33 Total liabilities and net assets/fund balances	159,285,953	33	170,515,820	

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	89,903,968
2	Total expenses (must equal Part IX, column (A), line 25)	2	75,840,736
3	Revenue less expenses. Subtract line 2 from line 1	3	14,063,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,740,705
5	Net unrealized gains (losses) on investments	5	7,796,776
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-135,621
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	121,465,092

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** 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
- b** 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 Both consolidated and separate basis
- c** 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.
- 3a** 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 87-0189237

Name: EDUCATORS MUTUAL INSURANCE
ASSOCIATION OF UTAH

Form 990 (2019)

Form 990, Part III, Line 4a:

PROVIDE LIFE, ACCIDENT, AND HEALTH INSURANCE TO EDUCATIONAL GROUPS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
EDUCATORS MUTUAL INSURANCE ASSOCIATION OF UTAH

Employer identification number
87-0189237

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 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 conferring impermissible private benefit? Yes No

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 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 an 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 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.

- 1a 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.
- b 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:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 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:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	7,206,540			7,206,540
b Buildings	16,540,142		605,152	15,934,990
c Leasehold improvements				
d Equipment		1,391,322	1,004,405	386,917
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				23,528,447

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	45,439,174	C
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	45,439,174	

Part VIII Investments—Program Related.

Complete if the organization answered "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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PREMIUMS RECEIVABLE	16,022,911
(2) OTHER RECEIVABLES	5,611,623
(3) REINSURANCE RECOVERABLE	2,009,302
(4) INVESTMENT INCOME RECEIVABLE	523,906
(5) HEALTH CARE & OTH. AMTS RECEIVABLE	212,563
(6) RECEIVABLES FROM SUBSIDIARIES	163,612
(7) INCOME TAX RECEIVABLE	72,712
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	24,616,629

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) UNPAID CLAIMS	21,001,521
(3) AGGREGATE HEALTH RESERVES	5,812,833
(4) POSTRETIREMENT BENEFITS RESERVE	3,429,979
(5) AMTS W/H FOR ACCT OF OTHERS	1,212,403
(6) REINSURANCE IN UNAUTHORIZED COMPANY	381,124
(7) LIFE POLICY RESERVES	216,843
(8) REMITTANCES & ITEMS NOT ALLOCATED	83,675
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	32,138,378

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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	Total revenue, gains, and other support per audited financial statements	1	74,225,797
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	196,153
e	Add lines 2a through 2d	2e	196,153
3	Subtract line 2e from line 1	3	74,029,644
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,039,391
b	Other (Describe in Part XIII.)	4b	14,834,933
c	Add lines 4a and 4b	4c	15,874,324
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	89,903,968

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	60,162,562
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	196,153
e	Add lines 2a through 2d	2e	196,153
3	Subtract line 2e from line 1	3	59,966,409
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,039,391
b	Other (Describe in Part XIII.)	4b	14,834,936
c	Add lines 4a and 4b	4c	15,874,327
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	75,840,736

Part XIII Supplemental Information

Provide 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 87-0189237

Name: EDUCATORS MUTUAL INSURANCE
ASSOCIATION OF UTAH

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART IV, LINE 2B	THE ASSOCIATION PROVIDES ADMINISTRATIVE SERVICES FOR CERTAIN SELF-INSURED GROUPS. THE ADMINISTRATIVE SERVICE ORGANIZATION AND CONTRACT DEPOSIT FUND RESERVE INCLUDES AMOUNTS DEPOSITED BY THESE GROUPS WITH THE ASSOCIATION PLUS ACCRUED INTEREST, WHICH IS NETTED AGAINST RECEIVABLES ARISING FROM THE ADMINISTRATION OF CLAIMS FOR THESE GROUPS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	TAX POSITIONS ARE RECOGNIZED IN THE STATUTORY FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF DECEMBER 31, 2019, THE ASSOCIATION HAD NO UNCERTAIN TAX POSITIONS THAT REQUIRED EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ASSOCIATION'S FEDERAL INCOME TAX RETURNS FOR 2017 THROUGH 2019 ARE OPEN TAX YEARS SUBJECT TO EXAMINATIONS BY THE INTERNAL REVENUE SERVICE.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	RENTAL EXPENSES 196,153

