

**Return of Private Foundation**

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

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**2022**

Open to Public Inspection

Form **990-PF**

Department of the Treasury  
Internal Revenue Service

For calendar year 2022 or tax year beginning , and ending

Name of foundation <b>MAKING A DIFFERENCE FOUNDATION</b>		<b>A Employer identification number</b> 81-4680770
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 730</b>	Room/suite	<b>B Telephone number</b> 8019303000
City or town, state or province, country, and ZIP or foreign postal code <b>MIDVALE, UT 84047-0730</b>		<b>C</b> If exemption application is pending, check here ... <input type="checkbox"/>
<b>G</b> 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		<b>D 1.</b> Foreign organizations, check here ..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ..... <input type="checkbox"/>
<b>H</b> 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		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ... <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>4,383,292.</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> 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.)		

<b>Part I Analysis of Revenue and Expenses</b> <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>	<b>1</b> Contributions, gifts, grants, etc., received .....	1,911,650.		N/A	
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments .....				
	<b>4</b> Dividends and interest from securities .....	81,317.	81,317.		STATEMENT 1
	<b>5a</b> Gross rents .....				
	<b>b</b> Net rental income or (loss) .....				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 .....				
	<b>b</b> Gross sales price for all assets on line 6a .....				
	<b>7</b> Capital gain net income (from Part IV, line 2) .....		0.		
	<b>8</b> Net short-term capital gain .....				
	<b>9</b> Income modifications .....				
	<b>10a</b> Gross sales less returns and allowances .....				
<b>b</b> Less: Cost of goods sold .....					
<b>c</b> Gross profit or (loss) .....					
<b>11</b> Other income .....	-434,217.	0.		STATEMENT 2	
<b>12 Total.</b> Add lines 1 through 11 .....	1,558,750.	81,317.			
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc. ....	0.	0.		0.
	<b>14</b> Other employee salaries and wages .....				
	<b>15</b> Pension plans, employee benefits .....				
	<b>16a</b> Legal fees .....				
	<b>b</b> Accounting fees .....				
	<b>c</b> Other professional fees ..... <b>STMT 3</b>	4,402.	0.		4,402.
	<b>17</b> Interest .....				
	<b>18</b> Taxes .....				
	<b>19</b> Depreciation and depletion .....				
	<b>20</b> Occupancy .....				
	<b>21</b> Travel, conferences, and meetings .....	1,101.	0.		1,101.
	<b>22</b> Printing and publications .....				
	<b>23</b> Other expenses ..... <b>STMT 4</b>	65,993.	0.		65,993.
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23 .....	71,496.	0.		71,496.
	<b>25</b> Contributions, gifts, grants paid .....	473,958.			473,958.
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25 .....	545,454.	0.		545,454.	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements ...	1,013,296.				
<b>b Net investment income</b> (if negative, enter -0-) .....		81,317.			
<b>c Adjusted net income</b> (if negative, enter -0-) .....			N/A		

<b>Part II Balance Sheets</b> <small>Attached schedules and amounts in the description column should be for end-of-year amounts only.</small>		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing .....	381,298.	662,353.	662,353.
	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 <b>STMT 6</b> .....	53,546.	572,673.	575,413.
	b Investments - corporate stock .....			
	c Investments - corporate bonds <b>STMT 7</b> .....	2,771,800.	3,378,393.	3,139,235.
	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 <b>STATEMENT 8</b> ) .....	5,653.	6,291.	6,291.	
16 <b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	3,212,297.	4,619,710.	4,383,292.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	43,171.	3,071.	
	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 <b>Total liabilities</b> (add lines 17 through 22) .....	43,171.	3,071.		
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions .....	3,169,126.	4,616,639.	
	25 Net assets with donor restrictions .....			
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds .....			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund .....			
	28 Retained earnings, accumulated income, endowment, or other funds .....			
29 <b>Total net assets or fund balances</b> .....	3,169,126.	4,616,639.		
30 <b>Total liabilities and net assets/fund balances</b> .....	3,212,297.	4,619,710.		

**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	3,169,126.
2 Enter amount from Part I, line 27a .....	2	1,013,296.
3 Other increases not included in line 2 (itemize) <b>SEE STATEMENT 5</b> .....	3	434,217.
4 Add lines 1, 2, and 3 .....	4	4,616,639.
5 Decreases not included in line 2 (itemize) .....	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 .....	6	4,616,639.

**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	<b>NONE</b>			
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.			(l) Gains (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) <span style="font-size: small;">{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }</span>	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 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)	1	1,130.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	1,130.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	1,130.
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	741.
b	Exempt foreign organizations - tax withheld at source	6b	0.
c	Tax paid with application for extension of time to file (Form 8868)	6c	1,500.
d	Backup withholding erroneously withheld	6d	0.
7	Total credits and payments. Add lines 6a through 6d	7	2,241.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	9.
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	1,102.
11	Enter the amount of line 10 to be: <b>Credited to 2023 estimated tax</b> 1,102. <b>Refunded</b>	11	0.

