

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**MAKING A DIFFERENCE FOUNDATION**

**81-4680770**

Name and title of officer or person subject to tax

**SHARON GORMAN**  
**VP-TAX**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> _____
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> <u>723.</u>
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN  Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**87086391231**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

**2020**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name of foundation <b>MAKING A DIFFERENCE FOUNDATION</b>		A Employer identification number <b>81-4680770</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 730</b>	Room/suite	B Telephone number <b>801.9303000</b>
City or town, state or province, country, and ZIP or foreign postal code <b>MIDVALE, UT 84047-0730</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>2,539,953.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
▶ (Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received	625,355.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	5.	5.		STATEMENT 1
4 Dividends and interest from securities	52,039.	52,039.		STATEMENT 2
5a Gross rents				
b Not rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss)				
11 Other income	28,340.	0.		STATEMENT 3
12 Total. Add lines 1 through 11	705,739.	52,044.		
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees				
b Accounting fees				
c Other professional fees <b>STMT 4</b>	475.	0.		475.
17 Interest				
18 Taxes <b>STMT 5</b>	2,333.	0.		2,333.
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses <b>STMT 6</b>	11,225.	0.		11,225.
24 Total operating and administrative expenses. Add lines 13 through 23	14,033.	0.		14,033.
25 Contributions, gifts, grants paid	778,405.			778,405.
26 Total expenses and disbursements. Add lines 24 and 25	792,438.	0.		792,438.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-86,699.			
b Net investment income (if negative, enter -0-)		52,044.		
c Adjusted net income (if negative, enter -0-)			N/A	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		303,879.	155,683.	155,683.	
	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments - U.S. and state government obligations STMT 8			73,122.	53,546.	57,257.
	b	Investments - corporate stock					
	c	Investments - corporate bonds STMT 9			2,127,397.	2,194,320.	2,318,675.
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other						
14	Land, buildings, and equipment: basis						
	Less: accumulated depreciation						
15	Other assets (describe ACCRUED INVESTMENT)			8,541.	8,338.	8,338.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)			2,512,939.	2,411,887.	2,539,953.	
Liabilities	17	Accounts payable and accrued expenses		3,354.	22,236.		
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe)					
23	Total liabilities (add lines 17 through 22)			3,354.	22,236.		
Net Assets or Fund Balances	24	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>		2,509,585.	2,389,651.		
	25	Net assets without donor restrictions					
	26	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>					
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	29	Total net assets or fund balances			2,509,585.	2,389,651.	
30	Total liabilities and net assets/fund balances			2,512,939.	2,411,887.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	2,509,585.
2	Enter amount from Part I, line 27a	2	-86,699.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	2,422,886.
5	Decreases not included in line 2 (itemize) SEE STATEMENT 7	5	33,235.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	2,389,651.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	NONE		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(j) Gain (col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**  
SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved				
Reserved				
Reserved				
Reserved				
Reserved				

2 Reserved	2
3 Reserved	3
4 Reserved	4
5 Reserved	5
6 Reserved	6
7 Reserved	7
8 Reserved	8

**Part VI. Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	723.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	723.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	723.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a		1,000.
b Exempt foreign organizations - tax withheld at source	6b		0.
c Tax paid with application for extension of time to file (Form 8868)	6c		0.
d Backup withholding erroneously withheld	6d		0.
7 Total credits and payments. Add lines 6a through 6d		7	1,000.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	277.
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> 277. Refunded <input type="checkbox"/>		11	0.

**Part VII-A. Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation: \$ 0. (2) On foundation managers: \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers: \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <u>UT</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address: <u>MAKINGADIFFERENCEFDN.ORG</u>	X	
14 The books are in care of <u>SHARON GORMAN</u> Telephone no. <u>8019303000</u> Located at <u>7259 S. BINGHAM JUNCTION BLVD., MIDVALE, UT</u> ZIP+4 <u>84047-4730</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		
Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> N/A	1b	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

	Yes	No
5a During the year, did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b	<input checked="" type="checkbox"/>
Organizations relying on a current notice regarding disaster assistance, check here		<input checked="" type="checkbox"/>
c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
5a. Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	<input checked="" type="checkbox"/>
If "Yes" to 6b, file Form 8870.		
7a. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b	N/A
8. Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1** List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 12		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances

Total number of other employees paid over \$50,000 0





**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	2,292,128.
b	Average of monthly cash balances	1b	257,884.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,550,012.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	2,550,012.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	38,250.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,511,762.
6	Minimum investment return. Enter 5% of line 5	6	125,588.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	125,588.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	723.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	723.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	124,865.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	124,865.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	124,865.

