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# Return of Private Foundation

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DLN: 93491133013690 OMB No. 1545-0052

2018

Form 990-PF
Department of the Treasury

Internal Revenue Service

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

Open to Public Inspection

For calendar year 2018, or tax year beginning 07-01-2018 , and ending 06-30-2019 A Employer identification number MORE GOOD FOUNDATION Number and street (or P O box number if mail is not delivered to street address) 1569 N TECHNOLOGY WAY BLD A NO 1100 Room/suite B Telephone number (see instructions) (801) 310-1380 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here OREM, UT 84097  $\square$  Initial return ☐ Initial return of a former public charity G Check all that apply D 1. Foreign organizations, check here ☐ Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation ☐ Name change Address change **E** If private foundation status was terminated under section 507(b)(1)(A), check here ✓ Section 501(c)(3) exempt private foundation **H** Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end J Accounting method ✓ Cash ☐ Accrual **F** If the foundation is in a 60-month termination under section 507(b)(1)(B), check here of year (from Part II, col (c), *line 16)* ▶\$ 2,630,005 ☐ Other (specify) (Part I, column (d) must be on cash basis ) Part I Analysis of Revenue and Expenses (The total (d) Disbursements Revenue and (b) Net investment (c) Adjusted net for charitable of amounts in columns (b), (c), and (d) may not necessarily expenses per books purposes (cash basis only) equal the amounts in column (a) (see instructions) ) Contributions, gifts, grants, etc , received (attach 982,747 schedule) Check ► L 2 」 if the foundation is **not** required to attach 22,506 22.506 22.506 Interest on savings and temporary cash investments Dividends and interest from securities 4 Gross rents 5a Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications . . 10a Gross sales less returns and allowances Less Cost of goods sold b . . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) اروه 96: 961 12 Total. Add lines 1 through 11 1,006,214 22,506 23.467 Compensation of officers, directors, trustees, etc 495.000 495.000 13 0 14 Other employee salaries and wages 589,809 24,300 0 565,509 0 148.718 3.331 145.387 15 Pension plans, employee benefits Operating and Administrative Expenses Legal fees (attach schedule) . رو Accounting fees (attach schedule) 11,786 264 0 11,522 ارچە 0 n Other professional fees (attach schedule) 1,127 1.127 17 [چە 58,423 1,309 0 57,114 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion 20 41,232 924 0 40,308 0 21 Travel, conferences, and meetings 34,024 762 33,262 22 Printing and publications . Other expenses (attach schedule) 744,147 2,245 739,905 24 Total operating and administrative expenses. Add lines 13 through 23 . . . 34,262 2,088,007 2,124,266 25 Contributions, gifts, grants paid 300.000 300.000 26 Total expenses and disbursements. Add lines 24 and 2,424,266 2,388,007 27 Subtract line 26 from line 12 Excess of revenue over expenses and disbursements Net investment income (If negative, enter -0-) Adjusted net income (if negative, enter -0-) . . . 23,467 For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

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Part II	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year		
			(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash—non-interes	t-bearing	4,019,385	590,276	590,276	
2	Savings and tempo	prary cash investments				
3	Accounts receivable	e <b>▶</b>				
	Less allowance fo	r doubtful accounts 🕨				
4	Pledges receivable	<b>&gt;</b>				
	Less allowance fo	r doubtful accounts 🕨				

0

7,378 3,404

19,425

19,425

4,014,294

4,014,294

4,033,719

4,033,719

(چە

2,017,143

1,408

2,608,827

12,585

12,585

2,596,242

2,596,242

2,608,827

2

3

4

5

6

4,014,294

-1,418,052

2,596,242

2,596,242

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2,038,321

1,408

2,630,005

	4
	5
	6
	7
ts	8
Assets	9
As	10a
	ŧ
	(
	11

.0a

b

C

12

13 14

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16

17

18

19

20 21

22

23

24

25

28 29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30 Less allowance for doubtful accounts ▶ Inventories for sale or use . . . . .

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe -

Unrestricted . . .

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a . . . . . .

Other increases not included in line 2 (itemize) -

Grants payable

Receivables due from officers, directors, trustees, and other

Other notes and loans receivable (attach schedule)

Prepaid expenses and deferred charges . . . . . .

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶

Total assets (to be completed by all filers—see the

Accounts payable and accrued expenses . . . . .

Investments—other (attach schedule) . . . . . . .

disqualified persons (attach schedule) (see instructions) . . . . .