**Part VI-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
1b	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
1c	Did the foundation file <b>Form 1120-POL</b> 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. \$ <u>0.</u> (2) On foundation managers. \$ <u>0.</u>		
	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ <u>0.</u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
	If "Yes," attach a detailed description of the activities.		
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
4b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
	If "Yes," attach the statement required by <i>General Instruction T</i> .		
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 XIV .....	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. _____ <u>UT</u>		
8b	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 <i>General Instruction G</i> ? 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 2022 or the tax year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII .....		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....	X	
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? .....	X	
	Website address <u>MAKINGADIFFERENCEFDN.ORG</u>		
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 <b>Form 1041</b> - check here ..... <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....		N/A
16	At any time during calendar year 2022, 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? .....		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		

**Part VI-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
<b>1a</b> 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? .....	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	1a(4)	X
(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)? .....	1a(5)	X
(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.) .....	1a(6)	X
<b>b</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 .....	1b	N/A
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here .....		<input type="checkbox"/>
<b>d</b> 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 2022? .....	1d	X
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? .....	2a	X
If "Yes," list the years _____, _____, _____, _____		
<b>b</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.) .....	2b	N/A
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	3a	X
<b>b</b> If "Yes," did it have excess business holdings in 2022 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 2022.) .....	3b	N/A
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
<b>b</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 2022? .....	4b	X

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

	Yes	No
<b>5a</b> 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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</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		X
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> 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? <span style="float:right">N/A</span>		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <span style="float:right">N/A</span>		
<b>8</b> 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?		X

**Part VII** 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 10		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
NONE				

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

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part VIII-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

<b>Part IX</b>		<b>Minimum Investment Return</b> (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	3,392,792.
b	Average of monthly cash balances .....	1b	4,793.
c	Fair market value of all other assets (see instructions) .....	1c	
d	<b>Total</b> (add lines 1a, b, and c) .....	1d	3,397,585.
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	3,397,585.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions) .....	4	50,964.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3 .....	5	3,346,621.
6	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5 .....	6	167,331.

<b>Part X</b>		<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here <input type="checkbox"/> and do not complete this part.)	
1	Minimum investment return from Part IX, line 6 .....	1	167,331.
2a	Tax on investment income for 2022 from Part V, line 5 .....	2a	1,130.
b	Income tax for 2022. (This does not include the tax from Part V.) .....	2b	
c	Add lines 2a and 2b .....	2c	1,130.
3	Distributable amount before adjustments. Subtract line 2c from line 1 .....	3	166,201.
4	Recoveries of amounts treated as qualifying distributions .....	4	0.
5	Add lines 3 and 4 .....	5	166,201.
6	Deduction from distributable amount (see instructions) .....	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 .....	7	166,201.

<b>Part XI</b>		<b>Qualifying Distributions</b> (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	545,454.
b	Program-related investments - total from Part VIII-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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4 .....	4	545,454.



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

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
<b>1</b> Distributable amount for 2022 from Part X, line 7 .....				166,201.
<b>2</b> Undistributed income, if any, as of the end of 2022:				
<b>a</b> Enter amount for 2021 only .....			0.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2022:				
<b>a</b> From 2017 .....	503,724.			
<b>b</b> From 2018 .....	546,526.			
<b>c</b> From 2019 .....	723,820.			
<b>d</b> From 2020 .....	667,573.			
<b>e</b> From 2021 .....	185,756.			
<b>f</b> Total of lines 3a through e .....	2,627,399.			
<b>4</b> Qualifying distributions for 2022 from Part XI, line 4: \$ 545,454.				
<b>a</b> Applied to 2021, but not more than line 2a ...			0.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions) ...		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions) .....	0.			
<b>d</b> Applied to 2022 distributable amount .....				166,201.
<b>e</b> Remaining amount distributed out of corpus	379,253.			
<b>5</b> Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).) .....	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .....	3,006,652.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b .....		0.		
<b>c</b> 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.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions .....		0.		
<b>e</b> Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
<b>f</b> Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 .....				0.
<b>7</b> 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.			
<b>8</b> Excess distributions carryover from 2017 not applied on line 5 or line 7 .....	503,724.			
<b>9</b> Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a .....	2,502,928.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2018 ...	546,526.			
<b>b</b> Excess from 2019 ...	723,820.			
<b>c</b> Excess from 2020 ...	667,573.			
<b>d</b> Excess from 2021 ...	185,756.			
<b>e</b> Excess from 2022 ...	379,253.			