**Part XII Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	792,438.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	792,438.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	792,438.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				124,865.
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017	503,724.			
d From 2018	546,526.			
e From 2019	723,820.			
f Total of lines 3a through e	1,774,070.			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 792,438.				
a Applied to 2019, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2020 distributable amount				124,865.
e Remaining amount distributed out of corpus	667,573.			
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,441,643.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	2,441,643.			
10 Analysis of line 9:				
a Excess from 2016				
b Excess from 2017	503,724.			
c Excess from 2018	546,526.			
d Excess from 2019	723,820.			
e Excess from 2020	667,573.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2020	(b) 2019	Prior 3 years		
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed			(c) 2018	(d) 2017	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**  
 a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 14**

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient. Name and address (home or business),	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<i>a Paid during the year</i>				
A BROADER VIEW VOLUNTEERS 1001 DELL LN STE B2 WYNCOTE, PA 19095		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION	4,920.
AMERICARES 88 HAMILTON AVE STAMFORD, CT 06902		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL COVID DISASTER RELIEF	2,500.
ANDREW GARCIA MEMORIAL FOUNDATION 1809 E BAGEND ST SALT LAKE CITY, UT 84106		501(C)(3) CHARITABLE ORG.	BEREAVED MOTHERS PROGRAM	1,000.
BIG DOG RESCUE RANCH 14444 OKEECHOBEE ROAD LOXAHATCHEE, FL 33470		501(C)(3) CHARITABLE ORG.	HEARTWORM MEDICATION FOR RESCUE DOGS	1,500.
BLESSINGS IN A BACKPACK 4121 SHELBYVILLE ROAD LOUISVILLE, KY 40207		501(C)(3) CHARITABLE ORG.	FOOD FOR LOW INCOME STUDENS OVER THE WEEKEND	1,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>778,405.</b>
<i>b Approved for future payment</i>				
NONE				
<b>Total</b>				<b>0.</b>

**Part XVI-A Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
<b>1</b> Program service revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> _____					
<b>g</b> Fees and contracts from government agencies					
<b>2</b> Membership dues and assessments					
<b>3</b> Interest on savings and temporary cash investments			14	5.	
<b>4</b> Dividends and interest from securities			14	52,039.	
<b>5</b> Net rental income or (loss) from real estate:					
<b>a</b> Debt-financed property					
<b>b</b> Not debt-financed property					
<b>6</b> Net rental income or (loss) from personal property					
<b>7</b> Other investment income					
<b>8</b> Gain or (loss) from sales of assets other than inventory					
<b>9</b> Net income or (loss) from special events					
<b>10</b> Gross profit or (loss) from sales of inventory					
<b>11</b> Other revenue:					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>12</b> Subtotal. Add columns (b), (d), and (e).		0.		52,044.	0.
<b>13</b> Total. Add line 12, columns (b), (d), and (e).					52,044.

(See worksheet in line 13 instructions to verify calculations.)

**Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
<b>4</b>	INVESTMENT INCOME IS RELATED TO HOLDING DONOR CONTRIBUTIONS IN INVESTMENT PORTFOLIO UNTIL FUNDS ARE USED FOR EXEMPT PURPOSES.

**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

f Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		<b>Yes</b>	<b>No</b>
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		X
(2) Other assets	1a(2)		X
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
(3) Rental of facilities, equipment, or other assets	1b(3)		X
(4) Reimbursement arrangements	1b(4)		X
(5) Loans or loan guarantees	1b(5)		X
(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

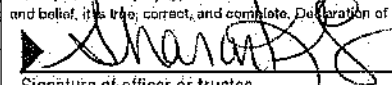
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here:  18/19/2021 VP-TAX

Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

Paid Preparer Use Only	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.			

