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## Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

MICHAE	L AND CARMEN DU	51-0619630				
Organiz	zation type (check	one)				
Filers o	f:	Section:				
Form 990 or 990-EZ		☐ 501(c)( ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	ate foundationRECEIVED			
		☐ 527 political organization	3023 JUN <b>1 2</b> 2017 Se-OSC			
Form 990-PF		✓ 501(c)(3) exempt private foundation	88 - S			
		4947(a)(1) nonexempt charitable trust treated as a private for	OGDEN, UT			
		501(c)(3) taxable private foundation				
		is covered by the General Rule or a Special Rule.				
<b>Note:</b> Construct		c)(7), (8), or (10) organization can check boxes for both the General	Rule and a Special Rule. See			
motract						
Genera	l Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
Cautio	n: An organization	that isn't covered by the General Rule and/or the Special Rules doe				

990-EZ or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

MICHAEL	AND CARMEN DUFFEK FOUNDATION, INC		51-0619630
Part I	Contributors (See instructions). Use duplicate c	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL DUFFEK  42313 N LONG COVE WAY  ANTHEM, AZ 85086	\$ 29997	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JOHN WOLF PO BOX 460  GRAND ISLAND, NE 68802	\$	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 Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash

Noncash (Complete Part II for noncash contributions)