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Submission Date - 2018-02-12

DLN: 93491043002068

2016

OMB No. 1545-0052

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.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public

For	calen	ndar year 2016, or tax year beginning 07-01-2	016	, an	d er	nding 06-30-2	2017	
		ndation DD FOUNDATION				A Employer ide	ntification number	
						20-3385036		
		street (or P.O. box number if mail is not delivered to street address ECHNOLOGY WAY BLD A NO 1100) Room	n/suite		B Telephone nun	nber (see instructions	5)
						(801) 310-1380		
	or town, 4, UT 8	, state or province, country, and ZIP or foreign postal code 34097				C If exemption a	application is pending	, check here
G Ch	eck all	l that apply: Initial return Initial return of a	forme	r public charity		D 1. Foreign org	anizations, check her	e
		Final return Amended return	I				ganizations meeting t	
		Address change Name change				,	here and attach com	
H Ch	eck ty	pe of organization: $ extstyle oldsymbol{arepsilon}$ Section 501(c)(3) exempt private	founda	ation			ndation status was te · 507(b)(1)(A), check	
	Section	4947(a)(1) nonexempt charitable trust Other taxable	e privat	te foundation				
of y	ear <i>(fr</i>	set value of all assets at end rom Part II, col. (c), \$ 330,267			I		tion is in a 60-month 507(b)(1)(B), check	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a)	Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		1,605,375				
	2	Check if the foundation is not required to attach Sch. B						
	3	Interest on savings and temporary cash investments		65		65	65	
	4	Dividends and interest from securities						
	5a	Gross rents						
d)	b	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of assets not on line 10						
eve	р 7	Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2)				0		
8	8	Net short-term capital gain				-	0	
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		1,605,440		65	65	
	13	Compensation of officers, directors, trustees, etc.		419,000		0		419,000
	14 15	Other employee salaries and wages	-	223,920 108,155		0	0	223,920 108,155
Expenses		Legal fees (attach schedule)		100,133			3	100,133
ben	16a	Accounting fees (attach schedule)		3,401		65	0	3,336
Ex	b c	Other professional fees (attach schedule)	\vdash					,
tive	17	Interest	-					
tra	18	Taxes (attach schedule) (see instructions)		49,688		0	0	49,688
and Administrative	19	Depreciation (attach schedule) and depletion		896		0	0	
튭	20	Occupancy		28,626		0	0	28,626
ďρ	21	Travel, conferences, and meetings		15,071		0	0	15,071
an	22	Printing and publications	-5					
ing.	23	Other expenses (attach schedule)	%	544,574		0	0	543,827
Operating	24	Total operating and administrative expenses.		1 202 221		65		1 201 622
ď	25	Add lines 13 through 23	-	1,393,331		65	0	1,391,623
	26	Total expenses and disbursements. Add lines 24 and	-					0
		25		1,393,331		65	0	1,391,623
	27	Subtract line 26 from line 12: Excess of revenue over expenses and disbursemen		212,109				
	a b	Net investment income (if negative, enter -0-)	.9	212,109		0		
	c	Adjusted net income (if negative, enter -0-)					65	
	<u></u>							

Form	1 990-F	0-PF (2016) Relance Shoots Attached schedules and amounts in the description column Beginning of year	· · · · · · · · · · · · · · · · · · ·		Page 2
Pai	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year (a) Book Value	(b) Book Value	f year (c) Fair Market Value
	1	Cash—non-interest-bearing	94,703	314,547	314,547
	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			
	0	disqualified persons (attach schedule) (see instructions)			
		uisquamed persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts			
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	3,552	3,552	3,552
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
					