MAKING A DIFFERENCE FOUNDATION

81-4680770

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BOCA SAVE OUR BEACHES 951 W YAMATO RD BOCA RATON, FL 33431		501(C)(3) CHARITABLE ORG.	PROTECTING MARINE ENVIRONMENT	750.
BROWARD PARTNERSHIP FOR THE HOMELESS 920 NW 7TH AVE FORT LAUDERDALE, FL 33311		501(C)(3) CHARITABLE ORG.	SUPPORT REDUCING HOMELESSNESS IN BROWARD COUNTY	15,000.
CARIDAD CENTER 8645 W BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472		501(C)(3) CHARITABLE ORG.	UPGRADE HEALTH, EDUCATION, AND LIVING STANDARDS OF UNDERSERVED CHILDREN & FAMILIES.	15,000.
CHG EE COMPASSION FUND 7259 BINGHAM JCT BLVD MIDVALE, UT 84047		501(C)(3) CHARITABLE ORG.	EMERGENCY ASSISTANCE TO CHG EMPLOYEES	200,548.
CHOICE HUMANITARIAN 7879 SOUTH 1530 WEST #200 WEST JORDAN, UT 84088		501(C)(3) CHARITABLE ORG.	SUPPORT RURAL COMMUNITY EMPOWERMENT	5,000.
CORONAVIRUS IMMEDIATE RELIEF FUND 7259 BINGHAM JCT BLVD MIDVALE, UT 84047	EMPLOYEES OF CHG HEALTHCARE	INDIVIDUALS & EMPLOYEES OF CHG	DISASTER RELIEF PROGRAM - SEE STATEMENT 11	260,700.
DAVIS COUNTY SHERIFF SEARCH AND RESCUE 800 W STATE STREET FARMINGTON, UT 84025		501(C)(3) CHARITABLE ORG.	PATIENT / VICTIM EXTRACTION TOOL	2,500.
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117		501(C)(3) CHARITABLE ORG.	IMPROVE HEALTH AND LIVES OF PEOPLE AFFECTED BY EMERGENCY SITUATIONS	2,500.
ENCIRCLE HOUSE 2609 MCVITTY ROAD ROANOKE, VA 24018		501(C)(3) CHARITABLE ORG.	ART SUPPLIES FOR WEEKLY ART PROGRAM	500.
FAITH TEMPLE PENTECOSTAL CHURCH 1035 W INDIANA AVE SALT LAKE CITY, UT 84104		501(C)(3) CHARITABLE ORG.	TLC DAYCARE PROGRAM	1,000.
Total from continuation sheets				767,485.

MAKING A DIFFERENCE FOUNDATION

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY STREET SOUTHEAST GRAND RAPIDS, MI 49503		501(C)(3) CHARITABLE ORG.	HELPING TO END HOMELESSNESS	1,000.
FRONTLINE FOOD / WORLD CENTRAL KITCHEN 655 NEW YORK AVE NW, 6TH FL WASHINGTON, DC 20001		501(C)(3) CHARITABLE ORG.	PROVIDE FOOD TO FRONTLINE WORKERS	3,000.
HALIFAX HUMANE SOCIETY 2364 LPGA BLVD DAYTONA BEACH, FL 32124		501(C)(3) CHARITABLE ORG.	PAWS FOR FREEDOM	1,500.
HANDY 1717 NORTH ANDREWS AVE FORT LAUDERDALE, FL 33311		501(C)(3) CHARITABLE ORG.	MEDICAL EXPENSES FOR ABUSED AND DISADVANTAGED YOUTH	2,500.
HEADIN HOME INC 8478 S 4770 W WEST JORDAN, UT 84088		501(C)(3) CHARITABLE ORG.	EQUINE THERAPY FEED	1,500.
HEART TO HEART INTERNATIONAL 11550 RENNER BLVD LENEXA, KS 66219		501(C)(3) CHARITABLE ORG.	IMPROVE HEALTH AND RESPOND TO THE NEEDS OF DISASTER VICTIMS	6,000.
INTERMOUNTAIN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84117		501(C)(3) CHARITABLE ORG.	WORKBOOK SUPPLIES FOR READ PROGRAM	750.
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD., STE 1500 LOS ANGELES, CA 90025		501(C)(3) CHARITABLE ORG.	PROVIDE EMERGENCY MEDICAL SERVICES	6,000.
JUAN DIEGO CATHOLIC SCHOOL 300 E 11800 S DRAPER, UT 84020		501(C)(3) CHARITABLE ORG.	FREE AND REDUCED LUNCH PROGRAM	1,000.
JUNIOR LEAGUE OF SALT LAKE 526 E 300 S SALT LAKE CITY, UT 84102		501(C)(3) CHARITABLE ORG.	EMPOWER WOMEN TO IMPROVE OUR COMMUNITY	1,000.
Total from continuation sheets				



