Form **990-PF**

EXTENDED TO NOVEMBER 15, 2 Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www irs gov/Form990PF for instructions and the latest information

OMB No 1545-0052

For each of the contest of the con	Department	of the Treasury		social security numbers on			LU1
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Section Sect				addraga)	Room/custo		<u> </u>
Cry of town, state or province, country, and ZIP or foreign postal code OGDEN, UT 84403 G Check all that spply: Intelleturn I		•		address)	Robit/Suite		0.4
GOBDEN, UT 84403 6 Check all that apply: Initial return Initial return Initial return Initial return Initial return Initial return				ostal code			
Final return Address change Namended return Address change Address change Namended return Namended return Section 497 (a)(1) nonexempt chantable trust Other tixable private foundation Section 497 (a)(1) nonexempt chantable trust Other tixable private foundation Final return Section 497 (a)(1) nonexempt chantable trust Other tixable private foundation Final return Section 497 (a)(1) nonexempt chantable trust Other tixable private foundation Final return Section 497 (a)(1) nonexempt chantable trust Other tixable private foundation Final return Section 497 (a)(1) nonexempt chantable trust Other tixable private foundation Final return Section 497 (a)(1) nonexempt Final return Section 497 (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a							
According to repair and section 597(a) Inneresting the Section 597(b) Inneresting the Section	G Check	all that apply:	Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	s, check here
H Check they of deganization. IX Section 501(c)(3) exempt private foundation Fair market value of all assets at end of year 1 Accounting method: IX Cash IX C						2. Foreign organizations me	eeting the 85% test,
Section 4947(a)(1) nonexempt charable trust					() () () () ()	check here and attach c	omputation
Fart market value of all assets at end of year					1100		
The part			· · · · · · · · · · · · · · · · · · ·			1	
354			· · · · —		7.001001		
The statal of amounts in columns (b), (s), and (g) may not necessary each as wareing wearh or wareing wearhing	•		954,530 . (Part I, colun	nn (d) must be on cash basis	S.)		
1 Contributions, grits, grafts, etc., received 104, 556. N/A	Part I	Analysis of Re	venue and Expenses				(d) Disbursements for charitable purposes
2 Check		necessarily equal	the amounts in column (a))		income		
Interest on savings and remporary	1 1		, , ,	104,556		N/A	
A Dividends and interest from securities 15,471. 15,471. STATEMENT 2	2			88.	88.		STATEMENT 1
Sa Gross rents Not remain income or (loss) Sa Net serval income of (loss) Sa Net serval income (loss) Sa	4						
Section Sect	5a				· · · · ·		
Description	b	Net rental income of	or (loss)				
Net Signt-rerin capital gain Signt	<u>თ</u> 6a			8,246.			
Net Signt-rerin capital gain Signt	- Je -	assets on line 6a			0 246	DECE	VED -
10a and disvances	7 <u>و</u>				0,240.	RECE	
10a and disvances	1		, •			Z 44V 1 77	2010
Discrete	1	Gross sales less re					15010 001
11 Other income 12 Total. Add lines 1 through 11 128,361. 23,805.	Ь		s sold				
12 Total. Add lines 1 through 11 128,361. 23,805.	C		loss)			OGDE	N. U
13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees STMT 3 1,029 0 0 0 1,029 0 0 0 0 0 0 0 0 0	11.	••		120 261	22 005		
14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 1,029	-						0.
15 Pension plans, employee benefits 16a Legal fees STMT 3 1 1 0.29 . 0 . 1 1 0.29 . 0 . 1 0.29 . 0 . 1 0.29 . 0 . 1 0.29 . 0 . 1 0.29 . 0 . 1 0.29 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0		*		0.			
b Accounting fees STMT 4 7,630. 3,815. 3,815. C Other professional fees STMT 5 7,522. 7,522. 0.0. 17 Interest 18 Taxes STMT 6 351. 58. 0.1 19 Depreciation and depletion 20 Occupancy 6,000. 0. 0. 6,000. 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 7 7,015. 0. 10. 24 Total operating and administrative expenses. Add lines 13 through 23 29,547. 11,395. 10,854. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 61,497. 11,395. 42,804. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	1	,	=				
17 Interest 18 Taxes STMT 6 351 58 0 0 0 0 0 0 0 0 0	წ 16a	Legal fees			· ·		1,029.
17 Interest 18 Taxes STMT 6 351 58 0 0 0 0 0 0 0 0 0	를 b	•					
23 Other expenses STMT 7 7,015. U. 10. 24 Total operating and administrative expenses. Add lines 13 through 23 29,547. 11,395. 10,854. 25 Contributions, gifts, grants paid 31,950. 31,950. 31,950. 31,950. 26 Total expenses and disbursements. Add lines 24 and 25 61,497. 11,395. 42,804. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	Δ, c	•	nal fees STMT 5	7,522.	7,522.		U.
23 Other expenses STMT 7 7,015. U. 10. 24 Total operating and administrative expenses. Add lines 13 through 23 29,547. 11,395. 10,854. 25 Contributions, gifts, grants paid 31,950. 31,950. 31,950. 31,950. 26 Total expenses and disbursements. Add lines 24 and 25 61,497. 11,395. 42,804. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	ا <u>چ</u>		CIMMIT 6	351	5.8		-
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23 Other expenses STMT 7 7,015. U. 10. 24 Total operating and administrative expenses. Add lines 13 through 23 29,547. 11,395. 10,854. 25 Contributions, gifts, grants paid 31,950. 31,950. 31,950. 31,950. 26 Total expenses and disbursements. Add lines 24 and 25 61,497. 11,395. 42,804. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	P 21	, .	ices, and meetings				
23 Other expenses STMT 7 7,015. U. 10. 24 Total operating and administrative expenses. Add lines 13 through 23 29,547. 11,395. 10,854. 25 Contributions, gifts, grants paid 31,950. 31,950. 31,950. 31,950. 26 Total expenses and disbursements. Add lines 24 and 25 61,497. 11,395. 42,804. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) N/A	[22		blications				
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) T 23501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.	<u>6</u> 23	•		7,015.	0.		10.
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) T 23501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.	E 24			20 547	11 205		10 854
26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 723501 01-03-18 LHA For Paperwork Reduction Act Notice, see Instructions. 42 , 804 42 , 804 73501 01-03-18 LHA For Paperwork Reduction Act Notice, see Instructions.	م م	-			11,333	<u>'</u>	31.950.
Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions. 42,804 42,804 11,395 12,410 N/A				31,330.			3=,,,,,,,,
27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.				61,497.	11,395	,	42,804.
b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-) 723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.	27						
c Adjusted net income (if negative, enter -0-) 723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2017)	8	Excess of revenue	over expenses and disbursements	66,864.	10 410	ļ	
723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-PF (2017					12,410		
				e e e instructions		1 1/4	Form 990-PF (2017
	123501 0	1-03-10 LDA 5	or a sperment treasured not not not	,	2	F	_~