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ►			
		Less: accumulated depreciation (attach schedule) ► 52,708	8,910	8,017	8,017
	15	Other assets (describe)	4,898	4,151	4,151
	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	112,063	330,267	330,267
	17	Accounts payable and accrued expenses			
	18	Grants payable			
100040					
iabilities	19	Deferred revenue			
Ρ	20	Loans from officers, directors, trustees, and other disqualified persons			
Lia	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe	6,032	12,127	
	23	Total liabilities (add lines 17 through 22)	6,032	12,127	
			.,	,	
S		Foundations that follow SFAS 117, check here			
ce		and complete lines 24 through 26 and lines 30 and 31.	100 021	240.440	
lan	24	Unrestricted	106,031	318,140	
Ba	25	Temporarily restricted			
pu	26	Permanently restricted			
or Fund Balances		Foundations that do not follow SFAS 117, check here 🕨 🗌			
9		and complete lines 27 through 31.			
Net Assets	27	Capital stock, trust principal, or current funds			
SSI	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
t A	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	106,031	318,140	
	31	Total liabilities and net assets/fund balances (see instructions)	112,063	330,267	
Par	t III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>		
1		net assets or fund balances at beginning of year—Part II, column (a), line	, -		100.000
•	•	ear figure reported on prior year's return)		2	106,031
2 3		r amount from Part I, line 27a		3	212,109 0
4		lines 1, 2, and 3		4	318,140
5		eases 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, c	olumn (b), line 30 .	6	318,140

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Pa	rt 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))?			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry			
	on, directly or indirectly, any voter registration drive?			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			
	(4) Provide a grant to an organization other than a charitable, etc., organization described			
	in section 4945(d)(4)(A)? (see instructions)			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or			
	educational purposes, or for the prevention of cruelty to children or animals?			
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		
	Organizations relying on a current notice regarding disaster assistance check here			
С	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?			
	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?			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		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?			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
	F	rm 99	0-PF (2016)

OREM, UT 84097					
DAVID WIRTHLIN	CHAI	RMAN	0		0 0
1569 N TECHNOLOGY WAY BLDG A SUITE	0.00				
1100					
OREM, UT 84097					
ALAN ASHTON	0.00	D MEMBER	0		0
1569 N TECHNOLOGY WAY BLDG A SUITE 1100	0.00				
OREM, UT 84097					
JIM ENGEBRETSEN	BOAR	D MEMBER	0		0 0
1569 N TECHNOLOGY WAY BLDG A SUITE	0.00		· ·		0
1100					
OREM, UT 84097					1
KENNETH MUSSER WOOLLEY		RMAN	0		0 0
1569 N TECHNOLOGY WAY BLDG A SUITE	0.00				
1100 ODEM LIT. 04007					
OREM, UT 84097	0045	D MEMBER			
TOM DICKSON	0.00	D MEMBER	0		0
1569 N TECHNOLOGY WAY BLDG A SUITE 1100	0.00				
OREM, UT 84097					
DAVID LISONBEE	BOAR	D MEMBER	0		0 0
1569 N TECHNOLOGY WAY BLDG A SUITE	0.00		-		
1100					
OREM, UT 84097					
DAVID GRANT		OPERATING OFFICER	105,000		0
1569 N TECHNOLOGY WAY BLDG A SUITE	40.00				
1100 OREM, UT 84097					
GARFIELD COOK	BOAD	D MEMBER	0		0 0
	0.00	D MEMBER	U		0
1569 N TECHNOLOGY WAY BLDG A SUITE 1100					
OREM, UT 84097					
RON DAVIES	BOAR	D MEMBER	0		0 0
1569 N TECHNOLOGY WAY BLDG A SUITE	0.00				
1100					
OREM, UT 84097					
DUANE SHAW		D MEMBER	0		0
1569 N TECHNOLOGY WAY BLDG A SUITE	0.00				
1100 OREM, UT 84097					
HEATHER NEWALL	DIRE	CTOR OF TECHNOLOGY	92,000		0 0
1569 N TECHNOLOGY WAY BLDG A SUITE	40.00		32,000		0
1100					
OREM, UT 84097					1
HWA LEE		CTOR OF INTERNATIONAL	72,000		0
1569 N TECHNOLOGY WAY BLDG A SUITE	40.00				
1100 ODEM LIT. 84007					
OREM, UT 84097	id on	mlayaaa (athay thay th	aga included on line 1	and instructions) If no	no onton "NONE "
2 Compensation of five highest-pa	iiu en	iployees (other than the	ose included on line 1-		ne, enter NONE.
(a)		Title, and average		Contributions to employee benefit	Expense account,
Name and address of each employee p more than \$50,000	aid	hours per week	(c) Compensation	plans and deferred	(e) other allowances
		(b) devoted to position		(d) compensation	
NONE					
-					
-					
Total number of other employees paid ov	er \$50	0,000		🕨	0
3 Five highest-paid independent of					E".
(a) Name and address of each person				of service	(c) Compensation
· · · · · · · · · · · · · · · · · · ·	pait		(b) Type		(a) compensation
NONE					