MAKING A DIFFERENCE FOUNDATION

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Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KIDS IN DISTRESS 819 NE 26TH ST FORT LAUDERDALE, FL 33305		501(C)(3) CHARITABLE ORG.	SUPPORT AT RISK CHILDREN AND FAMILIES	15,000.
MACKENZIE'S ANIMAL SANCTUARY 8935 THOMPSON ROAD LAKE ODESSA, MI 48849		501(C)(3) CHARITABLE ORG.	VETERINARY, CLEANING, AND DOG FOOD COSTS	1,000.
MIDVALE COMMUNITY BUILDING CENTER 49 W CENTER ST MIDVALE, UT 84047		501(C)(3) CHARITABLE ORG.	SUPPORT LOW INCOME HISPANIC FAMILIES IN MIDVALE	15,000.
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016		501(C)(3) CHARITABLE ORG.	KIDNEY DISEASE RESEARCH	15,000.
OFF THEIR PLATE 20 LIME ST APT 31 BOSTON, MA 02108		501(C)(3) CHARITABLE ORG.	HELP FEED COMMUNITIES DURING COVID PANDEMIC	2,000.
OQUIRRH HILLS PERFORMING ARTS ACADEMY 9104 W 2700 S MAGNA, UT 84044		501(C)(3) CHARITABLE ORG.	PERFORMING ARTS ACADEMY DONATION	750.
PEOPLE'S HEALTH CLINIC 650 ROUND VALLEY DR PARK CITY, UT 84060		501(C)(3) CHARITABLE ORG.	PROVIDE HEALTHCARE TO UNINSURED RESIDENTS	15,000.
PROJECT C.U.R.E. 10377 E. GEDDES AVE CENTENNIAL, CO 80112		501(C)(3) CHARITABLE ORG.	SUPPLY MEDICAL EQUIPMENT TO HOSPITALS DURING COVID PANDEMIC	10,800.
RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY, UT 84105		501(C)(3) CHARITABLE ORG.	PREVENTIVE SERVICES	5,500.
REBUILDING TOGETHER BROWARD 4836 NE 12TH AVE OAKLAND PARK, FL 33334		501(C)(3) CHARITABLE ORG.	HOME RENOVATIONS & IMPROVEMENTS	1,000.
Total from continuation sheets				

