

Form **990-PF**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2022

Open to Public Inspection

For calendar year 2022 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 | Room/suite | 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: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div> | | 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) \$ 4,383,292. | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (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"/> |

| 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 | 1,911,650. | | 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 | | | | |
| | 4 Dividends and interest from securities | 81,317. | 81,317. | | STATEMENT 1 |
| | 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 | -434,217. | 0. | | STATEMENT 2 | |
| 12 Total. Add lines 1 through 11 | 1,558,750. | 81,317. | | | |
| Operating and Administrative Expenses | 13 Compensation of officers, directors, trustees, etc. | 0. | 0. | | 0. |
| | 14 Other employee salaries and wages | | | | |
| | 15 Pension plans, employee benefits | | | | |
| | 16a Legal fees | | | | |
| | b Accounting fees | | | | |
| | c Other professional fees STMT 3 | 4,402. | 0. | | 4,402. |
| | 17 Interest | | | | |
| | 18 Taxes | | | | |
| | 19 Depreciation and depletion | | | | |
| | 20 Occupancy | | | | |
| | 21 Travel, conferences, and meetings | 1,101. | 0. | | 1,101. |
| | 22 Printing and publications | | | | |
| | 23 Other expenses STMT 4 | 65,993. | 0. | | 65,993. |
| | 24 Total operating and administrative expenses. Add lines 13 through 23 | 71,496. | 0. | | 71,496. |
| | 25 Contributions, gifts, grants paid | 473,958. | | | 473,958. |
| 26 Total expenses and disbursements. Add lines 24 and 25 | 545,454. | 0. | | 545,454. | |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements ... | 1,013,296. | | | | |
| b Net investment income (if negative, enter -0-) | | 81,317. | | | |
| c Adjusted net income (if negative, enter -0-) | | | N/A | | |

| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. | | Beginning of year | End of year | |
|--|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | 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 STMT 6 | 53,546. | 572,673. | 575,413. |
| | b Investments - corporate stock | | | |
| | c Investments - corporate bonds STMT 7 | 2,771,800. | 3,378,393. | 3,139,235. |
| | 11 Investments - land, buildings, and equipment: basis | | | |
| Liabilities | Less: accumulated depreciation | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other | | | |
| | 14 Land, buildings, and equipment: basis | | | |
| | Less: accumulated depreciation | | | |
| | 15 Other assets (describe STATEMENT 8) | 5,653. | 6,291. | 6,291. |
| | 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 3,212,297. | 4,619,710. | 4,383,292. |
| | 17 Accounts payable and accrued expenses | 43,171. | 3,071. | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| Net Assets or Fund Balances | 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) | 43,171. | 3,071. | |
| | Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30. | | | |
| Net Assets or Fund Balances | 24 Net assets without donor restrictions | 3,169,126. | 4,616,639. | |
| | 25 Net assets with donor restrictions | | | |
| | Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30. | | | |
| | 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 Total net assets or fund balances | 3,169,126. | 4,616,639. | |
| | 30 Total liabilities and net assets/fund balances | 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) SEE STATEMENT 5 | 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 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. | | | (i) 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). 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 Tax based on investment income. 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 penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | 9. | |
| 9 Tax due. If the total of lines 5 and 8 is more than 7, enter amount owed | 9 | | |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 1,102. | |
| 11 Enter the amount of line 10 to be: Credited to 2023 estimated tax 1,102. Refunded | 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 |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. | | X |
| c Did the foundation file Form 1120-POL for this year? | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ <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 |
| b If "Yes," has it filed a tax return on Form 990-T for this year? N/A | | |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 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> | | |
| 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 <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 STMT 9 | 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 MAKINGADIFFERENCEFDN.ORG | | |
| 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 <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 | | |

Form **990-PF** (2022)

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.

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? 1a(1)(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? 1a(2)(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? 1a(3)(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? 1a(4)(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)(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)**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 N/A**c** Organizations relying on a current notice regarding disaster assistance, check here ☐**d** 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**2** Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):**a** At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2022? 2a

If "Yes," list the years _____, _____, _____, _____

b Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) 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. _____, _____, _____, _____**3a** Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? 3a**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.) N/A**4a** Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a**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

Part VI-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 |
|-------|-----|----|
| 5a(1) | | X |

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

| | | |
|-------|--|---|
| 5a(2) | | X |
|-------|--|---|

(3) Provide a grant to an individual for travel, study, or other similar purposes?

| | | |
|-------|--|---|
| 5a(3) | | X |
|-------|--|---|

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

| | | |
|-------|--|---|
| 5a(4) | | 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?