0

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

Part IX-A	Summary of Direct Charitable Activities	
	on's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of d other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
HELP LDS-	GOOD FOUNDATION IS DEDICATED TO PROVIDING TOOLS, SUPPORT, EDUCATION, AND CONTENT TO ORIENTED WEB SITES BE THE BEST THEY CAN BE. THE ORGANIZATION HELPS WITH GRAPHIC DESIGN, GN, PROGRAMMING, CONTENT DEVELOPMENT, HOSTING AND A WIDE RANGE OF OTHER SERVICES	0
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
2		
All other pro	ogram-related investments. See instructions.	
		-
Total. Add line	s 1 through 3	0
		Form 990-PF (2016)

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Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundation	ıs,see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	140,991
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	140,991
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	140,991
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	2,115
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	138,876
6	Minimum investment return. Enter 5% of line 5	6	6,944
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at XI	and cei	rtain foreign
	organizations check here and do not complete this part.)	1	T
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,391,623
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:	_	
а	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	1,391,623
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	-	1,331,023
_	income. Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,391,623
U	Adjusted qualifying distributions. Subtract line 5 from line 4		1,391,023

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From 2011. From 2012. . . . **c** From 2013. . . . From 2014. . . . From 2015.

XII, line 4: > \$

indicated below:

Distributable amount for 2016 from Part XI, line 7

Enter amount for 2015 only.

Excess distributions carryover, if any, to 2016:

f Total of lines 3a through e. 4 Qualifying distributions for 2016 from Part

same amount must be shown in column (a).)

a Applied to 2015, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election **d** Applied to 2016 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2016. (If an amount appears in column (d), the

Enter the net total of each column as

9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9:

a Excess from 2012. . . . Excess from 2013. . . . c Excess from 2014. . . . Excess from 2015. . . . e Excess from 2016. . . .

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract **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. **d** Subtract line 6c from line 6b. Taxable amount Undistributed income for 2015. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2016. Subtract lines 4d and 5 from line 1. This amount must 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may 8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions) . . .

,
(a) Corpus

2 Undistributed income, if any, as of the end of 2016:

(b)

Years prior to 2015

(c)

2015

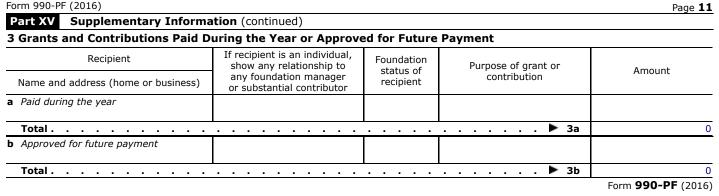
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(d)

