

Product: Exempt
 Name: MAKING A DIFFERENCE
 FOUNDATION
 FEIN: *****0770

Category:

IRS Center: Ogden
 e-Postmark: 5/14/2019 3:30 PM

Notification:

Fiscal Year Begin Date: 1/1/2018

Fiscal Year End Date: 12/31/2018

eSigned:

Return Information

Date	Return ID	Type of Activity	Submission ID	Refund/ (Due)	Updated By	eSign Date
05/14/2019	18X-MADIFFOUND-V1	Upload Started				
05/14/2019		Released for Transmission - Validation in Progress			System	
05/14/2019		Ready to transmit - Validation Complete				
05/14/2019		Transmitted to FD	870863201913403eb036	(\$273.00)		
05/14/2019		Accepted by FD on 5/14/2019				

Form **8879-EO****U.S. e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning _____, 2018, and ending _____, 20____

2018Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Employer identification number

MAKING A DIFFERENCE FOUNDATION**81-4680770**

Name and title of officer

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, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	273.
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ to enter my PIN
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature ▶  Date ▶ **5/14/19**

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 2018 electronically filed return for the organization 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 ▶ **5-14-19**

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

STATE OF UTAH - DIVISION OF CONSUMER PROTECTION

STATEMENT OF FUNCTIONAL EXPENSES

For organizations who file the IRS Form 990-EZ, 990-PF, 990-N, or do not file any type of IRS Form 990

ORGANIZATION NAME
Making a Difference Foundation

Revenue	
Contribution/Grant Revenue	2,732,788.00
Other Revenue	21,567.00
Total Revenue	\$ 2,754,355.00

Expense					
	Do not report amounts reported on other lines	A Total Expenses	B Program/Service	C Management & General	D Fundraising
1	Grants, Allocations, Contributions Made	601,156.00	601,156.00		
2	Specific Assistance to Individuals	0.00	0.00		
3	Registration Fees	0.00		0.00	
4	Benefits Paid to/for Members	0.00	0.00	0.00	0.00
5	Compensation of Officers/Directors	0.00	0.00	0.00	0.00
6	Employee Salaries and Wages	15,645.00	0.00	15,645.00	0.00
7	Pension Plan Contributions	0.00	0.00	0.00	0.00
8	Other Employee Benefits	0.00	0.00	0.00	0.00
9	Payroll Taxes	0.00	0.00	0.00	0.00
10	Legal Fees	0.00	0.00	0.00	0.00
11	Accounting Fees	0.00	0.00	0.00	0.00
12	Lobbying Fees	0.00	0.00	0.00	0.00
13	Professional Fundraising Fees	0.00	0.00	0.00	0.00
14	Investment Management Fees	5,497.00	0.00	5,497.00	0.00
15	Bank Fees	707.00	0.00	707.00	0.00
16	Advertising and Promotion	0.00	0.00	0.00	0.00
17	Office Expenses	0.00	0.00	0.00	0.00
18	Information Technology	0.00	0.00	0.00	0.00
19	Royalties	0.00	0.00	0.00	0.00
20	Occupancy	0.00	0.00	0.00	0.00
21	Travel	2,823.00	0.00	2,823.00	0.00
22	Conferences, Conventions and Meetings	0.00	0.00	0.00	0.00
23	Interest	0.00	0.00	0.00	0.00
24	Payments to Affiliates	0.00	0.00	0.00	0.00
25	Insurance	0.00	0.00	0.00	0.00
26	Other Expenses	2,148.00	0.00	2,148.00	0.00
27	Total Functional Expenses	\$627,976.00	\$ 601,156.00	\$ 26,820.00	\$ 0.00

Application Financial Information		
B	Contributions	2,732,788.00
C	Management & General Expense	26,820.00
D	Fundraising Expense	0.00

E	Fundraising Costs as % of contributions	0%
F	Fundraising + Mgmt as % of contributions	1%
G	% of contributions remaining for charitable	99%

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 for instructions and the latest information.