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Foundations that follow SFAS 117, check here ▶ ✓

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

**Analysis of Changes in Net Assets or Fund Balances** 

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

		ne kınd(s) of property sold (e g , rea nouse, or common stock, 200 shs M		How acquired P—Purchase D—Donation	Date acquired (mo , day, yr )	Date sold (mo , day, yr )
1a	1					
	•					
•						
		100	1	<u> </u>		
	(e)	(f) Depreciation allowed		(g) other basis	,	<b>h)</b> r (loss)
	Gross sales price	(or allowable)	I	ense of sale		) minus (g)
а						
b						
С						
d						
e						
	Complete only for assets sh	owing gain in column (h) and owned	d by the foundation	on 12/31/69	,	I)
		(i)		(k)		h) gain minus
	(i) FMV as of 12/31/69	Adjusted basis	Excess	of col (ı)	col (k), but not	léss than -0-) <b>or</b>
	F M V as of 12/31/69	as of 12/31/69	over co	l (j), if any	Losses (fre	om col (h))
a						
b						
C						
d						
е						
		If	gain, also enter in F	Part I, line 7		
2	Capital gain net income or	(net capital loss)	(loss), enter -0- ın	Part I, line 7		
_	Nick charak barras anakal araw		2(5)	,	2	
3	· -	or (loss) as defined in sections 122				
	in Part I, line 8	, line 8, column (c) (see instructions	i) If (loss), enter -l	J- }	3	
	mrarer, mic o			1		
Part	V Qualification Und	der Section 4940(e) for Redu	iced Tax on Net	Investment I	ncome	
For or		ate foundations subject to the sectio				
,		•	(4)		,,,	
f sect	ion 4940(d)(2) applies, leave	e this part blank				
Vas th	ne foundation liable for the se	ection 4942 tax on the distributable	amount of any yea	r in the base perio	d۶ 🔲 Y،	es 🗹 No
		ualify under section 4940(e) Do not		· ·		
1	Enter the appropriate amou	nt ın each column for each year, see	e instructions before	e makıng any entri	es	
	(a)	(b)	(c)		(d)	
Bas	se period years Calendar		et value of noncharital	ole-use assets	Distribution rati	0

1,399,711

1,391,623

1,462,218

1,485,366

1,284,327

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

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

number of years the foundation has been in existence if less than 5 years 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

(b)

(col (b) divided by col (c))

3 103641

10 020616

9 351073

6 885556

4 152340

33 513226

6 702645

2,455,292

16,456,951

16,456,951

2,388,007

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0

450,990

138,876

156,369

215,722

309,302

2

3

4

5

6

7

8

Page 3

year (or tax year beginning in)

2017

2016

2015

2014

2013

2 Total of line 1, column (d)

**5** Multiply line 4 by line 3

instructions

Page **6** 

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes V	No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
<b>L</b>	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
٠	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	60		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? $\square$			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🔽	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "No	ONE".
(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 IX-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 THE MORE GOOD FOUNDATION IS DEDICATED TO PROVIDING TOOLS, SUPPORT, EDUCATION, AND CONTENT TO HELP THE CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS-ORIENTED WEB SITES BE THE BEST THEY CAN BE THE ORGANIZATION HELPS WITH GRAPHIC DESIGN, WEB DESIGN, 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)  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	A == = ::== t
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2  1	Amount
2	
All other program-related investments. See instructions	
3	_
Total. Add lines 1 through 3	0
Total. Add lines 1 through 3	- 0

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

3

4

5

2

3a 3h

4

5

2,388,007

2.388.007

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e From 2017. . . . .

XII, line 4 ▶ \$

indicated below:

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Part XIII Undistributed Income (see instruc	tions)			
	(a) Corpus	(b) Years prior to 2017	<b>(c)</b> 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only				
<b>b</b> Total for prior years 20, 20, 20				
2 Evenes distributions correspond if any to 2019				

3 Excess distributions carryover, if any, to 2018 a From 2013. . . . . **b** From 2014. . . . c From 2015. . d From 2016. . . .

f Total of lines 3a through e. . . . . . .

4 Qualifying distributions for 2018 from Part

a Applied to 2017, but not more than line 2a

same amount must be shown in column (a) ) 6 Enter the net total of each column as

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . required—see instructions). . . . . . . . .