**Part XIII Private Operating Foundations** (see instructions and Part VI-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 2022, 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) 2022	(b) 2021	(c) 2020	(d) 2019	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed _____					
<b>b</b> 85% (0.85) of line 2a _____					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed _____					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities _____					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c _____					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets _____					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) _____					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed _____					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) _____					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) _____					
<b>(3)</b> Largest amount of support from an exempt organization _____					
<b>(4)</b> Gross investment income _____					

**Part XIV 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 11**

**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 XIV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
FAMILIES MOVING FORWARD 300 N QUEEN ST DURHAM, NC 27701		501(C)(3) CHARITABLE ORG.	FOR FAMILIES STRUGGLING WITH HOMLESSNESS	2,500.
STERLING HOUSE COMMUNITY CENTER 2283 MAIN STREET STRATFORD, CT 06615		501(C)(3) CHARITABLE ORG.	FOR CT COMMUNITY	1,500.
BSA TROOP 27 G 28 E STATE STREET FARMINGTON, UT 84025		501(C)(3) CHARITABLE ORG.	FOR BOY SCOUTS PROJECTS	1,000.
DAVIS DREAMERS 977 WIND RIVER WAY KAYSVILLE, UT 84037		501(C)(3) CHARITABLE ORG.	HELP UNDOCUMENTED STUDENTS WITH COLLEGE	1,500.
FREEDOM RIDE INC 3919 BAY LAKE ROAD ORLANDO, FL 32808		501(C)(3) CHARITABLE ORG.	THERAPEUTIC HORSEBACK RIDING	2,500.
<b>Total</b> .....			<b>SEE CONTINUATION SHEET(S)</b> .....	<b>3a</b> 473,958.
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b> .....			<b>3b</b>	0.





**Part XIV** 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
REBUILDING TOGETHER BROWARD 901 NE 13TH ST FORT LAUDERDALE, FL 33304		501(C)(3) CHARITABLE ORG.	IMPROVE HOMES AND LIVES OF LOW INCOME HOME OWNERS	1,500.
ADVOCATES FOR CHILDREN AND FAMILIES 16831 NE 6TH AVE NORTH MIAMI BEACH, FL 33162		501(C)(3) CHARITABLE ORG.	HELP FAMILIES FROM MISTREATMENT	1,500.
THE LEUKEMIA & LYMPHOMA SOCIETY 310 E 4500 S #240 MURRAY, UT 84107		501(C)(3) CHARITABLE ORG.	DONATION FOR LEUKEMIA RESEARCH	2,500.
BIG DOG RANCH RESCUE 14444 OKEECHOBEE BLVD LOXAHATCHEE GROVES, FL 33470		501(C)(3) CHARITABLE ORG.	MEDICATION FOR DOGS	1,500.
MUNDI PROJECT PO BOX 520696 SALT LAKE CITY, UT 84152		501(C)(3) CHARITABLE ORG.	MONEY FOR MUSIC INSTRUMENTS PROGRAM	1,500.
UTAH ROCKET CLUB PO BOX 26584 SALT LAKE CITY, UT 84126		501(C)(3) CHARITABLE ORG.	PROMOTION OF SAFE AND FUN ACTIVITIES FOR ALL AGES	500.
SEYMOUR CARES 115 SILVERMINE ROAD SEYMOUR, CT 06483		501(C)(3) CHARITABLE ORG.	PROVIDE TEMPORARY SHELTER FOR CATS AND DOGS	1,500.
HOLDING OUT HOPE 138 E 12300 S. STE C #193 DRAPER, UT 84020		501(C)(3) CHARITABLE ORG.	HELP THOSE LEAVING POLYGYAMIST COMMUNITIES	1,500.
CANCER WELLNESS HOUSE (NOW SURVIVORS WELLNESS HOUSE) 59 SOUTH 1100 EAST SALT LAKE CITY, UT 84102		501(C)(3) CHARITABLE ORG.	CANCER RESEARCH	2,500.
UTAH AVALANCHE CENTER 2835 E 3300 S 3RD FLOOR SALT LAKE CITY, UT 84152		501(C)(3) CHARITABLE ORG.	SUPPORT FOR AVALANCHE RESCUE	1,500.
<b>Total from continuation sheets</b>				<b>464,958.</b>