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of			
<u></u>	ar t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	่ส	Cash - non-interest-bearing	116,309.	69,267.	69,267.		
	2	Savings and temporary cash investments					
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable ▶					
		Less; allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons	<u>-</u>				
	7	Other notes and loans receivable	_				
		Less; allowance for doubtful accounts ▶ 0 •	0.	1,899.	1,899.		
ets		Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·		
Assets	l .	Prepaid expenses and deferred charges					
•		Investments - U.S and state government obligations		0.00	000 054		
		Investments - corporate stock STMT 8	652,011.	882,974.	882,974.		
		Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis			2.00		
		Less accumulated depreciation 4,610.	390.	390.	390.		
		Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment; basis 5,000.	CHARLES STATE OF THE STATE OF T	and magnificant specification is a second of the second specification of the	AND		
		Less accumulated depreciation STMT 9 > 5,000.			· · · · · · · · · · · · · · · · · · ·		
		Other assets (describe					
	16	Total assets (to be completed by all filers - see the	760 710	054 530	054 520		
_	-	instructions Also, see page 1, item I)	768,710.	954,530.	954,530.		
		Accounts payable and accrued expenses					
	18	Grants payable					
Liabilities	19	Deferred revenue					
ρį	20	Loans from officers, directors, trustees, and other disqualified persons					
Lia	21	Mortgages and other notes payable					
	22	Other liabilities (describe					
	,,	Total liabilities (add lines 17 through 22)	0.	0.			
-	23	Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26, and lines 30 and 31.			,		
es	24	Unrestricted			,		
lances		Temporarily restricted					
		Permanently restricted					
ğ	-"	Foundations that do not follow SFAS 117, check here			١		
ž.		and complete lines 27 through 31.					
ŏ	27	,	0.	0.			
sets	28		0.	0.			
Net Assets or Fund Ba	29		768,710.	954,530.			
Ę	30	Total net assets or fund balances	768,710.	954,530.			
-							
	31	Total liabilities and net assets/fund balances	768,710.	954,530.			
=	_		·				
LP	art	The second changes in Net Assets of Fund B					
1	Tota	l net assets or fund balances at beginning of year - Part II, column (a), line	30				
		st agree with end-of-year figure reported on prior year's return)		1	768,710.		
		r amount from Part I, line 27a		2	66,864.		
		r increases not included in line 2 (itemize) UNREALIZED	GAINS	3	118,956.		
		lines 1, 2, and 3		4	954,530.		
		eases not included in line 2 (itemize)	-		0.		
6	Tota	l net assets or fund balances at end of year (line 4 minus line 5) - Part II, ci	olumn (b), line 30	6	954,530.		