2016

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Forr	n 990-PF (2016)					Page 10
:	Part XIV Private Operating Found	ations (see instru	ctions and Part VI	I-A, question 9)		
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20	16, enter the date of	the ruling	▶		
b	Check box to indicate whether the organization	on is a private operat	ing foundation desc	ribed in section 🗹	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	year listed	65	0	0	9,252	9,317
b	85% of line 2a	55	0	0	7,864	7,919
C	Qualifying distributions from Part XII, line 4 for each year listed	1,391,623	1,462,218	1,485,366	1,284,327	5,623,534
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	1,391,623	1,462,218	1,485,366	1,284,327	5,623,534
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	4,629	5,212	7,191	10,310	27,342
С	"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)					0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
	Supplementary Information	(Complete this p	art only if the o	rganization had	\$5.000 or more	e in
Pa	assets at any time during th			. gaac.oaa	45,000 01 11101	
1	Information Regarding Foundation Mana	agers:				_
а	List any managers of the foundation who have before the close of any tax year (but only if					n
	before the close of any tax year (but only if	they have contributed	i more than \$5,000). (See section 507)	u)(2).)	
b	List any managers of the foundation who own				rge portion of the	
	ownership of a partnership or other entity)	of which the foundation	on has a 10% or gre	ater interest.		
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sch	olarship, etc., Prog	grams:		
	Check here ► ☑ if the foundation only mak	es contributions to pr	eselected charitable	organizations and	does not accept	
	unsolicited requests for funds. If the founda					ider
	other conditions, complete items 2a, b, c, a	nd d.				
а	The name, address, and telephone number of	or email address of th	e person to whom a	pplications should b	e addressed:	A
_	The hame, dual ess, and telephone hamsel		c po.co too a	.ppac.o		
	The form in which applications should be sul	amittad and informati	an and materials the	ov should include:		
D	The form in which applications should be sul	ווווע ana informati	on and materials the	ey snoula include:		
С	Any submission deadlines:					
d	Any restrictions or limitations on awards, su	ch as by geographical	areas, charitable fie	elds, kinds of institu	tions, or other	
	factors:					•
4						•
-						



Part XV	I-A Analysis of Income-Producing	Activities				
Enter gross	s amounts unless otherwise indicated.		ousiness income		n 512, 513, or 514	(e) Related or exempt
_	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
b						
d						
2 Membe	and contracts from government agencies ership dues and assessments					
invest	est on savings and temporary cash tments			14	65	
	ntal income or (loss) from real estate: -financed property					
b Not d	debt-financed property					
	investment income					
inven	tory					
11 Other	profit or (loss) from sales of inventory revenue: a					
b						
12 Subtot 13 Total.	ral. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	1	65 3	0 65
(See w	orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th	lations.)				
Line No.	Explain below how each activity for which the accomplishment of the foundation's exinstructions.)	income is report empt purposes	ted in column (e) of (other than by prov	Part XVI-A contribution	ted importantly to purposes). (See	
	,					
-					For	m 990-PF (2016)

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

Part XV	Exempt Organi	zations											
	organization directly or in of the Code (other than se	directly engag								tion		Yes	No
a Transfer	rs from the reporting foun	dation to a no	ncha	ritable exen	npt organizati	on o	of:						
(1) Ca	sh										1a(1)		No
(2) Otl	her assets										1a(2)		No
b Other tr	ansactions:												
• •	les of assets to a nonchar		_								1b(1)		No
	rchases of assets from a r										1b(2)		No
	ntal of facilities, equipmer										1b(3)		No
	imbursement arrangemen										1b(4)		No
` '	ans or loan guarantees.					•					1b(5)		No
	formance of services or m	•		-						•	1b(6)		No
_	of facilities, equipment, r									•	1c		No
	nswer to any of the above oods, other assets, or ser												
	ransaction or sharing arra												
(a) Line No.	(b) Amount involved	(c) Name of n	oncha	ıritable exemp	ot organization		(d) Description	on of t	ransfers, transactions	s, and shar	ing arrar	igement	ts
						-							
22 Is the fo	<u>l</u> oundation directly or indir	ectly affiliated	with	or related	to one or mo	ro t	av-evemnt o	raaniz	zations				
	ed in section 501(c) of the										Yes	✓ N	^
	complete the following s		uiaii	Section 301	(C)(3)) 01 111 S	ecti	011 327 : .				- res	₩ IV	U
u i res,	(a) Name of organization			(h)	Type of organiz	ation	<u> </u>		(c) Descriptio	n of relation	nshin		
	(a) Name of Organization			(0)	., pc or organiz	االاند	•		(C) Descriptio	or relation	up		
•													
	nder penalties of perjury,												
	f my knowledge and belief hich preparer has any kno		nect,	, and compl	ete. Decididii	ט ווכ	i preparer (0	Julier t	.nan taxpayer) IS I	Jaseu on	an illior	mation	1 01
Here \	, , , ,	J -		1:	2018-02-07					May the	IRS discu	ss this re	turn
	Signature of officer or t	rustoo					—) 				e preparer		
	Signature of officer or t	rustee		L	Date		/ Title			(see ins	str.)? 🗹	Yes U	No
	Print/Type preparer's	name	Prepa	arer's Signa	iture		Date			PTIN			
									Check if self-		P0050	1855	
									employed 🕨 🗆		. 5550		
Paid													
Prepare		VENSON SMIT	Н СР	A'S LLC			1			Firm's E	IN ▶20	-00793	323
Use On	-	TE NORTH ET		1000 00 00	· -								
	Firm's address > 52	255 NORTH ED	JGEW	טטט טR 37	'5					Dis	(00:	\ 22.4	4200
	PF	ROVO, UT 846	504							Phone r	10. (801) 234-	4200