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	SERVICE INCOME FROM UNINSURED PLANS 14,834,933

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	RENTAL EXPENSES 196,153

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	SERVICE INCOME FROM UNINSURED PLANS 14,834,933 ROUNDING 3

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
EDUCATORS MUTUAL INSURANCE
ASSOCIATION OF UTAH

Employer identification number
87-0189237

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	
b Any related organization?	5b	
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	
b Any related organization?	6b	
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 87-0189237
Name: EDUCATORS MUTUAL INSURANCE
 ASSOCIATION OF UTAH

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STEVEN C MORRISON CEO/PRESIDENT	(i)	124,033	93,086		29,384	10,943	257,446	
	(ii)	211,191	158,498		50,031	18,632	438,352	
1 MICHAEL GREENHALGH CFO/TREASURER	(i)	95,512	69,688		22,627	10,818	198,645	
	(ii)	162,628	118,659		38,526	18,420	338,233	
2 DAVID RYAN LOWTHER COO/SECRETARY	(i)	79,338	38,809		18,795	10,742	147,684	
	(ii)	135,089	66,080		32,003	18,291	251,463	
3 DAVID WOOD CHIEF ACTUARY	(i)	67,105	32,588		15,897	10,686	126,276	
	(ii)	114,260	55,488		27,068	18,194	215,010	
4 CINDY DUNNAVANT VP SALES & MARKETING	(i)	64,170	25,490		15,202	10,699	115,561	
	(ii)	109,262	43,403		25,884	18,217	196,766	
5 JOSEPH CAMPBELL CIO	(i)	66,216	9,896		15,687	10,685	102,484	
	(ii)	112,746	16,849		26,709	18,193	174,497	
6 BRANDON SMART CHIEF LEGAL COUNSEL	(i)	55,755	13,716		13,208	10,634	93,313	
	(ii)	94,934	23,354		22,490	18,106	158,884	
7 ROGER PROCTOR IT DEV. MANAGER	(i)	50,795	11,311		12,033	10,605	84,744	
	(ii)	86,488	19,259		20,489	18,057	144,293	
8 STEPHEN CLAY CONTROLLER	(i)	52,264	7,948		12,381	10,616	83,209	
	(ii)	88,990	13,534		21,082	18,077	141,683	
9 JUSTIN BLEAZARD VP UNDERWRITING	(i)	48,941	11,311		11,594	10,600	82,446	
	(ii)	83,332	19,259		19,741	18,048	140,380	
10 MARK PINGREE ACTUARY	(i)	51,670	7,970		12,187	7,572	79,399	
	(ii)	87,979	13,570		20,751	12,892	135,192	
11 CHRISTIE LYNNE HAWKES SR VP CORP COMMUN	(i)	51,444	7,648		12,187	7,572	78,851	
	(ii)	87,593	13,022		20,751	12,892	134,258	

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
EDUCATORS MUTUAL INSURANCE
ASSOCIATION OF UTAH

Employer identification number

87-0189237

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 2	BRANDON SMART RANDY SMART SR. VP LEGAL COUN. RANDY IS FATHER OF BRANDON