2018

Open to Public Inspection

For calendar year 2018 or tax year beginning , and ending

Name of foundation MAKING A DIFFERENCE FOUNDATION		A Employer identification number 81-4680770
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 730		B Telephone number 8019303000
City or town, state or province, country, and ZIP or foreign postal code: MIDVALE, UT 84047-0730		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <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) ▶ \$ 2,539,514. (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	2,732,788.		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	9,822.	9,822.		STATEMENT 1
	4 Dividends and interest from securities	1,467.	1,467.		STATEMENT 2
	5a Gross rents				
	b Net 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	10,278.	3,079.		STATEMENT 3	
12 Total. Add lines 1 through 11	2,754,355.	14,368.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
	14 Other employee salaries and wages	15,645.	0.		15,645.
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees				
	c Other professional fees STMT 4	5,497.	0.		5,497.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	2,823.	0.		2,823.
	22 Printing and publications				
	23 Other expenses STMT 5	2,855.	707.		2,148.
	24 Total operating and administrative expenses. Add lines 13 through 23	26,820.	707.		26,113.
	25 Contributions, gifts, grants paid	601,156.			600,406.
26 Total expenses and disbursements. Add lines 24 and 25	627,976.	707.		626,519.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	2,126,379.				
b Net investment income (if negative, enter -0-)		13,661.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Beginning of year	End of year	
			(a) Book Value	(b) Book Value
Assets	1 Cash - non-interest-bearing	412,385.	551,760.	551,760.
	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 6	0.	162,026.	163,072.
	b Investments - corporate stock			
	c Investments - corporate bonds STMT 7	0.	1,818,528.	1,824,682.
Liabilities	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 ▶)			
	16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	412,385.	2,532,314.	2,539,514.
	17 Accounts payable and accrued expenses			
	18 Grants payable			
Net Assets or Fund Balances	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)	0.	0.	
	24 Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.	412,385.	2,532,314.	
	25 Unrestricted			
	26 Temporarily restricted			
	27 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	28 Capital stock, trust principal, or current funds			
	29 Paid-in or capital surplus, or land, bldg., and equipment fund			
	30 Total net assets or fund balances	412,385.	2,532,314.	
	31 Total liabilities and net assets/fund balances	412,385.	2,532,314.	

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 30 (must agree with end-of-year figure reported on prior year's return)	1	412,385.
2	Enter amount from Part I, line 27a	2	2,126,379.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	2,538,764.
5	Decreases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON INVESTMENTS	5	6,450.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	2,532,314.

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.			(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)	{ 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). If (loss), enter -0- in Part I, line 8	{		3

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	528,169.	458,804.	1.151187
2016	0.	477,725.	.000000
2015			
2014			
2013			

2 Total of line 1, column (d)	2	1.151187
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence, if less than 5 years	3	.575594
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	1,605,322.
5 Multiply line 4 by line 3	5	924,014.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	137.
7 Add lines 5 and 6	7	924,151.
8 Enter qualifying distributions from Part XII, line 4	8	626,519.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)1a. Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1.

Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)

b. Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b

c. All other domestic foundations enter 2% 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-)

3. Add lines 1 and 2

4. Subtitle A (income) tax (domestic section 4947(b)(1) trusts and taxable foundations only; others, enter -0-)

5. Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-

6. Credits/Payments:

a. 2018 estimated tax payments and 2017 overpayment credited to 2018

b. Exempt foreign organizations - tax withheld at source

c. Tax paid with application for extension of time to file (Form 8868)

d. Backup withholding erroneously withheld

7. Total credits and payments. Add lines 6a through 6d

8. Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached

9. Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed

10. Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid

11. Enter the amount of line 10 to be: Credited to 2019 estimated tax ☐Refunded ☐**Part VII-A Statements Regarding Activities**

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?

b. Did it spend more than \$500 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.

c. Did the foundation file Form 1120-POL for this year?

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.

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.

4a. Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b. If "Yes," has it filed a tax return on Form 990-T for this year?

5. Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If "Yes," attach the statement required by General Instruction 7.

6. Are the requirements of section 509(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 just conflict with the state law remain in the governing instrument?

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

8a. Enter the states to which the foundation reports or with which it is registered. See instructions: ☐

UT

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 3? If "No," attach explanation

9. Is the foundation claiming status as a private operating foundation within the meaning of section 4947(j)(3) or 4947(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV

10. Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

STMT 8

Form 990-PF (2018)

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: MAKINGADIFFERENCEFDN.ORG	X	
14 The books are in care of: SHARON GORMAN Telephone no.: 8019303000 Located at: 7259 S. BINGHAM JUNCTION BLVD., MIDVALE, UT ZIP+4: 84047-4730		
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 2018, 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: 16		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 for, 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 other 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 53.4947(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here: N/A		
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 2018?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation entitled in section 4942(j)(2) or 4942(j)(5)):		
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years: 2018		
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.) N/A		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here: 2018		
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 2018 as a result of: (1) any purchase by the foundation or disqualified person after May 26, 1986; (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 purchase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		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 2018?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**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))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions ☐ Yes ☒ 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? ☐ Yes ☒ 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 ☐ N/A

Organizations relying on a current notice regarding disaster assistance, check here ☐

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? ☐ N/A ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ 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? ☐ Yes ☒ 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 9		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 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	668,233.
b	Average of monthly cash balances	1b	961,536.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,629,769.
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	1,629,769.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24,447.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,605,322.
6	Minimum investment return. Enter 5% of line 5	6	80,266.