MAKING A DIFFERENCE FOUNDATION

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Part XV Supplementary Information				
3 Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
RUSSELL EDUCATION FOUNDATION 5400 S. UNIVERSITY DRIVE, STE #202 DAVIRE, FL 33328		501(C)(3) CHARITABLE ORG.	BOOKS AND SUPPLIES FOR AFTER SCHOOL LEARNING PROGRAM	750.
SEAGER MEMORIAL CLINIC 2775 WALL AVE OGDEN, UT 84401		501(C)(3) CHARITABLE ORG.	FREE MEDICAL, DENTAL, AND MEDICAL CARE FOR THE HOMELESS	1,000.
SECOND CHANCE FOR HOMELESS PETS 200 E GORDON LN SALT LAKE CITY, UT 84107		501(C)(3) CHARITABLE ORG.	FOOD VACCINES AND STERILIZATION SURGERIES	750.
THE ADOPTION EXCHANGE 14232 EAST EVANS AVENUE AURORA, CO 80014		501(C)(3) CHARITABLE ORG.	FUNDRAISER FOR FAMILIES WISHING TO ADOPT CHILDREN	1,000.
THE CHILDREN'S CENTER 350 S 400 E SALT LAKE CITY, UT 84111		501(C)(3) CHARITABLE ORG.	TO SUPPORT MENTAL HEALTH OF CHILDREN OF UTAH	2,500.
THE PEACEFUL PROJECT PO BOX 1655 BALLWIN, MO 63011		501(C)(3) CHARITABLE ORG.	CONFLICT RESOLUTION PEACEFUL PROGRAM	750.
UNITED WAY OF SALT LAKE 257 E 200 S #300 SALT LAKE CITY, UT 84111		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL UNITED WAY CHAPTER	135,147.
US DREAM ACADEMY 8807 COLESVILLE ROAD 5TH FLOOR SILVER SPRING, MD 20910		501(C)(3) CHARITABLE ORG.	CARE PACKAGES FOR CURRENT STUDENTS ENROLLED IN PROGRAM	1,200.
UTAH KIDS FOUNDATION 5362 S 600 E WASHINGTON TERRACE, UT 84405		501(C)(3) CHARITABLE ORG.	GROCERY AND GAS GIFT CARDS TO FAMILIES WITH SPECIAL NEEDS CHILDREN	1,500.
UTAH NAVAJO HEALTH SYSTEMS 1478 EAST, UT-162 MONTEZUMA CREEK, UT 84534		501(C)(3) CHARITABLE ORG.	PROVIDE MEDICAL CARE TO THE NAVAJO NATION AND SOUTHEASTERN UTAH	5,000.
Total from continuation sheets				

MAKING A DIFFERENCE FOUNDATION

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**Part XV** | Supplementary Information

3. Grants and Contributions Paid During the Year (Continuation)				
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA 1240 N M.L.K. BLVD. LAS VEGAS, NV 89106		501(C)(3) CHARITABLE ORG.	SUPPORT SOUTHERN NEVADA HEALTH CARE	1,000.
YMCA OF SOUTH PALM BEACH. 6631 PALMETTO CIR S BOCA RATON, FL 33433		501(C)(3) CHARITABLE ORG.	YMCA'S FINANCE ASSISTANCE PROGRAM	1,000.
YMCA TRIANGLE AREA 801 CORPORATE CENTER DRIVE, STE. #200 RALEIGH, NC 27607		501(C)(3) CHARITABLE ORG.	WELLNESS OUTREACH PROGRAM	1,500.
YOGASHIELD YOGA FOR FIRST RESPONDERS 834-F S PERRY STREET #1191 CASTLE ROCK, CO 80104		501(C)(3) CHARITABLE ORG.	MATS, BLOCKS, AND SUPPLIES	1,000.
YOUTHLINC 1166 E BRICKYARD RD SALT LAKE CITY, UT 84106		501(C)(3) CHARITABLE ORG.	MEDICAL EDUCATION MISSION - FIJI	4,590.
<b>Total from continuation sheets</b>				

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**MAKING A DIFFERENCE FOUNDATION**

Employer identification number

**81-4680770**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization.

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation.

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of: (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>MAKING A DIFFERENCE FOUNDATION</b>	Employer identification number <b>81-4680770</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>CHG COMPANIES, INC.</u>  <u>7259 S. BINGHAM JUNCTION BLVD.</u>  <u>MIDVALE, UT 84047</u>	\$ <u>116,666.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>LEONARD GREEN &amp; PARTNERS</u>  <u>11111 SANTA MONICA BLVD #2000</u>  <u>LOS ANGELES, CA 90025</u>	\$ <u>350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>ARES MANAGEMENT</u>  <u>2000 AVENUE OF THE STARS FL 12</u>  <u>LOS ANGELES, CA 90067</u>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MAKING A DIFFERENCE FOUNDATION</b>	Employer identification number <b>81-4680770</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>MAKING A DIFFERENCE FOUNDATION</b>	Employer identification number <b>81-4680770</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MONEY MARKET ACCOUNT	5.	5.	
TOTAL TO PART I, LINE 3	5.	5.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
MONEY MARKET ACCOUNT	52,039.	0.	52,039.	52,039.	
TO PART I, LINE 4	52,039.	0.	52,039.	52,039.	