**Part XIV** 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
B&B RESCUE BIRDS 9187 S 700 E SANDY, UT 84070		501(C)(3) CHARITABLE ORG.	FOR EXOTIC BIRD REHABILITATION	1,500.
USANA KIDS EAT 2538 S 3850 W WEST VALLEY, UT 84120		501(C)(3) CHARITABLE ORG.	CHILDHOOD HUNGER	2,000.
RAPE RECOVERY CENTER 2035 SOUTH 1300 EAST SALT LAKE CITY, UT 84105		501(C)(3) CHARITABLE ORG.	SUPPORT FOR RAPE VICTIMS	2,500.
HILLTOP GOSPEL CHOIR 985 E 10600 S SANDY, UT 84094		501(C)(3) CHARITABLE ORG.	CHOIR FOR UNDERSERVED KIDS	1,500.
ALTERNATIVE EDUCATION FOUNDATION 4650 SW 61ST AVE DAVIE, FL 33314		501(C)(3) CHARITABLE ORG.	SCHOOLS TO SERVE KIDS WITH SOCIAL AND COMMUNICATION DEFICITS	1,500.
UNITED WAY OF SALT LAKE 257 E 200 S STE 300 SALT LAKE CITY, UT 84111		501(C)(3) CHARITABLE ORG.	FOR LOCAL STABILITY IN THE COMMUNITY	750.
OPERATION LIBERATION 711 NE 16TH COURT FORT LAUDERDALE, FL 33305		501(C)(3) CHARITABLE ORG.	FINDING PERMANENT HOMES FOR ANIMALS	1,500.
USANA KIDS EAT 2538 SOUTH 3850 WEST WEST VALLEY, UT 84120		501(C)(3) CHARITABLE ORG.	CHILDHOOD HUNGER	2,000.
THE FOUNDATION OF HOPE 3108 GLEN ROYAL RD. RALEIGH, NC 27617		501(C)(3) CHARITABLE ORG.	EMPOWERING PEOPLE IMPACTED BY THE CRIMINAL JUSTICE SYSTEM	2,500.
MEMORIAL SLOAN KETTERING CANCER CENTER 885 SECOND AVENUE 7TH FLOOR NEW YORK, NY 10017		501(C)(3) CHARITABLE ORG.	CANCER RESEARCH	2,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** 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
AMERICAN HEART ASSOCIATION SOUTH 400 EAST SUITE 110 SALT LAKE CITY, UT 84111		501(C)(3) CHARITABLE ORG.	HEART DISEASE RESEARCH	2,500.
ROOTS CHARTER HIGH SCHOOL 2250 1300 WEST WEST VALLEY, UT 84119		501(C)(3) CHARITABLE ORG.	SUPPORT FOR LOCAL EDUCATION	2,500.
THANKSGIVING HEROES 12116 S. SPRING WHEAT CIR RIVERTON, UT 84096		501(C)(3) CHARITABLE ORG.	PROVIDE THANKSGIVING MEALS TO FAMILIES	1,500.
THE BELLA FOUNDATION 10374 S COLTRANE RD GUTHRIE, OK 73044		501(C)(3) CHARITABLE ORG.	HELP WOMEN AFFECTED BY DOMESTIC VIOLENCE	1,500.
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108		501(C)(3) CHARITABLE ORG.	CANCER RESEARCH	2,500.
YMCA TRIANGLE AREA- NW CARY 6903 CARPENTER FIRE STATION ROAD CARY, NC 27519		501(C)(3) CHARITABLE ORG.	EMPOWER PEOPLE AND COMMUNITIES	2,500.
SOUTHERN NEVADA BOSTON TERRIER RESCUE 4904 CAMINO AL NORTE #337372 LAS VEGAS, NV 89031		501(C)(3) CHARITABLE ORG.	SUPPORT ANIMAL SHELTER	1,000.
TINY ACRES NORTHWEST FLORIDA, INC 5662 COUNTRY SQUIRE DRIVE MILTON, FL 32570		501(C)(3) CHARITABLE ORG.	ANIMAL RESCUE	1,500.
VALORS ON 8TH 1001 E 8TH ST UNIT 3004 TEMPE, AZ 85281		501(C)(3) CHARITABLE ORG.	AFFORDABLE HOUSING COMMUNITY FOR VETERANS	1,500.
CHRISTIAN CENTER PARK CITY 1283 DEER VALLEY DRIVE PARK CITY, UT 84060		501(C)(3) CHARITABLE ORG.	HUMANITARIAN EFFORT FOR BASIC NEEDS	1,500.
<b>Total from continuation sheets</b> .....				



**Part XIV** 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
HELP EVERYONE LOVE PEOPLE (HELPS) 13988 S. CHAMPLIN PEAK DRIVE HERRIMAN, UT 84096		501(C)(3) CHARITABLE ORG.	HELPING VULNERABLE CHILDREN STAY SAFE AND HEALTHY	1,500.
THE PARK CITY COMMUNITY FOUNDATION 1918 PROSPECTOR AVE PARK CITY, UT 84060		501(C)(3) CHARITABLE ORG.	INVEST IN THE FUTURE AND COMMUNITY OF PARK CITY	1,500.
PREMIER MOBILE HEALTH SERVICES 10676 COLONIAL BLVD SUITE 20 FORT MYERS, FL 33913		501(C)(3) CHARITABLE ORG.	MOBILE CLINIC FOR HEALTH SERVICES	2,500.
BENGAL RESCUE 4760 S. HIGHLAND DRIVE #316 SALT LAKE CITY, UT 84117		501(C)(3) CHARITABLE ORG.	RESCUE BENGAL AND HYBRID CATS	1,500.
DAVIS COUNTY SEARCH AND RESCUE 800 W. STATE ST. FARMINGTON, UT 84025		501(C)(3) CHARITABLE ORG.	PROVIDE EMERGENCY SEARCH AND RESCUE SERVICES	2,500.
THE TREVOR PROJECT PO BOX 69232 WEST HOLLYWOOD, CA 90069		501(C)(3) CHARITABLE ORG.	FOR YOUNG LGBTQ LIVES	2,500.
COMMUNITY ANIMAL WELFARE SOCIETY P.O. BOX 709629. SANDY, UT 84070		501(C)(3) CHARITABLE ORG.	SUPPORT NO KILL SHELTER	1,500.
ART ACCESS 230 500 W #110 SALT LAKE CITY, UT 84101		501(C)(3) CHARITABLE ORG.	INCREASE ACCESSIBILITY TO THE ARTS FOR UNDERSERVED	1,500.
THE LEUKEMIA & LYMPHOMA SOCIETY 310 E 4500 S #240 MURRAY, UT 84107		501(C)(3) CHARITABLE ORG.	CANCER RESEARCH	2,000.
UTAH FOOD BANK 150 SOUTH 900 WEST SALT LAKE CITY, UT 84119		501(C)(3) CHARITABLE ORG.	FIGHTING HUNGER STATEWIDE	250.
<b>Total from continuation sheets</b>				