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	80,266.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	273.
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	273.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	79,993.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	79,993.
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	79,993.

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	626,519.
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	626,519.
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	626,519.

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 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				79,993.
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				503,724.
f Total of lines 3a through e		503,724.		
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$				626,519.
a Applied to 2017, 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 2018 distributable amount				79,993.
e Remaining amount distributed out of corpus	546,526.			
5 Excess distributions carryover applied to 2018 (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	1,050,250.			
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 2017. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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 2013 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,050,250.			
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017		503,724.		
e Excess from 2018		546,526.		

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 2018, 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)

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

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).)

KEVIN RICKLEFS

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 10

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	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)				
a Paid during the year				
4KIDS 2717 WEST CYPRESS CREEK RD FORT LAUDERDALE, FL 33309		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL CHILDREN IN FOSTER CARE	1,000.
A BROADER VIEW 236 GLEN LANE ELKINS PARK, PA 19027		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO QUITO, ECUADOR	7,700.
ABANDONED PET RESCUE 1137 NE 9TH AVE FORT LAUDERDALE, FL 33304		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL ANIMAL ADOPTIONS	750.
ALS NORTH CAROLINA CHAPTER 4 N BLOUNT ST #200 RALEIGH, NC 27601		501(C)(3) CHARITABLE ORG.	SUPPORT ALS RESEARCH AND PATIENTS	2,270.
AMERICAN ACADEMY OF FAMILY PHYSICIANS 11400 TOMAHAWK CREEK PARKWAY LEAWOOD KS 66211		501(C)(3) CHARITABLE ORG.	MISSION TRIP TO HAITI	5,000.
Total	SEE CONTINUATION SHEET(S)			600,406.
b Approved for future payment				
CHILD MANAGEMENT ASSOCIATES 8831 S REDWOOD RD #D1 WEST JORDAN, UT 84088		501(C)(3) CHARITABLE ORG.	SUPPORT NUTRITIONAL MEALS BEING PROVIDED TO KIDS IN DAYCARE	750.
Total				750.

Part XVII

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|---|--|-------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | |
| 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. | | |

[illegible]

- 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		

Sign
Here

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.

Signature of officer or trustee

Date _____

Title

VP-TAX

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.

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
ANGELS FOSTER FAMILY NETWORK 9295 FARNHAM ST #200 SAN DIEGO, CA 92123		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL FOSTER FAMILIES	750.
BIG CHILDREN'S FOUNDATION 2020 MCNAB ROAD, STE 99B FORT LAUDERDALE, FL 33309		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL AT RISK YOUTH	750.
CANCER WELLNESS HOUSE 59 S 1100 E SALT LAKE CITY, UT 84102		501(C)(3) CHARITABLE ORG.	ASSISTANCE TO CANCER PATIENTS IN UTAH	2,500.
CHILDREN'S CRANIOFACIAL ASSOCIATION 13140 COIT RD DALLAS, TX 75240		501(C)(3) CHARITABLE ORG.	SUPPORT CONCERNS RELATED TO CRANIOFACIAL CONDITIONS	10,000.
EPILEPSY FOUNDATION OF UTAH 9301 PROFESSIONAL PLACE WEST, STE 230 LANDOVER, MD 20785		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL INDIVIDUALS WITH EPILEPSY	1,000.
FAMILIES MOVING FORWARD 300 N. QUEEN STREET DURHAM, NC 27701		501(C)(3) CHARITABLE ORG.	SUPPORT TEMP. HOMES FOR FAMILIES IN CRISIS	15,000.
FAMILY PROMISE OF GRAND RAPIDS 516 CHERRY ST SE GRAND RAPIDS, MI 49503		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL HOMELESS FAMILIES	1,500.
FOURTH STREET CLINIC 409 W 400 S SALT LAKE CITY, UT 84101		501(C)(3) CHARITABLE ORG.	SUPPORT SERVICES & HEALTH CARE TO THE HOMELESS IN UTAH	50,000.
HABITAT FOR HUMANITY 322 WEST LAMAR STREET AMERICUS, GA 31709		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL EFFORTS TO REBUILD HOMES LOST TO DISASTER	1,500.
HEADIN HOME 8478 S 4770 W WEST JORDAN, UT 84088		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL HORSE RESCUE	1,500.
Total from continuation sheets				583,686.