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
UNREALIZED GAIN	28,340.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	28,340.	0.	

## FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROFESSIONAL FEES	475.	0.		475.
TO FORM 990-PF, PG 1, LN 16C	475.	0.		475.



FORM 990-PF	TAXES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL TAX	2,333.	0.		2,333.
TO FORM 990-PF, PG 1, LN 18	2,333.	0.		2,333.

FORM 990-PF	OTHER EXPENSES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	2,428.	0.		2,428.
SUPPLIES	1,249.	0.		1,249.
MARKETING	5,075.	0.		5,075.
ACCOUNTING FEES	2,473.	0.		2,473.
TO FORM 990-PF, PG 1, LN 23	11,225.	0.		11,225.

FORM 990-PF	OTHER DECREASES IN NET ASSETS OR FUND BALANCES	STATEMENT 7
DESCRIPTION		AMOUNT
UNREALIZED GAIN INCLUDED IN OTHER INCOME		33,235.
TOTAL TO FORM 990-PF, PART III, LINE 5		33,235.

FORM 990-PF	U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS		STATEMENT 8	
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURIES	X		53,546.	57,257.
TOTAL U.S. GOVERNMENT OBLIGATIONS			53,546.	57,257.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			53,546.	57,257.

FORM 990-PF	CORPORATE BONDS		STATEMENT 9	
DESCRIPTION			BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS			2,194,320.	2,318,675.
TOTAL TO FORM 990-PF, PART II, LINE 10C			2,194,320.	2,318,675.

FORM 990-PF	OTHER ASSETS		STATEMENT 10	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE	
ACCRUED INVESTMENT INCOME	8,541.	8,338.	8,338.	
TO FORM 990-PF, PART II, LINE 15	8,541.	8,338.	8,338.	

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS  
PART VII-A, LINE 10

STATEMENT 11

<u>NAME OF CONTRIBUTOR</u>	<u>ADDRESS</u>
CHG COMPANIES, INC.	7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047
LEONARD GREEN & PARTNERS	11111 SANTA MONICA BLVD #2000 LOS ANGELES, CA 90025
ARES MANAGEMENT	2000 AVENUE OF THE STARS FL 12 LOS ANGELES, CA 90067



FORM 990-PF

SUMMARY OF DIRECT CHARITABLE ACTIVITIES

STATEMENT 13

ACTIVITY ONE

THE FOUNDATION CREATED AND IMPLEMENTED THE CORONAVIRUS IMMEDIATE RELIEF FUND TO PROVIDE CHG HEALTHCARE EMPLOYEES DISASTER RELIEF GRANTS TO COVER IMMEDIATE NEEDS FOR FOOD, HOUSING, AND MEDICAL EXPENSES DURING THE CORONAVIRUS PANDEMIC. OVER 875 GRANTS WERE AWARDED TO NEEDY PERSONS THROUGH THE PANDEMIC. ALL GRANTS WERE AWARDED IN ACCORDANCE WITH THE GUIDELINES SET FORTH IN IRS PUBLICATION 3833. THE MAJORITY OF GRANTS WERE FOR \$300, AND NO SINGLE GRANT WAS GREATER THAN \$600.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

260,700.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 14

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTEDMAKING A DIFFERENCE GRANT REQUEST TEAM  
7259 S. BINGHAM BLVD.  
MIDVALE, UT 84047TELEPHONE NUMBERNAME OF GRANT PROGRAM

8019303000

LOCAL GRANT PROGRAM

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FORM AND CONTENT OF APPLICATIONSGRANT REQUEST FORM. NAME OF CHARITY, INVOLVEMENT WITH CHARITY, HOW THE  
GRANT MONEY WILL BE USED.

---

ANY SUBMISSION DEADLINES

QUARTERLY

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RESTRICTIONS AND LIMITATIONS ON AWARDSLOCAL GRANTS - \$200 - \$5000  
STRATEGIC GRANTS - GREATER THAN \$5000