| | | |
|-------|--|---|
| 5a(5) | | X |
|-------|--|---|

b If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions

| | | |
|----|--|---|
| 5b | | X |
|----|--|---|

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

| | | |
|----|--|--|
| 5d | | |
|----|--|--|

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?

| | | |
|----|--|---|
| 6a | | X |
|----|--|---|

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

| | | |
|----|--|---|
| 6b | | X |
|----|--|---|

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?

| | | |
|----|--|---|
| 7a | | X |
|----|--|---|

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

| | | |
|----|--|--|
| 7b | | |
|----|--|--|

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?

| | | |
|---|--|---|
| 8 | | 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 | |
| | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| | |
| | |
| Total. Add lines 1 through 3 | 0. |

Part IX 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 | 3,392,792. |
| b | Average of monthly cash balances | 1b | 4,793. |
| c | Fair market value of all other assets (see instructions) | 1c | |
| d | Total (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 | Net value of noncharitable-use assets. Subtract line 4 from line 3 | 5 | 3,346,621. |
| 6 | Minimum investment return. Enter 5% (0.05) of line 5 | 6 | 167,331. |

Part X 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 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 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1 | 7 | 166,201. |

Part XI 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 | 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 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4 | 4 | 545,454. |

Form 990-PF (2022)

Part XII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2022 from Part X, line 7 | | | | 166,201. |
| 2 Undistributed income, if any, as of the end of 2022: | | | | |
| a Enter amount for 2021 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2022: | | | | |
| a From 2017 503,724. | | | | |
| b From 2018 546,526. | | | | |
| c From 2019 723,820. | | | | |
| d From 2020 667,573. | | | | |
| e From 2021 185,756. | | | | |
| f Total of lines 3a through e | 2,627,399. | | | |
| 4 Qualifying distributions for 2022 from Part XI, line 4: \$ 545,454. | | | | |
| a Applied to 2021, 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 2022 distributable amount | | | | 166,201. |
| e Remaining amount distributed out of corpus | 379,253. | | | |
| 5 Excess distributions carryover applied to 2022 (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: | 3,006,652. | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | | | | |
| 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 2021. Subtract line 4a from line 2a. Taxable amount - see instr. ... | | | 0. | |
| f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023 | | | | 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 2017 not applied on line 5 or line 7 | 503,724. | | | |
| 9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a | 2,502,928. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2018 ... 546,526. | | | | |
| b Excess from 2019 ... 723,820. | | | | |
| c Excess from 2020 ... 667,573. | | | | |
| d Excess from 2021 ... 185,756. | | | | |
| e 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 | Prior 3 years | | | (e) Total |
|--|----------|---------------|----------|----------|-----------|
| | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed | | | | | |
| b 85% (0.85) of line 2a | | | | | |
| c Qualifying distributions from Part XI, 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 IX, 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 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)

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | |
|---|--|--------------------------------------|--|-----------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| a Paid during the year | | | | |
| 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. |
| Total | | | SEE CONTINUATION SHEET(S) | 3a |
| b Approved for future payment | | | | |
| NONE | | | | |
| Total | | | | |
| | | | 3b | 0. |

Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

| Enter gross amounts unless otherwise indicated. | | Unrelated business income | | Excluded by section 512, 513, or 514 | | (e) Related or exempt function income |
|--|-------------------------|---------------------------|-------------------------------|--------------------------------------|----|---|
| | (a) Business code | (b) Amount | (c) Exclu- sion code | (d) Amount | | |
| 1 Program service revenue: | | | | | | |
| a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| f _____ | | | | | | |
| g Fees and contracts from government agencies | | | | | | |
| 2 Membership dues and assessments | | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | | |
| 4 Dividends and interest from securities | | | 14 | 81,317. | | |
| 5 Net rental income or (loss) from real estate: | | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | | | | |
| 6 Net rental income or (loss) from personal property | | | | | | |
| 7 Other investment income | | | | | | -434,217. |
| 8 Gain or (loss) from sales of assets other than inventory | | | | | | |
| 9 Net income or (loss) from special events | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | |
| 11 Other revenue: | | | | | | |
| a _____ | | | | | | |
| b _____ | | | | | | |
| c _____ | | | | | | |
| d _____ | | | | | | |
| e _____ | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 81,317. | | -434,217. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 13 | -352,900. |

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

Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]


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. | | | | <div> May the IRS discuss this return with the preparer shown below? See instr. <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> </div> |
| |  | 10/27/2023 | VP-TAX | | |
| | Signature of officer or trustee | | Date | Title | |
| 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 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. |
| Total from continuation sheets | | | | 464,958. |