Software Version:

Software ID:

Special Condition Description

Form 990PF - Special Condition Description:

efile GRAPHIC print	Submission Date - 2018-02-12		DLN: 93491043002068
Schedule B	Schedule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF. ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instruc <u>www.irs.gov/form990</u> .	tions is at	2016
Name of the organizat		Employer i	dentification number
		20-3385036	
Organization type (che	eck 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 found	lation	
	527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n	
	501(c)(3) taxable private foundation		
	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributer property) from any one contributor. Complete Parts I and II. See instructions for		
Special Rules			
under sections a received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the $33^{1/3}\%$ 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), ny one contributor, during the year, total contributions of the greater of (1) \$5,00 ne 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	Part II, line 13,	, 16a, or 16b, and that
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that re total contributions of more than \$1,000 exclusively for religious, charitable, scie the prevention of cruelty to children or animals. Complete Parts I, II, and III.		
during the year, If this box is che purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such concluded, enter here the total contributions that were received during the year for an example te any of the parts unless the General Rule applies to this organization bable, etc., contributions totaling \$5,000 or more during the year	ontributions tota n <i>exclusively</i> re pecause it rece	aled more than \$1,000. eligious, charitable, etc.,
990-EZ, or 990-PF), bu	on that isn't covered by the General Rule and/or the Special Rules doesn't file Set it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements or	e H of its `	
For Paperwork Reduction for Form 990, 990-EZ, or 99		dule B (Form 990	0, 990-EZ, or 990-PF) (2016)