**Part XIV** 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
FAMILIES MOVING FORWARD 300 N QUEEN ST DURHAM, NC 27701		501(C)(3) CHARITABLE ORG.	FOR FAMILIES STRUGGLING WITH HOMELESSNESS	250.
AMERICAN DIABETES ASSOCIATION - SOUTH FLORIDA 2103 CORAL WY # 603 CORAL GABLES, FL 33145		501(C)(3) CHARITABLE ORG.	DIABETES RESEARCH	250.
UTAH FOOD BANK 150 SOUTH 900 WEST SALT LAKE CITY, UT 84119		501(C)(3) CHARITABLE ORG.	FIGHTING HUNGER STATEWIDE	250.
BOCA HELPING HANDS 1500 NW 1ST CT BOCA RATON, FL 33432		501(C)(3) CHARITABLE ORG.	PROVIDE FOOD, MEDICAL, AND FINANCIAL ASSISTANCE	250.
BOCA HELPING HANDS 1500 NW 1ST CT BOCA RATON, FL 33432		501(C)(3) CHARITABLE ORG.	PROVIDE FOOD, MEDICAL, AND FINANCIAL ASSISTANCE	250.
MOBILE SCHOOL PANTRY PO BOX 223126 HOLLYWOOD, FL 33022		501(C)(3) CHARITABLE ORG.	HELP UNDERSERVED COMMUNITIES WITH HUNGER	250.
RONALD MCDONALD HOUSE SLC 935 E S TEMPLE ST SALT LAKE CITY, UT 84102		501(C)(3) CHARITABLE ORG.	SUPPORT FAMILIES WITH SICK CHILDREN	250.
CHILD NET 1100 W MCNAB RD FORT LAUDERDALE, FL 33309		501(C)(3) CHARITABLE ORG.	PROVIDE SPECIALIZED MENTAL HEALTH AND BEHAVIORIAL SUPPORT	250.
OAK CITY CARES 1430 S WILMINGTON ST RALEIGH, NC 27603		501(C)(3) CHARITABLE ORG.	CONNECT FAMILIALIES WHO ARE AT RISK FOR HOMELESSNESS WITH SUPPORT	250.
THE WORK ACTIVITY CENTER 1275 2320 S WEST VALLEY, UT 84119		501(C)(3) CHARITABLE ORG.	ENRICH LIVES OF THE DISABLED	250.
<b>Total from continuation sheets</b>				

**Part XIV** 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
CAMP RISING SUN 6 PROCK HILL RD COLEBROOK, CT 06021		501(C)(3) CHARITABLE ORG.	INTERNATIONAL LEADERSHIP PROGRAM FOR YOUNG ADULTS	1,500.
UTAH FOOD BANK 150 SOUTH 900 WEST SALT LAKE CITY, UT 84119		501(C)(3) CHARITABLE ORG.	FIGHTING HUNGER STATEWIDE	1,000.
FOOD BANK OF CENTRAL AND EASTERN NORTH CAROLINA 1924 CAPITAL BOULEVARD RALEIGH, NC 27604		501(C)(3) CHARITABLE ORG.	FIGHTING HUNGER IN NC	1,000.
FEEDING SOUTH FLORIDA 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023		501(C)(3) CHARITABLE ORG.	END HUNGER IN SOUTH FLORIDA	1,000.
BEST FRIENDS - SALT LAKE CITY 2005 S 1100 E SALT LAKE CITY, UT 84106		501(C)(3) CHARITABLE ORG.	ANIMAL RESCUE	500.
CONNECTICUT FOODSHARE 2 RESEARCH PARKWAY WALLINGFORD, CT 06492		501(C)(3) CHARITABLE ORG.	TO DELIVER RESPONSE TO HUNGER IN LOCAL COMMUNITY	500.
HABITAT FOR HUMANITY BROWARD 888 NW 62ND STREET FORT LAUDERDALE, FL 33309		501(C)(3) CHARITABLE ORG.	SUPPORT FAMILIES IN NEED OF HOMES	500.
PEOPLE'S HEALTH CLINIC 650 ROUND VALLEY DR PARK CITY, UT 84060		501(C)(3) CHARITABLE ORG.	PROVIDE NO COST HEALTHCARE TO THE UNINSURED	15,000.
MALIHEH FREE CLINIC 941 E 3300 S MILLCREEK, UT 84106		501(C)(3) CHARITABLE ORG.	PROVIDE NO COST HEALTHCARE TO THE UNINSURED	15,000.
SEAGER MEMORIAL CLINIC 2775 WALL AVE OGDEN, UT 84401		501(C)(3) CHARITABLE ORG.	FREE CHARITABLE MEDICAL AND DENTAL ACCESS TO THE UNDERSERVED	15,000.
<b>Total from continuation sheets</b> .....				