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	EDUCATORS MUTUAL INSURANCE ASSOCIATION (EMIA) IS OWNED AND OVERSEEN BY MEMBERS OF THE ASSOCIATION. MEMBERS ARE THE POLICYHOLDERS OF THE INSURANCE CONTRACTS ISSUED BY EMIA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	MEMBERS ELECT INDIVIDUALS TO SERVE ON THE BOARD. THE BOARD OF DIRECTORS IS RESPONSIBLE FOR GOVERNING THE CORPORATE DIRECTION OF THE COMPANY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	THE BOARD MEMBERS HOLD AN ANNUAL MEETING WHICH IS OPEN TO ATTENDANCE BY ALL MEMBERS TO ELECT NEW BOARD MEMBERS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE FORM 990 IS REVIEWED IN DETAIL BY THE CFO AND CONTROLLER BUT IS NOT SPECIFICALLY REVIEWED BY THE GOVERNING BODY. THE BOARD DOES, HOWEVER, REVIEW AND APPROVE THE FINANCIAL STATEMENTS OF THE COMPANY WHICH CONTAINS THE FINANCIAL DATA WHICH IS REPORTED ON THE YEAR 990 TAX RETURN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EMPLOYEES ARE REQUIRED TO CERTIFY ANNUALLY AND THEN AGAIN AS NEEDED REGARDING ANY POTENTIAL OR ACTUAL CONFLICT OF INTEREST. IN ADDITION ANY INFORMATION OF POSSIBLE CONFLICTS BY OTHER SOURCES IS INVESTIGATED. EMPLOYEES ARE ALSO REQUIRED TO DISCLOSE SIGNIFICANT GIFTS, MEALS, ETC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	EVERY THREE YEARS, THE COMPANY'S CFO CONDUCTS A MARKET SURVEY OF KEY POSITIONS AND ANNUAL SALARY INCREASES BY INDUSTRY. ANNUALLY THE BOARD APPROVES THE SALARY BUDGET OF THE COMPANY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THOSE ITEMS ARE CONFIDENTIAL INFORMATION. IF THERE IS A VALID REASON FOR AN INTERESTED PERSON TO REVIEW SUCH DOCUMENTS, THEY COULD MAKE A REQUEST TO THE COMPANY'S EXECUTIVE COMMITTEE OR BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII	MISCELLANEOUS REVENUE, LINE 11A: THE ASSOCIATION ENTERED INTO A REINSURANCE AGREEMENT WITH ITS 100% OWNED SUBSIDIARY, EHPL, TO HELP FACILITATE EHPL'S UNDERWRITING BUSINESS. THE REINSURANCE ACTIVITY WAS NOT ENTERED INTO WITH THE INTENT TO MAKE A PROFIT, AND THE ASSOCIATION HAS NO INTENTION TO PURSUE THE ACTIVITY IN A COMMERCIAL MANNER. THE ACTIVITY HAS BEEN OPERATING AT BREAK-EVEN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NON-ADMITTED ASSETS 96,852 CHANGE IN UNREC. ACC. POSTRETIREMENT EXP. 148,651 WRI TE-INS FOR OTHER-THAN-SPECIAL SURPLUS FUNDS -381,124 TOTAL -135,621

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EDUCATORS MUTUAL INSURANCE
ASSOCIATION OF UTAH

Employer identification number

87-0189237

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) EDUCATORS HEALTH PLANS LIFE ACCIDEN 5101 S COMMERCE DRIVE MURRAY, UT 84107 20-4023720	INSURANCE	UT	N/A					Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses		No
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EDUCATORS HEALTH PLANS LIFE ACCIDEN	A	543,866	ALLOCATION METHOD
(2) EDUCATORS HEALTH PLANS LIFE ACCIDEN	J	543,866	ALLOCATION METHOD
(3) EDUCATORS HEALTH PLANS LIFE ACCIDEN	Q	8,695,982	ALLOCATION METHOD
(4) EDUCATORS HEALTH PLANS LIFE ACCIDEN	S	38,819,467	REINSURANCE PREMIUMS

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
SCHEDULE R	SCHEDULE R, PART V, LINE 2(4)-THIS IS THE AMOUNT OF REINSURANCE PREMIUMS TRANSFERRED FROM EHPL TO THE ASSOCIATION ACCORDING TO THEIR REINSURANCE AGREEMENT. THE ASSOCIATION TRANSFERRED OUT THE SAME AMOUNT RECEIVED TO COVER THE AMOUNT OF REINSURANCE CLAIMS.