Name of organi			Page 2 entification number
MORE GOOD FOL	INDATION	20-3385036	
Part I (a)	Contributors (See instructions). Use duplicate copies of Part I if ad (b)	(c)	(d)
No.	Name, address, and ZIP + 4 ASHTON FAMILY FOUNDATION	Total contributions	Type of contribution Person
1	199 N 290 W STE 100		Payroll
	LINDON, UT84042	\$ 290,000	Noncash
	LINDON, 0184042		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	LDS FOUNDATION OF THE LDS CHURCH		Person
_	150 SOCIAL HALL AVE STE 500	\$ 175,000	Payroll Noncash
	SALT LAKE CITY, UT84145		(Complete Part II for noncash
(a)	(b)	(c)	contributions.)
No.	Name, address, and ZIP + 4 MINHAVIDA LLC - DAVID LISONBEE	Total contributions	Type of contribution
<u>3</u>	204 FAST 1500 NORTH		Payroll
	304 EAST 1600 NORTH	\$ 96,000	Noncash
	OREM, UT84057		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PEERY FOUNDATION		Person
<u>~</u>	30 EAST 100 SOUTH STE 900	\$ 25,000	Payroll
	SALT LAKE CITY, UT84111	<u> </u>	Noncash (Complete Part II for percept
(a)		(a)	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	STEVEN LUND		Person Payroll
	86 N UNIVERSITY AVE STE 420	\$ 60,000	Noncash
	PROVO, UT84601		(Complete Part II for noncash
(a)	(b)	_ (c)	contributions.)
Ño.	Name, address, and ZIP + 4 SPENCER KIRK	Total contributions	Type of contribution Person
<u>6</u>	2795 E COTTONWOOD PKWY		Payroll
	SALT LAKE CITY, UT84121	\$ 350,000	Noncash
	SALI LAKE CITT, 0104121		(Complete Part II for noncash contributions.)
lame of organi		Employer id	Form 990, 990-EZ, or 990-PF) (201 entification number
ORE GOOD FOL		20-3385036	
Part I (a)	Contributors (See instructions). Use duplicate copies of Part I if ad	(c)	(d)
No.	Name, address, and ZIP + 4 ORG DGN	Total contributions	Type of contribution Person
<u>7</u>	1569 N TECHNOLOGY WAY BLDG A NO1100		Payroll
	OREM, UT84097	\$ 40,000	Noncash
	OKEM, 0104097		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SHAD MORRIS		Person
<u>8</u>			_
<u>8</u>	655 N 1410 E	\$ 50,000	Payroll Noncash
<u>8</u>	655 N 1410 E PROVO, UT84606	\$ 50,000	Payroll Noncash (Complete Part II for noncash
-	PROVO, UT84606 (b)		Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606	\$ 50,000 (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
- (a)	PROVO, UT84606 (b) Name, address, and ZIP + 4 THE ONE FOUNDATION	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606 (b) Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420	(c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No.	PROVO, UT84606 (b) Name, address, and ZIP + 4 THE ONE FOUNDATION	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No.	PROVO, UT84606 (b) Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash
(a) No. 9 (a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b)	(c) Total contributions \$ 224,167	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person
(a) No. 9 (a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4	(c) Total contributions \$ 224,167	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll
(a) No. 9 (a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4 DUANE AND MARCI SHAW	\$ 224,167 (c) Total contributions (c) (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094	\$ 224,167 (c) Total contributions \$ 125,000	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (complete Part II for noncash contributions.)
(a) No. 9 (a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4	\$ 224,167 (c) Total contributions (c) (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution (Complete Part II for noncash contributions.) (d) Type of contribution
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK	\$ 224,167 Total contributions \$ 125,000 (c) (c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4	\$ 224,167 Total contributions \$ 125,000 (c) (c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK	\$ 224,167 \$ 125,000 (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (d) Type of contribution Person Payroll Noncash (complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b)	\$ 224,167 Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097	\$ 224,167 \$ 125,000 Total contributions \$ 140,136	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b) Name, address, and ZIP + 4	\$ 224,167 State of the second	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (d) Type of contribution
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b) Name, address, and ZIP + 4 SOUTH GERMAN MISSION 1569 N TECHNOLOGY WAY BLDG A NO1100	\$ 224,167 Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b) Name, address, and ZIP + 4 SOUTH GERMAN MISSION	\$ 224,167 State of the second	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (d) Type of contribution
(a) No. (a) No. (a) No. (a) No. (a) No. (11) (a) No. (12) (a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b) Name, address, and ZIP + 4 SOUTH GERMAN MISSION 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097	\$ 224,167 \$ 125,000 Total contributions \$ 140,136 (c) Total contributions \$ 40,136 (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. (a) No. (a) No. (a) No. (a) No. (a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b) Name, address, and ZIP + 4 SOUTH GERMAN MISSION 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097	\$ 224,167 \$ 125,000 Total contributions \$ 125,000 Total contributions \$ 40,136 (c) Total contributions \$ 40,136 Schedule B (F Employer id 20-3385036	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No. (a) No. (a) No. (a) No. (a) No. (a) No. (a) Part I	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b) Name, address, and ZIP + 4 SOUTH GERMAN MISSION 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 Zation INDATION Contributors (See instructions). Use duplicate copies of Part I if according to the copies of Part I if accord	Total contributions \$ 224,167	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (complete Part II for noncash contributions.) (complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b) Name, address, and ZIP + 4 SOUTH GERMAN MISSION 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097	\$ 224,167 \$ 125,000 Total contributions \$ 125,000 Total contributions \$ 40,136 (c) Total contributions \$ 40,136 Schedule B (F Employer id 20-3385036	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Form 990, 990-EZ, or 990-PF) (2019) Person Payroll Noncash (Complete Part II for noncash contributions.) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 (b) Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 Name, address, and ZIP + 4 SOUTH GERMAN MISSION 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 Zation INDATION Contributors (See instructions). Use duplicate copies of Part I if address, and ZIP + 4 ED SMITH	Total contributions \$ 224,167 Total contributions \$ 125,000 Total contributions \$ 40,136 Total contributions \$ 20,000 Schedule B (F Employer id 20-3385036 Iditional space is needed. (c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (complete Part II for noncash contributions.) (complete Part II for noncash contributions.)
(a) No. (a) No. (a) No. 10 (a) No. 11 (a) No. 12 ame of organi ORE GOOD FOLE Part I (a)	PROVO, UT84606 Name, address, and ZIP + 4 THE ONE FOUNDATION 86 N UNIVERSITY AVE STE 420 PROVO, UT84604 Name, address, and ZIP + 4 DUANE AND MARCI SHAW 1220 E 7800 S SANDY, UT84094 (b) Name, address, and ZIP + 4 GARFIELD COOK 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 (b) Name, address, and ZIP + 4 SOUTH GERMAN MISSION 1569 N TECHNOLOGY WAY BLDG A NO1100 OREM, UT84097 Zation NDATION Contributors (See instructions). Use duplicate copies of Part Lif ad (b) Name, address, and ZIP + 4	Total contributions \$ 224,167 Total contributions \$ 125,000 Total contributions \$ 40,136 Total contributions \$ 20,000 Schedule B (F Employer id 20-3385036 Iditional space is needed. (c)	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) Form 990, 990-EZ, or 990-PF) (2019) entification number