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. |
| Total from continuation sheets | | | | |

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. |
| Total from continuation sheets | | | | |

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. |
| Total from continuation sheets | | | | |

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. |
| Total from continuation sheets | | | | |

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. |
| Total from continuation sheets | | | | |

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. | FL FREE HEALTH CLINIC IN | 15,000. |
| BROWARD PARTNERSHIP FOR THE HOMELESS 920 NW 7TH AVE FORT LAUDERDALE, FL 33311 | | 501(C)(3) CHARITABLE ORG. | BROWARD REDUCE HOMELESSNESS IN | 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. |
| Total from continuation sheets | | | | |

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. |
| Total from continuation sheets | | | | |

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 TRAINING 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 UKRAINIAN 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 LIVES 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. |
| Total from continuation sheets | | | | |

81-4680770

3 Grants and Contributions Paid During the Year (Continuation)

Total from continuation sheets

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 for the latest information.

OMB No. 1545-0047

2022

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 foundationCheck 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 | 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 | \$ 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 | 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 |
|------------|---|----------------------------|---|
| 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.) |

Employer identification number

81-4680770

Part II

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

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

OMB No. 1545-0123

2022

Go to www.irs.gov/Form2220 for instructions and the latest information.

| | |
|---|---|
| Name MAKING A DIFFERENCE FOUNDATION | Employer identification number 81-4680770 |
|---|---|

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.

Part I Required Annual Payment

| | | |
|--|----|--------|
| 1 Total tax (see instructions) | 1 | 1,130. |
| 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 | 2a | |
| 2b 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 | 2b | |
| 2c Credit for federal tax paid on fuels (see instructions) | 2c | |
| d Total. Add lines 2a through 2c | 2d | |
| 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty | 3 | 1,130. |
| 4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: 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 | 4 | 1,077. |
| 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 | 5 | 1,077. |

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.

Part III Figuring the Underpayment

| | (a) | (b) | (c) | (d) | |
|---|-----|----------|----------|----------|----------|
| 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year | 9 | 05/15/22 | 06/15/22 | 09/15/22 | 12/15/22 |
| 10 Required installments. 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 | 10 | 269. | 270. | 269. | 269. |
| 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions | 11 | 741. | | | |
| Complete lines 12 through 18 of one column before going to the next column. | | | | | |
| 12 Enter amount, if any, from line 18 of the preceding column | 12 | | 472. | 202. | |
| 13 Add lines 11 and 12 | 13 | | 472. | 202. | |
| 14 Add amounts on lines 16 and 17 of the preceding column | 14 | | | | 67. |
| 15 Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 741. | 472. | 202. | 0. |
| 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- | 16 | | 0. | 0. | |
| 17 Underpayment. 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 | 17 | | | 67. | 269. |
| 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column | 18 | 472. | 202. | | |

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

* 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. You can also call 1-800-829-4933 to get interest rate information.

**FORM 990-PF
UNDERPAYMENT OF ESTIMATED TAX WORKSHEET**

| Name(s) MAKING A DIFFERENCE FOUNDATION | | | | | Identifying Number 81-4680770 |
|--|---------------|--------------------------------|-----------------------------------|------------------------------|---|
| (A) *Date | (B) Amount | (C) Adjusted Balance Due | (D) Number Days Balance Due | (E) Daily Penalty Rate | (F) Penalty |
| | | -0- | | | |
| 05/15/22 | 269. | 269. | | | |
| 05/15/22 | -741. | -472. | | | |
| 06/15/22 | 270. | -202. | | | |
| 06/30/22 | 0. | -202. | 77 | .000136986 | |
| 09/15/22 | 269. | 67. | 15 | .000136986 | |
| 09/30/22 | 0. | 67. | 76 | .000164384 | 1. |
| 12/15/22 | 269. | 336. | 16 | .000164384 | 1. |
| 12/31/22 | 0. | 336. | 105 | .000191781 | 7. |
| 04/15/23 | -1,500. | -1,164. | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| Penalty Due (Sum of Column F). | | | | | 9. |

* Date of estimated tax payment, withholding credit date or installment due date.

| FORM 990-PF | | DIVIDENDS AND INTEREST FROM SECURITIES | | | STATEMENT 1 |
|-------------------------|-----------------|--|-----------------------------|-----------------------------------|-------------------------------|
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT 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 INVEST- MENT 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 INVEST- MENT 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

FORM 990-PF

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

STATEMENT 10

| 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