**Part XIV** 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
CARIDAD CENTER 8645 BOYNTON BEACH BLVD BOYNTON BEACH, FL 33472		501(C)(3) CHARITABLE ORG.	FREE HEALTH CLINIC IN FL	15,000.
BROWARD PARTNERSHIP FOR THE HOMELESS 920 NW 7TH AVE FORT LAUDERDALE, FL 33311		501(C)(3) CHARITABLE ORG.	REDUCE HOMELESSNESS IN BROWARD	15,000.
KIDS IN DISTRESS 819 NE 26TH ST FORT LAUDERDALE, FL 33305		501(C)(3) CHARITABLE ORG.	SUPPORT AT RISK CHILDREN AND FAMILIES	15,000.
CHRISTIAN PHARMACISTS FELLOWSHIP INTERNATIONAL - WILLIAM CAREY UNIVERSITY PO BOX 1154 BRISTOL, TN 37621		501(C)(3) CHARITABLE ORG.	PROVIDE HEALTHCARE TO THE UNDERSERVED	1,600.
ER ABROAD PO BOX 5616 NAVARRE, FL 32566		501(C)(3) CHARITABLE ORG.	PROVIDE HEALTHCARE TO THE UNDERSERVED	1,500.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE SUITE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	PROVIDE MEDICAL MISSION TRIPS	12,500.
KENYA RELIEF PO BOX 277 CULLMAN, AL 35056		501(C)(3) CHARITABLE ORG.	PROVIDE MEDICAL MISSION TRIPS IN KENYA	6,256.
MICHIGAN HELPS MEDICAL TEAM 4030 DANFORD ROAD ANN ARBOR, MI 48105		501(C)(3) CHARITABLE ORG.	PROVIDE MEDICAL MISSION TRIPS IN GUATEMALA	500.
ONE WORLD SURGERY 510 LAKE COOK ROAD NO 400 DEERFIELD, IL 60015		501(C)(3) CHARITABLE ORG.	CONFRONTING GLOBAL HEALTH CRISIS	1,000.
ORPHANS VOICE 1025 DOVE RUN RD, SUITE #308 LEXINGTON, KY 40502		501(C)(3) CHARITABLE ORG.	HELP CHILDREN WITH SPECIAL NEEDS AND AT RISK YOUTH IN VIETNAM AND SOUTHEAST ASIA	1,500.
<b>Total from continuation sheets</b>				

**Part XIV** 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
SERVANT MINISTRIES PO BOX 596073 FORT GRATIOT, MI 48059		501(C)(3) CHARITABLE ORG.	SHORT TERM MEDICAL TRIPS	500.
SHOULDER TO SHOULDER 3445 S DIXIE DR SUITE 200 DAYTON, OH 45439		501(C)(3) CHARITABLE ORG.	MISSIONS TO INSPIRE AND SUPPORT GENERATIONS OF ETHICAL LEADERS	3,800.
SOLID ROCK INTERNATIONAL PO BOX 20867 INDIANAPOLIS, IN 46220		501(C)(3) CHARITABLE ORG.	FOCUSED ON TRANSFORMING THE BODY, MIND, AND SOUL OF THE POOR IN THE DOMINICAN REPUBLIC	680.
WIRE BELL & STEPHEN FOUNDATION 10362 FRANK GREG WAY ELK GROVE, CA 95757		501(C)(3) CHARITABLE ORG.	PROVIDE MEDICAL MISSION TRIPS TO AFRICA	500.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE SUITE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	CHG MEDICAL MISSION TRIP	147,782.
AMERICAN NURSES FOUNDATION 8515 GEORGIA AVE. SUITE 400 SILVER SPRING, MD 20910		501(C)(3) CHARITABLE ORG.	HELP NURSES TRANSFORM HEALTHCARE FOR EVERYONE	5,000.
AMERICAN RED CROSS 8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102		501(C)(3) CHARITABLE ORG.	PROVIDE DISASTER RELIEF	10,000.
ARH FOUNDATION 2260 EXECUTIVE DR LEXINGTON, KY 40505		501(C)(3) CHARITABLE ORG.	FURTHER HEALTHCARE AND EDUCATION IN KY AND WV	5,000.
COMMUNITY FOUNDATION FOR MISSISSIPPI 119 S PRESIDENT ST 1ST FLOOR JACKSON, MS 39201		501(C)(3) CHARITABLE ORG.	DISASTER RELIEF FOR MS	2,500.
FEEDING SOUTH FLORIDA 2501 SW 32ND TERRACE PEMBROKE PARK, FL 33023		501(C)(3) CHARITABLE ORG.	END HUNGER IN SOUTH FLORIDA	10,000.
<b>Total from continuation sheets</b>				