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	THOMAS ALVORD		Person
<u>15</u>			Payroll
	86 N UNIVERSITY AVE STE 420	\$ 30,000	Noncash
	OREM, UT84042		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		<u>\$</u>	Noncash
			(Complete Part II for noncash

OREM, UT84042

Noncash

Schedule B (Form 990, 9	90-EZ, or 990-PF) (2016)		Page 3			
lame of organization MORE GOOD FOUNDATION		Employer identification number 20-3385036				
Part II Nonca	ash Property (See instructions). Use duplicate copies of Part II if additional space is need					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		<u> </u>				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
		<u> </u>				
(a) Io. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received			

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

), 990-EZ, or 990-PF) (2016)		Page 4
Name of organization MORE GOOD FOUNDATE			Employer identification number 20-3385036
than \$1,000 organizatio year. (Ente	o for the year from any one contributor.	Complete columns (a) through (e) exclusively religious, charitable, s.) ► \$	ection 501(c)(7), (8), or (10) that total more and the following line entry. For etc., contributions of \$1,000 or less for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
_	Transferee's name, address, and Zl	(e) Transfer of gift P 4 Relatio	onship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
-	Transferee's name, address, and Zl	(e) Transfer of gift P 4 Relatio	onship of transferor to transferee
[=			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. -			
_	Transferee's name, address, and Zl	(e) Transfer of gift P 4 Relation	onship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transfersale name address and 71	(e) Transfer of gift	anchin of transferor to transferor
-	Transferee's name, address, and Zl	Relatio	onship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

efile GRAPHIC print	Submiss	sion Date - 2018-	02-12		D	LN: 93491043002068
		Name: MORE EIN: 20-33		D FOUNDATION		
Category		Amount	ľ	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCCOUNTING		3,	,401	65	0	3,336