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . 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 e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . 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) . . . . . . . . . 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . d Excess from 2017. . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a . . . . . .

c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

	Private Operating Found	ations (see instru	ctions and Part V.	ii-A, question 9)		
1a	If the foundation has received a ruling or del foundation, and the ruling is effective for 20			ating		
b	Check box to indicate whether the organizati	on is a private operat	ting 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) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) local
	year listed	23,467	225	65	0	23,757
b	85% of line 2a	19,947	191	55	0	20,193
	Qualifying distributions from Part XII, line 4 for each year listed	2,388,007	1,399,711	1,391,623	1,462,218	6,641,559
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	2,388,007	1,399,711	1,391,623	1,462,218	6,641,559
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying under section 4942(j)(3)(B)(i)</li></ul>					0
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	81,843	15,033	4,629	5,212	106,717
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 1 1 11 1				0
Pa	rt XV Supplementary Information assets at any time during th	(Complete this p	eart only if the for	oundation had \$	55,000 or more	ın
1 a	Information Regarding Foundation Mana List any managers of the foundation who have	agers: re contributed more tl	han 2% of the total			n
	before the close of any tax year (but only if List any managers of the foundation who own					
U	ownership of a partnership or other entity) of				rge portion of the	
2	Information Regarding Contribution, Gra					
	Check here ▶ ☑ If the foundation only mak	es contributions to pr	eselected charitable	e organizations and o	does not accept	
	unsolicited requests for funds If the founda other conditions, complete items 2a, b, c, ar	tion makes gifts, grar	nts, etc. to individua			
а	The name, address, and telephone number of	or email address of th	e person to whom a	applications should b	e addressed	
b	The form in which applications should be sub	omitted and informati	on and materials th	ey should include		
С	Any submission deadlines					
d	Any restrictions or limitations on awards, surfactors	ch as by geographical	l areas, charitable fi	elds, kınds of ınstıtu	tions, or other	

Enter gross amounts unless otherwise indicated		isiness income	Excluded by section		(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
a b					
b					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	22,506	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</b> Not debt-financed property <b>6</b> Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than					
inventory					
9 Net income or (loss) from special events					
Of Gross profit or (loss) from sales of inventory					
11 Other revenue					
a GOOGLE ADS				961	
b					
d					
e					
		0		23,467	0
12 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)		0	13	23,467	23,467
<ul> <li>Subtotal Add columns (b), (d), and (e).</li> <li>Total. Add line 12, columns (b), (d), and (e).</li> <li>(See worksheet in line 13 instructions to verify calculated).</li> </ul>	ılatıons )		13		
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calcular XVI-B Relationship of Activities to the	ılatıons ) 1e Accomplish	ment of Exem	pt Purposes	3	
<ul> <li>Subtotal Add columns (b), (d), and (e).</li> <li>Total. Add line 12, columns (b), (d), and (e).</li> <li>(See worksheet in line 13 instructions to verify calculated).</li> </ul>	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
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12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
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12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
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12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	
12 Subtotal Add columns (b), (d), and (e).  3 Total. Add line 12, columns (b), (d), and (e).  (See worksheet in line 13 instructions to verify calculated by the color of the second by the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain below how each activity for which the accomplishment of the foundation's explain the foundation that the foundation is a foundation to be a foundation	ilations )  ne Accomplish  income is reporte	ment of Exem	pt Purposes f Part XVI-A contribu	ted importantly to	

, (20	,10,
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
/II	
	Exempt Organizations