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co)				P - Purc D - Don	cquired hase ation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr.)	
1a RAYMOND JAMES						VARIOUS	12/31/17	
b RAYMOND JAMES						VARIOUS	12/31/17	
c CAPITAL GAINS D	DIVIDENDS							
d								
e		_,		L		 		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain or (loss ((e) plus (f) minus		
a 973.		- 	90	0.			73.	
b 12,400.		 	10,27				2,121.	
c 6,052.							6,052.	
d								
е								
Complete only for assets showing		 				Gains (Col. (h) gair (k), but not less tha		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (I) col. (I), If any			Losses (from col.	(h))	
a					<u> </u>		73.	
b							6,052.	
d d							0,002.	
e								
	∫ If gain, also en	ter in Part I, line -0- in Part I, line	7	3			8,246.	
Capital gain net income or (net capNet short-term capital gain or (loss	•		/	2	ļ <u> </u>		0,240.	
If gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8	column (c).			} 3		N/A		
Part V Qualification U	nder Section 4940(e) fo	or Reduced	Tax on Net	Investr	nent Inc	ome		
If section 4940(d)(2) applies, leave th Was the foundation liable for the secti If "Yes," the foundation doesn't qualify 1 Enter the appropriate amount in e	on 4942 tax on the distributable a under section 4940(e). Do not c	omplete this par	t				Yes X No	
(a)	(b)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(c)		Digtr	(d) bution ratio	
Base periód years Calendar year (or tax year beginnin	Advisor of accelebing a	distributions Net value of no			-use assets	(col. (b) d	vided by col. (c))	
2016		107,084.			3,408			
2015	1	23,358.		81	0,493	•	.152201	
2014					· · · · · · · · · · · · · · · · · · ·	_		
2013							······	
2012	<u> </u>		<u> </u>		-	 		
2 Total of line 1, column (d)						2	.290658	
3 Average distribution ratio for the 5	year base period - divide the total	al on line 2 by 5.	0, or by the numb	er of years			<u>.</u>	
the foundation has been in existen	ice if less than 5 years					3	.145329	
4 Enter the net value of noncharitable	le-use assets for 2017 from Part 1	X, line 5				4	808,005	
		•				5	117,427	
5 Multiply line 4 by line 3						3	· · · · · · · · · · · · · · · · · · ·	
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)					6	124	
7 Add lines 5 and 6						7	117,551.	
8 Enter qualifying distributions from	Part XII, line 4					8	42,804	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, I	ine 1b, and comp	olete that part usin	ig a 1% tax	rate			