efile GRAPHIC print	Submission Date - 2	018-02-12	•					DLN: 934	91043002068
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.									
TY 2016 IRS 990	TY 2016 IRS 990 e-File Render								
Name: MORE GOOD FOUNDATION EIN: 20-3385036									
Description of Amo	ortized Expenses	Date Acquired, Completed, or Expended	Amount Amortized	Deduction for Prior Years	Amortization Method	Current Year Amortization	Net Investment Income	Adjusted Net Income	Total Amount of Amortization
WEBSITES AND DOMAIN NAMES		2007-10-10	147,181	145,931	36.000000000000		0	0	145,931
DOMAIN NAMES		2015-12-08	234	27	60.000000000000	47	0	0	74
DOMAINS		2016-06-05	3,500	58	60.000000000000	700	0	0	758

	efile GRAPHIC print Submission Date - 2018-02-12 DLN: 93491043002068								
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2016 IRS 990 e-File Render									
	Name: MORE GOOD FOUNDATION								
		EIN: 2	20-3385036						
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
COMPUTERS AND EQUIPMENT	2006-07-01	50,810	43,518	200DB	5.000000000000	0	0	0	
HP FOR JON	2010-11-02	722	722	200DB	5.000000000000	0	0	0	
HP COMPUTER	2010-12-07	748	748	200DB	5.000000000000	0	0	0	
COMPUTER	2011-11-30	1,430	1,348	200DB	5.000000000000	82	0	0	
MAC COMPUTER	2013-04-25	3,520	2,798	200DB	5.000000000000	385	0	0	
PROJECTOR	2013-02-08	520	425	200DB	5.000000000000	59	0	0	
EQUIPMENT	2013-02-08	1,150	939	200DB	5.000000000000	130	0	0	
TV	2013-10-02	1,447	1,030	200DB	5.000000000000	167	0	0	
FURNITURE	2015-02-10	378	287	200DB	5.000000000000	73	0	0	

efile GRAPHIC print Submission Date - 2018-02-12 DLN: 9349104300								
Name: MORE GOOD FOUNDATION EIN: 20-3385036								
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value				
WEBSITES AND DOMAIN NAMES	147,181	145,931	1,250					
DOMAIN NAMES	234	74	160					
DOMAINS	3,500	758	2,742					
COMPUTERS AND EQUIPMENT	50,810	43,518	7,292					
HP FOR JON	722	722	0					
HP COMPUTER	748	748	0					
COMPUTER	1,430	1,430	0					
MAC COMPUTER	3,520	3,183	337					
PROJECTOR	520	484	36					
EQUIPMENT	1,150	1,069	81					
TV	1,447	1,197	250					
FURNITURE	378	360	18					

<u> </u>	
Name:	MORE GOOD FOUNDATION
EIN:	20-3385036

DLN: 93491043002068

4,151

4,151

efile GRAPHIC print Submission Date - 2018-02-12

INTANGIBLE ASSETS LESS ACCUMULATED AMORTIZATION

EIN: 20-3385036			
Description	Beginning of Year -	End of Year - Book	End of Year - Fair
	Book Value	Value	Market Value

4,898

efile GRAPHIC print

TELEPHONE

OFFICE EXPENSES

LANGUAGE CONTRACT WRITERS

BANK CHARGES

MISCELLANEOUS

HOSTING FEES

SUPPLIES

SOFTWARE

ADMIN FEES

AMORTIZATION

DOMAIN REGISTRATION

Net Investment Expenses per Income Books

6,202

3,290

5,315

369

26,121

9,935

6,094

3,495

747

482,973

33

Submission Date - 2018-02-12

DLN: 93491043002068

Disbursements for

Charitable

Purposes

6,202

3,290

369

26,121

9,935

6,094

3,495

482,973 5,315

33

Adjusted Net

Income

0

0

0

0

0

0

0

0

0

0

0

0

0

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0

0

0

0

0

efile GRAPHIC print	Submission Date -	2018-02-12		D	LN: 93491043002068
	Name:	MORE GOO	D FOUNDATION		
	EIN:	20-3385036	6		
	Description	n		Beginning of Year - Book Value	End of Year - Book Value
PAYROLL LIABILITIES	S			6,032	12,127

efile GRAPHIC print	DLN	N: 93491043002068		
	Name: MORE GOOD EIN: 20-3385036			
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	49,688	0	0	49,688