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
HOLY CROSS MINISTRIES 860 E 4500 S. STE. 204 SALT LAKE CITY, UT 84107		501(C)(3) CHARITABLE ORG.	SUPPORT UNDERSERVED COMMUNITY NEED FOR HEALTH AND WELL BEING.	2,000.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	MISSION TRIP TO GUATEMALA	15,000.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TO THAILAND GULF	35,000.
INTERNATIONAL MEDICAL RELIEF 1151 EAGLE DRIVE STE 457 LOVELAND, CO 80537		501(C)(3) CHARITABLE ORG.	SUPPORT MEDICAL MISSION TRIPS	13,500.
INTERMOUNTAIN THERAPY ANIMALS 4050 SOUTH 2700 EAST SALT LAKE CITY, UT 84117		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL CHARITY USING ANIMAL THERAPY FOR PEOPLE.	750.
LUSTGARTEN FOUNDATION 415 CROSSWAYS PARK DRIVE STE D WOODBURY, NY 11797		501(C)(3) CHARITABLE ORG.	SUPPORT PANCREATIC CANCER RESEARCH	1,000.
ME TO WE 145 BERKELEY ST. TORONTO, ONTARIO, CANADA M5S5A 1S9		501(C)(3) CHARITABLE ORG.	BUILD A 2ND MEDICAL COLLEGE	100,000.
ME TO WE 145 BERKELEY ST. TORONTO, ONTARIO, CANADA M5S5A 1S9		501(C)(3) CHARITABLE ORG.	2018 MEDICAL PROVIDERS TO KENYA	44,050.
ME TO WE 145 BERKELEY ST. TORONTO, CANADA M5S5A 1S9		501(C)(3) CHARITABLE ORG.	2019 MEDICAL PROVIDERS TO KENYA	12,000.
ME TO WE 145 BERKELEY ST. TORONTO, ONTARIO, CANADA M5S5A 1S9		501(C)(3) CHARITABLE ORG.	DIFFERENCE MAKERS MISSION	6,000.
Total from continuation sheets				

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
METHOD CHILD DEVELOPMENT CENTER 900 TRAILWOOD DR. RALEIGH, NC 27606		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL NON PROFIT CHILD CARE CENTER	1,000.
MICHIGAN ANIMAL HEALTH FOUNDATION 2144 COMMONS PARKWAY OKEMOS, MI 48864		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL ANIMAL SHELTER	1,000.
NATIONAL KIDNEY FOUNDATION 30 EAST 33RD STREET NEW YORK, NY 10016		501(C)(3) CHARITABLE ORG.	SUPPORT THE FIGHT AGAINST KIDNEY DISEASE	20,238.
PEOPLE IN CRISIS 1280 NE 102ND ST MIAMI SHORES, FL 33138		501(C)(3) CHARITABLE ORG.	SUPPORT CHILDREN AND FAMILIES AT HOLTZ CHILDRENS HOSPITAL.	2,500.
PRIMARY CHILDREN'S FESTIVAL OF TREES PO BOX 413168 SALT LAKE CITY, UT 84141		501(C)(3) CHARITABLE ORG.	SUPPORT PRIMARY CHILDREN'S HOSPITAL	1,500.
PROJECT CURE 10377 E. GEDDES AVENUE CENTENNIAL, CO 80112		501(C)(3) CHARITABLE ORG.	MEDICAL MISSION TRIP	7,200.
RISE UP ACADEMY 1326 FALCON LANE EAGLE MOUNTAIN, UT 84005		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL EDUCATION	750.
SALT LAKE COMMUNITY ACTION PROGRAM 1307 SOUTH 900 WEST SALT LAKE CITY, UT 84104		501(C)(3) CHARITABLE ORG.	SUPPORT LOW INCOME INDIVIDUALS AND FAMILIES BECOME SELF SUFFICIENT	1,500.
SAMARITAN HEALTH CENTER PO BOX 51339 DURHAM, NC 27717		501(C)(3) CHARITABLE ORG.	SUPPORT CHARITABLE DENTAL CLINIC	2,500.
SECOND CHANCE FOR HOMELESS PETS 200 E GORDON LN MILLCREEK, UT 84107		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL ANIMAL SHELTER	750.
Total from continuation sheets				