**Part XIV** 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
INTERNATIONAL MEDICAL CORPS 12400 WILSHIRE BLVD SUITE 150 LOS ANGELES, CA 90025		501(C)(3) CHARITABLE ORG.	PROVIDE HEALTHCARE AND TRANING TO PEOPLE AFFECTED BY CONFLICT	7,000.
INTERNATIONAL RESCUE COMMITTEE 122 EAST 42ND STREET NEW YORK, NY 10168		501(C)(3) CHARITABLE ORG.	RESPOND TO WORLDS WORST HUMANITARIAN CRISES	1,000.
ISLAMIC RELIEF USA PO BOX 22250 ALEXANDRIA, VA 22304		501(C)(3) CHARITABLE ORG.	PROVIDE RELIEF AND AGENCY TO THE UNDERSERVED	2,500.
PROJECT HOPE 1220 19TH STREET, NW, SUITE 800 WASHINGTON, DC 20036		501(C)(3) CHARITABLE ORG.	PROVIDE DISASTER RELIEF THROUGHOUT THE GLOBE	2,500.
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038		501(C)(3) CHARITABLE ORG.	PROVIDE HUMANITARIAN AID	1,000.
UNITED HELP UKRAINE PO BOX 83426 GAITHERSBURG, MD 20883		501(C)(3) CHARITABLE ORG.	SUPPORT THE UKRANIAN PEOPLE WITH ESSENTIAL SERVICES	500.
VOLUNTEER FLORIDA 1545 RAYMOND DIEHL ROAD SUITE 250 TALLAHASSEE, FL 32308		501(C)(3) CHARITABLE ORG.	PROVIDE RELIEF FOR THE PEOPLE OF FLORIDA	5,000.
WORLD CENTRAL KITCHEN/FRONTLINE FOOD 200 MASSACHUSETTS AVE NW WASHINGTON, DC 20001		501(C)(3) CHARITABLE ORG.	PROVIDE MEALS IN RESPONSE TO CRISES	500.
AMERICARES 88 HAMILTON AVENUE STAMFORD, CT 06902		501(C)(3) CHARITABLE ORG.	IMPROVE THE LIFES AND HEALTH FOR PEOPLE AFFECTED BY DISASTER	5,500.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE SUITE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	PROVIDE DENTAL AND MEDICAL TRIPS IN AREAS AFFECTED BY DISASTER	35,000.
<b>Total from continuation sheets</b>				



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

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), 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), 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)



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	CHG COMPANIES, INC. 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	\$ 1,309,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SCOTT BECK 3533 QUARRY MTN ROAD PARK CITY, UT 84098	\$ 341,477.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LESLIE SNAVELY 3356 BUCKBOARD DR. PARK CITY, UT 84098	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BEVERLY LEONARD 4122 NW 67TH TERRACE CORAL SPRINGS, FL 33067	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	KEVIN RICKLEFS 1412 YALE AVE SALT LAKE CITY, UT 84105	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JEFF FREEMAN 12048 S CORTINA CREST DRIVE DRAPER, UT 84020	\$ 10,000.	Person <input checked="" 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 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
7	KERRY NORMAN  6804 CODY TRAIL  PARK CITY, UT 84098	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EDDIE CHRISTENSEN  13258 CHERRY CREST DR.  DRAPER, UT 84020	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TRISHA WARNKEN  1452 LINCOLN ST  SALT LAKE CITY, UT 84105	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____  _____  _____	\$ _____	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.)

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

# Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-PF

**2022**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

Name <b>MAKING A DIFFERENCE FOUNDATION</b>	Employer identification number <b>81-4680770</b>
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**Note:** Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

<b>Part I Required Annual Payment</b>			
1 Total tax (see instructions) .....		<b>1</b>	<b>1,130.</b>
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 .....	<b>2a</b>		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method .....	<b>2b</b>		
c Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>		
d <b>Total.</b> Add lines 2a through 2c .....		<b>2d</b>	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....		<b>3</b>	<b>1,130.</b>
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. <b>Caution:</b> If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 .....		<b>4</b>	<b>1,077.</b>
5 <b>Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....		<b>5</b>	<b>1,077.</b>

**Part II Reasons for Filing** - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6  The corporation is using the adjusted seasonal installment method.
- 7  The corporation is using the annualized income installment method.
- 8  The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

<b>Part III Figuring the Underpayment</b>					
		(a)	(b)	(c)	(d)
9 <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th ( <b>Form 990-PF filers:</b> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>05/15/22</b>	<b>06/15/22</b>	<b>09/15/22</b>	<b>12/15/22</b>
10 <b>Required installments.</b> If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column .....	<b>10</b>	<b>269.</b>	<b>270.</b>	<b>269.</b>	<b>269.</b>
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>	<b>741.</b>			
<b>Complete lines 12 through 18 of one column before going to the next column.</b>					
12 Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		<b>472.</b>	<b>202.</b>	
13 Add lines 11 and 12 .....	<b>13</b>		<b>472.</b>	<b>202.</b>	
14 Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>				<b>67.</b>
15 Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>741.</b>	<b>472.</b>	<b>202.</b>	<b>0.</b>
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>0.</b>	<b>0.</b>	
17 <b>Underpayment.</b> If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 .....	<b>17</b>			<b>67.</b>	<b>269.</b>
18 <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>	<b>472.</b>	<b>202.</b>		

**Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.**

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. <b>(C corporations with tax years ending June 30 and S corporations:</b> Use 3rd month instead of 4th month. <b>Form 990-PF and Form 990-T filers:</b> Use 5th month instead of 4th month.) See instructions ..... <b>19</b>				
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2022 and before 7/1/2022 .....	<b>21</b>			
<b>22</b> Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$ ...	<b>22</b> \$	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2022 and before 10/1/2022 .....	<b>23</b>			
<b>24</b> Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$ ...	<b>24</b> \$	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2022 and before 1/1/2023 .....	<b>25</b>			
<b>26</b> Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 6\% (0.06)}{365}$ ...	<b>26</b> \$	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2022 and before 4/1/2023 .....	<b>27</b>	<b>SEE ATTACHED WORKSHEET</b>		
<b>28</b> Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0.07)}{365}$ ...	<b>28</b> \$	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2023 and before 7/1/2023 .....	<b>29</b>			
<b>30</b> Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$ .....	<b>30</b> \$	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023 .....	<b>31</b>			
<b>32</b> Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$ .....	<b>32</b> \$	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024 .....	<b>33</b>			
<b>34</b> Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$ .....	<b>34</b> \$	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2023 and before 3/16/2024 .....	<b>35</b>			
<b>36</b> Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$ .....	<b>36</b> \$	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b> \$	\$	\$	\$
<b>38 Penalty.</b> Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns .....	<b>38</b> \$			<b>9.</b>

\* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at [www.irs.gov](http://www.irs.gov). You can also call 1-800-829-4933 to get interest rate information.



FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES				STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
MONEY MARKET ACCOUNT	81,317.	0.	81,317.	81,317.	
TO PART I, LINE 4	81,317.	0.	81,317.	81,317.	

FORM 990-PF	OTHER INCOME			STATEMENT 2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	
UNREALIZED LOSS	-434,217.	0.		
TOTAL TO FORM 990-PF, PART I, LINE 11	-434,217.	0.		

FORM 990-PF	OTHER PROFESSIONAL FEES				STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	4,402.	0.		4,402.	
TO FORM 990-PF, PG 1, LN 16C	4,402.	0.		4,402.	



FORM 990-PF

OTHER EXPENSES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BANK FEES	3,784.	0.		3,784.
SUPPLIES	92.	0.		92.
MARKETING	11,755.	0.		11,755.
ACCOUNTING FEES	10,307.	0.		10,307.
DUES AND SUBSCRIPTIONS	2,964.	0.		2,964.
MEALS	6.	0.		6.
MEDICAL MISSION TRAVEL EXPENSE	37,085.	0.		37,085.
TO FORM 990-PF, PG 1, LN 23	65,993.	0.		65,993.

FORM 990-PF

OTHER INCREASES IN NET ASSETS OR FUND BALANCES

STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED LOSS INCLUDED IN OTHER INCOME	434,217.
TOTAL TO FORM 990-PF, PART III, LINE 3	434,217.

FORM 990-PF

U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS

STATEMENT 6

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US TREASURIES	X		572,673.	575,413.
TOTAL U.S. GOVERNMENT OBLIGATIONS			572,673.	575,413.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			572,673.	575,413.

FORM 990-PF	CORPORATE BONDS	STATEMENT 7
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS	3,378,393.	3,139,235.
TOTAL TO FORM 990-PF, PART II, LINE 10C	3,378,393.	3,139,235.

FORM 990-PF	OTHER ASSETS	STATEMENT 8	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INVESTMENT INCOME	5,653.	6,291.	6,291.
TO FORM 990-PF, PART II, LINE 15	5,653.	6,291.	6,291.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VI-A, LINE 10	STATEMENT 9
NAME OF CONTRIBUTOR	ADDRESS	
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	
SCOTT BECK	7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	
KEVIN RICKLEFS	7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KEVIN RICKLEFS 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	PRESIDENT 0.00	0.	0.	0.
RONNIE WILLIAMS 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	TREASURER 0.00	0.	0.	0.
SHARON GORMAN 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	VICE PRESIDENT 0.00	0.	0.	0.
EDDIE CHRISTENSEN 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	DIRECTOR 0.00	0.	0.	0.
GORDON COWLEY 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	DIRECTOR 0.00	0.	0.	0.
KATHY MENDEZ 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	DIRECTOR 0.00	0.	0.	0.
BRITTANY DEVY 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	DIRECTOR 0.00	0.	0.	0.
GREG MCLEOD 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	DIRECTOR 0.00	0.	0.	0.
JULIANNE BROOKS 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		0.	0.	0.

FORM 990-PF

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

STATEMENT 11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MAKING A DIFFERENCE GRANT REQUEST TEAM  
7259 S. BINGHAM BLVD.  
MIDVALE, UT 84047

TELEPHONE NUMBER

NAME OF GRANT PROGRAM

8019303000

LOCAL GRANT PROGRAM

FORM AND CONTENT OF APPLICATIONS

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

ANY SUBMISSION DEADLINES

QUARTERLY

RESTRICTIONS AND LIMITATIONS ON AWARDS

LOCAL GRANTS - \$200 - \$5000  
STRATEGIC GRANTS - GREATER THAN \$5000