Part	XVII	Exempt Organi		ransters to a	and Transactio	ons and r	Relatio	nsnips with Nonci	пагітаріе		
		janization directly or in than section 501(c)(3)	directly enga						501	Yes	No
a Tran	nsfers f	rom the reporting foun	dation to a n	oncharitable ex	empt organizatior	of					
(1)	Cash.								1a(1)		No
(2)	Other	assets							1a(2)		No
		sactions									
		of assets to a nonchar	•	-					. 1b(1)		No
		ases of assets from a r							. 1b(2)		No
		of facilities, equipmen							. 1b(3)		No
		oursement arrangemen or loan guarantees.							1b(4) 1b(5)		No No
		mance of services or m							1b(6)		No
٠,		facilities, equipment, r		_					1c		No
	-	ver to any of the above		· ·					rket value		
of tl	ne good	ds, other assets, or ser	vices given b	y the reporting	foundation If the	foundation	n receive	d less than fair market	t value		
ın a	ny tran	saction or sharing arra	ngement, sn	ow in column (c	1) the value of the	e goods, ot	ner asse	ts, or services received	1		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Desc	cription of	transfers, transactions, an	nd sharing arra	ngemen	its
	-										
-											
		dation directly or indire	•	•	•			_	_		
		n section 501(c) (other		501(c)(3)) or	ın section 527? .			Ц Yes	<b>✓</b> No		
<b>b</b> If "\	es," co	omplete the following s		1 4			ı		1		
		(a) Name of organization	on	(1	<b>b)</b> Type of organizati	on		(c) Description of	relationship		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co								
Sign Here	,	****	-		2020-05-12	*	****		May the IRS di return with the prepa		
	7 -	Signature of officer or t	rustee		Date	<b>/</b>	itle		with the prepa below (see instr )?	_	
	1	Print/Type preparer's	name	Preparer's Sign	nature	Date		PTI	IN		
								Check if self-	P00501	855	
								employed ▶ 🔲	100501	.033	
Paid											
Prep		Firm's name ► STE	/ENSON SMI	TH CPA'S LLC				Firi	m's EIN ▶20	-00793	323
Use (	JIIIY	Firm's address ► 52	55 NORTH F	DGEWOOD DR 3	375						
					J. J			Dha	one no (801	) 234-4	4200
		PR	ROVO, UT 84	604						, <b>_</b>	.200

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter (e) other allowances hours per week Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation JONATHAN JOHNSON CEO AND BOARD 175,000 0 0 MEMBER 1569 N TECHNOLOGY WAY BLDG A SUITE 40 00 1100 OREM, UT 84097 DAVID WIRTHLIN 0 0 0 CHAIRMAN 0 00 1569 N TECHNOLOGY WAY BLDG A SUITE 1100 OREM, UT 84097 ALAN ASHTON 0 0 **BOARD MEMBER** 0 0 00 1569 N TECHNOLOGY WAY BLDG A SUITE 1100 OREM, UT 84097 JIM ENGEBRETSEN **BOARD MEMBER** 0 0 0 00 1569 N TECHNOLOGY WAY BLDG A SUITE 1100 OREM, UT 84097 KENNETH MUSSER WOOLLEY CHAIRMAN 0 0 0 00 1569 N TECHNOLOGY WAY BLDG A SUITE 1100 OREM, UT 84097 TOM DICKSON BOARD MEMBER 0 0 0 0 00 1569 N TECHNOLOGY WAY BLDG A SUITE 1100 OREM, UT 84097 DAVID LISONBEE **BOARD MEMBER** 0 0 0 0 00 1569 N TECHNOLOGY WAY BLDG A SUITE 1100 OREM, UT 84097 DAVID GRANT 0 CHIEF OPERATING 130,000 **OFFICER** 1569 N TECHNOLOGY WAY BLDG A SUITE 40 00 1100 OREM, UT 84097 **GARFIELD COOK** 0 **BOARD MEMBER** 0 n 0 00 1569 N TECHNOLOGY WAY BLDG A SUITE 1100 OREM, UT 84097 **DUANE SHAW BOARD MEMBER** 0 0 0 0 00 1569 N TECHNOLOGY WAY BLDG A SUITE 1100 OREM, UT 84097 HEATHER NEWALL DIRECTOR OF 100,000 0 0 TECHNOLOGY 1569 N TECHNOLOGY WAY BLDG A SUITE 40 00 1100 OREM, UT 84097 HWA LEE DIRECTOR OF 90,000 0 0 INTERNATIONAL 1569 N TECHNOLOGY WAY BLDG A SUITE 40 00 1100

OREM, UT 84097

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491133013690									
TY 2018 Accounting Fe	es Schedule	_	_						
Name: MORE GOOD FOUNDATION EIN: 20-3385036									
	EIN: 20-33630	030		-					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
ACCCOUNTING	11,786	264	0	11,522					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -						DLN: 934	91133013690
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.								
TY 2018 Amortization Schedule								
Name:	MORE GOOD	FOUNDATIO	N					
<b>EIN:</b> 20-3385036								
Amortization Schedule								
Description of Amortized 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	1,250	0	0	147,181
DOMAIN NAMES	2015-12-08	234	121	60 000000000000	47	0	0	168