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
SPECTRUM ACADEMY 552 N. CUTLER DR. NORTH SALT LAKE, UT 84054		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL AUTISM CHARTER SCHOOL	2,000.
SOS CHILDREN'S VILLAGE USA 1620 I STREET NW STE 900 WASHINGTON DC 20006		501(C)(3) CHARITABLE ORG.	DONATION FOR ORPHANED CHILDREN	25,000.
THE ADOPTION EXCHANGE 14232 EAST EVANS AVENUE AURORA, CO 80014		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL ADOPTION	750.
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	50,000.
THE SHARING PLACE 1695 EAST 3300 SOUTH SALT LAKE CITY, UT 84106		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL GRIEVING YOUTH	1,000.
YMCA OF GREATER GRAND RAPIDS 475 LAKE MICHIGAN DR NW GRAND RAPIDS, MI 49504		501(C)(3) CHARITABLE ORG.	SUPPORT LOCAL YOUTH	2,500.
YOUTHLINC 1140 BRICKYARD RD #76 SALT LAKE CITY, UT 84106		501(C)(3) CHARITABLE ORG.	SUPPORT YOUTH IN ENGAGING IN HUMANITARIAN EFFORTS	1,500.
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	148,198.
Total from continuation sheets				

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 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

Employer identification number

MAKING A DIFFERENCE FOUNDATION**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

Employer identification number

MAKING A DIFFERENCE FOUNDATION**81-4680770****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	\$ 2,700,000.	Person <input checked="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.)
		\$	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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

81-4680770

[illegible]

Name of organization

Employer identification number

MAKING A DIFFERENCE FOUNDATION

81-4680770

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
CHECKING ACCOUNT	2,926.	2,926.	
MONEY MARKET ACCOUNT	6,896.	6,896.	
TOTAL TO PART I, LINE 3	9,822.	9,822.	

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	1,467.	0.	1,467.	1,467.	
TO PART I, LINE 4	1,467.	0.	1,467.	1,467.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ACCRUED INCOME	10,278.	3,079.	
TOTAL TO FORM 990-PF, PART I, LINE 11	10,278.	3,079.	

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	5,497.	0.		5,497.
TO FORM 990-PF, PG 1, LN 16C	5,497.	0.		5,497.

FORM 990-PF	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK FEES	707.	707.		0.	
SUBSCRIPTIONS	2,148.	0.		2,148.	
TO FORM 990-PF, PG 1, LN 23	2,855.	707.		2,148.	

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		162,026.	163,072.	
TOTAL U.S. GOVERNMENT OBLIGATIONS			162,026.	163,072.	
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS					
TOTAL TO FORM 990-PF, PART II, LINE 10A			162,026.	163,072.	

FORM 990-PF	CORPORATE BONDS		STATEMENT	7
DESCRIPTION	BOOK VALUE		FAIR MARKET VALUE	
CORPORATE BONDS	1,818,528.		1,824,682.	
TOTAL TO FORM 990-PF, PART II, LINE 10C	1,818,528.		1,824,682.	

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS
PART VII-A, LINE 10

STATEMENT 8

NAME OF CONTRIBUTOR	ADDRESS
CHG COMPANIES, INC.	7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047
SCOTT BECK	7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 9

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.
CHRISTINE VANCAMPEN 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	VICE PRESIDENT 0.00	0.	0.	0.
MORRIS JENSBY 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	SECRETARY 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, TAX 0.00	0.	0.	0.
EDDIE CHRISTENSEN 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	VICE PRESIDENT, LEGAL 0.00	0.	0.	0.
SCOTT BECK 7259 S. BINGHAM JUNCTION BLVD. MIDVALE, UT 84047	DIRECTOR 0.00	0.	0.	0.

MAKING A DIFFERENCE FC DATION

81-4680770

LISA GRABL
7259 S. BINGHAM JUNCTION BLVD.
MIDVALE, UT 84047

DIRECTOR
0.00

0. 0. 0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0. 0. 0.

FORM 990-PF

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

STATEMENT 10

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

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

QUARTERLY

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