60 0000000000000

700

2,158

3,500

2016-06-05

DOMAINS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	D	LN: 93491133013690
TY 2018 Investments Corpora	te Stock Schedule		
Name:	MORE GOOD FOUNDAT	ION	
EIN:	20-3385036		
Investments Corporation Stock Schedule			
Name of Stoc	k	End of Year Book	End of Year Fair

MERRILL LYNCH

Value

2,017,143

**Market Value** 

2,038,321

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133013690
TY 2018 Land, Etc. Schedule		

Name: MORE GOOD FOUNDATION

ETN: 20-3385036

	.III. 20-3363030			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
WEBSITES AND DOMAIN NAMES	147,181	147,181	0	
DOMAIN NAMES	234	168	66	
DOMAINS	3,500	2,158	1,342	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: MORE GOOD FOUNDATION

	EIN:	20-3385036	
Other Assets Schodule			

	FIN:	20-3385036	
Other Assets Schedule			

1,408

Oth	er Assets Schedule	
	Description	

INTANGIBLE ASSETS LESS ACCUMULATED AMORTIZATION

Beginning of Year -End of Year - Book **Book Value** Value

End of Year - Fair Market Value

1,408

DLN: 93491133013690

3,404

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133013690				
TY 2018 Other Expenses Sche	dule					
Name:	MORE GOOD FO	DUNDATION				
EIN:	20-3385036					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

4,578

4,866

14,043

42,506

8,733

5,044

6,863

1,378

622,323

151

103

109

315

952

196

113

154

31

0

6,606

4,475

4,757

13,728

41,554

8,537

4,931

6,709

1,347

622,323

0

0

0

0

0

0

0

0

0

0

**TELEPHONE** 

BANK CHARGES

**MISCELLANEOUS** 

HOSTING FEES

SUPPLIES

SOFTWARE

ADMIN FEES

**ADVERTISING** 

WORKERS COMP

LANGUAGE CONTRACT WRITERS

 Description
 Revenue and Expenses per Books
 Net Investment Income
 Adjusted Net Income
 Disbursements for Charitable Purposes

 VEB OPTIMIZATION
 1,225
 27
 0
 1,198

2,921 7.375

-7,980

978

207

20,239

WEB OPTIMIZATION	1,225	27	0	
DOMAIN EXPENSES	2,988	67	0	
LOSS ON EQUIPMENT	7,375	0	0	

-7,980

1,000

20,239

1,997

212

Other Expenses Schedule

REFUNDS

POSTAGE

**OUTSIDE SERVICES** 

AMORTIZATION

OTHER MISCELLANEOUS

efile GRAPHIC print - DO NOT PROCESS As	Filed Data -	DLN: 93491133013690
TY 2018 Other Income Schedule		

Name: MORE GOOD FOUNDATION

<b>EIN:</b> 20-3385036
------------------------

Other Income Schedule			
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
GOOGLE ADS	961		961

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491133013690			
TY 2018 Other Liabilities Schedule							
Name:	MORE GOOD F	OUNDATION					
EIN:	20-3385036						
Description		Beginning of Year - Book Value	End of Year - Book Value				
PAYROLL LIABILITIES			19,425	12,585			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491133013690						
TY 2018 Other Professional Fees Schedule								
Name: MORE GOOD FOUNDATION EIN: 20-3385036								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

1,127

INVESTMENT FEES

efile GRAPHIC print - DO NOT PR	OCESS As Filed Data	DLN: 93491133013690			
TY 2018 Taxes Schedule	е			_	
	Name: MORE GOOD EIN: 20-3385036				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
PAYROLL TAXES	58,423	1,309	0	57,114	

efile GRAPHIC print -	OO NOT PROCESS	As Filed Data -				DLN: 93491133013690
Schedule B		Schedu	le of Contributo	rs		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	•		Form 990, 990-EZ, or 990- <u>v/Form990</u> for the latest ii			2018
Name of the organizat					Employer id	entification number
——————————————————————————————————————					20-3385036	
Organization type (ch	eck one)					
Filers of:	Section:					
Form 990 or 990-EZ	☐ 501(c)( )	(enter number) or	ganization			
	4947(a)(1)	nonexempt charı	table trust <b>not</b> treated as	s a private founda	tion	
	☐ 527 politica	al organization				
Form 990-PF	<b>✓</b> 501(c)(3) €	exempt private fou	ındatıon			
	4947(a)(1)	nonexempt chari	table trust treated as a p	orivate foundation		
	☐ 501(c)(3) t	axable private fou	ındatıon			
			F that received, during to Complete Parts I and II So			
Special Rules						
under sections a received from a	509(a)(1) and 170(b)(1	1)(A)(vı), that chec ring the year, tota	Form 990 or 990-EZ the cked Schedule A (Form s I contributions of the gre plete Parts I and II	990 or 990-EZ), Pa	art II, line 13,	16a, or 16b, and that
during the year,	total contributions of i	more than \$1,000	or (10) filing Form 990 c <i>exclusively</i> for religious animals Complete Parts	, charitable, scient		
during the year, If this box is che purpose Don't o	contributions exclusived, enter here the tomplete any of the pa	vely for religious, cotal contributions arts unless the <b>Ge</b>	or (10) filing Form 990 c charitable, etc., purposes that were received during neral Rule applies to the or more during the year.	s, but no such con ng the year for an one ns organization be	tributions tota e <i>xclusively</i> rel cause it receiv	led more than \$1,000 igious, charitable, etc, ved nonexclusively
990-EZ, or 990-PF), bu	t it <b>must</b> answer "No"	on Part IV, line 2,	e and/or the Special Rul of its Form 990, or chec it doesn't meet the filing	k the box on line I	H of its	
For Paperwork Reduction for Form 990, 990-EZ, or 9		ıctıons	Cat No 30613X	Schedu	lle B (Form 990,	990-EZ, or 990-PF) (2018)

Name of organization MORE GOOD FOUNDATION

Employer identification number

2	∩-3	32	50	36

		20-3385036	
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
	See Additional Data Table	\$	Person Payroll Noncash  (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	for noncash contribution )  (d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s ———	Person Payroll Noncash  (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II
			for noncash contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

## **Additional Data**

## Software ID:

**Software Version:** 

**EIN:** 20-3385036

Name: MORE GOOD FOUNDATION

orm 990 Schedul	e B, Part I - Contributors (see Instructions) Use duplicate copie	s of Part I if additional space	is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contrib	ution
_	ASHTON FAMILY FOUNDATION		Person	<b>✓</b>
<u>1</u>	199 N 290 W STE 100		Payroll	
		\$ 265,000	Noncash	
	LINDON, UT 84042		(Complete Part II f contribution	
•	LDS FOUNDATION OF THE LDS CHURCH		Person	<b>✓</b>
<u>2</u>	150 SOCIAL HALL AVE STE 500		Payroll	
		\$ 430,000	Noncash	
	SALT LAKE CITY, UT 84145		(Complete Part II f contribution	or noncash
	MINHAVIDA LLC		Person	<b>~</b>
<u>3</u>	304 EAST 1600 NORTH		Payroll	
		\$ 50,004	Noncash	
	OREM, UT 84057		(Complete Part II f contribution	or noncash
	PEERY FOUNDATION		Person	<b>V</b>
<u>4</u>	30 EAST 100 SOUTH STE 900	_	Payroll	
		\$ 25,000	Noncash	$\overline{\Box}$
	SALT LAKE CITY, UT 84111		(Complete Part II f contribution	or noncash
_	STEVEN LUND		Person	<u> </u>
<u>5</u>	86 N UNIVERSITY AVE STE 420		Payroll	
		\$ 60,000	Noncash	
	PROVO, UT 84601		(Complete Part II f contribution	or noncash
_	SPENCER KIRK		Person	<b>~</b>
<u>6</u>	2795 E COTTONWOOD PKWY		Payroll	
		\$ 5,000	Noncash	
	SALT LAKE CITY, UT 84121		(Complete Part II f contribution	or noncash

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution Νo. Person SOUTH GERMAN MISSION **~** <u>7</u> Payroll 1569 N TECHNOLOGY WAY BLDG A NO1100 \$ 12,000 Noncash OREM, UT 84097 (Complete Part II for noncash contributions ) Person **ED SMITH ✓** 8 Payroll 86 N UNIVERSITY AVE STE 420 \$ 25,000 Noncash OREM, UT 84042 (Complete Part II for noncash contributions ) Person **✓** THE PI FOUNDATION 9 Payroll 10 E S TEMPLE 800 \$ 50,004 Noncash SALT LAKE CITY, UT 84101 (Complete Part II for noncash contributions ) Person TOM BURTON **✓** <u>10</u> Payroll 1569 N TECHNOLOGY WAY BLDG A NO1100 \$ 10,000 Noncash OREM, UT 84097 (Complete Part II for noncash contributions )