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Part VI Excise Tax Based on Investment Income (Section		948 - see	nstru	ctio	ns)
1a Exempt operating foundations described in section 4940(d)(2), check here					
Date of ruling or determination letter (attach copy of lett	er if necessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check	here 🕨 🔛 and enter 1%	1		2	48.
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations,	enter 4% of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	only; others, enter -0-)	2			0.
3 Add lines 1 and 2		3		2	48.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations	s only; others, enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter	-0-	5		2	48.
6 Credits/Payments:					
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a 0.				
b Exempt foreign organizations - tax withheld at source	6b 0.				1
c Tax paid with application for extension of time to file (Form 8868)	6c 248.	j			
d Backup withholding erroneously withheld	6d 0.			_	
7 Total credits and payments. Add lines 6a through 6d		7		2	48.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 222	!O is attached	8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	▶	9			0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount over	' '	10			
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded ►	11			
Part VII-A Statements Regarding Activities			,		
1a During the tax year, did the foundation attempt to influence any national, state, or lo	ical legislation or did it participate or intervene	ın	<u></u>	Yes	
any political campaign?			1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political	• •	ition	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of any materials published or				
distributed by the foundation in connection with the activities.					۱
c Did the foundation file Form 1120-POL for this year?			1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed di					
(1) On the foundation > \$ 0. (2) On foundation m					1
e Enter the reimbursement (if any) paid by the foundation during the year for political	expenditure tax imposed on foundation		1		1
managers. ► \$			1.		.
2 Has the foundation engaged in any activities that have not previously been reported	to the IRS?		2		X
If "Yes," attach a detailed description of the activities.					1
3 Has the foundation made any changes, not previously reported to the IRS, in its go	-	r	_		U
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chan-			3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during	the year?	N/A	4a		
b If "Yes," has it filed a tax return on Form 990-T for this year?	· · · · · · · · · · · · · · · · · · ·	N/A	4b		x
5 Was there a liquidation, termination, dissolution, or substantial contraction during t	ne year?		"		<u> </u>
If "Yes," attach the statement required by General Instruction T	trafied either				[
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	ushed either.				
By language in the governing instrument, or By the language to the offertunity area of the government of the transfer of the transfe	and detail directions that conflict with the state	leve			l
By state legislation that effectively amends the governing instrument so that no management the appropriate management.	landatory directions that connect with the state	law	6	X	ļ -
remain in the governing instrument?	on " complete Port II. col. (c), and Port VV		7	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Ye	s, complete Part II, col. (c), and Part XV		<u> </u>	<u> </u>	—
On Enter the states to which the foundation reports or with which it is requisitated. Can	natruotiana				1
8a Enter the states to which the foundation reports or with which it is registered. See ii UT	ISH GCHORS.		1		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF	to the Atterney Coneral (or decignate)		1		1
•	to the Attorney delieral (or designate)		₀ ,	Х	1
of each state as required by General Instruction G? If "No," attach explanation	ing of conting 4049/1/(2) or 4049/1/(5) for colo	ndar	86		<u></u>
9 Is the foundation claiming status as a private operating foundation within the mean	,	iiudi	9		$ \mathbf{x} $
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Y 10 Did any persons become substantial contributors during the tax year? if "Yes," attack			10		X
The big any persons become substantial continuators during the tax year? If "Yes," attack	i a scriedule listing their names and addresses		1 10		1 **

723531 01-03-18

Form **990-PF** (2017)

		1-164235	1	Page 5
Pί	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11	1	X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privil	leges?	1	
	If "Yes," attach statement. See instructions	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ JOHN A GULLO Telephone no. ▶	301-726-	6363	
		P+4 >8477		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			$\overline{}$
		15 J	N/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	·- 1	Yes	No
	securities, or other financial account in a foreign country?	16	+	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	- · ·		
	foreign country			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			L
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	a During the year, did the foundation (either directly or indirectly):		+.00	
•		X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	- NO		
	The state of the s	X No		
	· · ·	X No		
		X No		
		LAL NO		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	X No		
	, , ,	LAL NO	ı	ļ
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	X No		
		LAL NO	1	
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	37/3	1	
	section 53,4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A 1b		ļ
	Organizations relying on a current notice regarding disaster assistance, check here			
-	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		ļ.	
	before the first day of the tax year beginning in 2017?	<u>1c</u>	.	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1	'
	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		1	
	before 2017?	X No	1	
	If "Yes," list the years ,,,,,		1	
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	.		
	statement - see instructions.)	N/A 2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?	X No		}
	b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	N/A 3b		'
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose th	at		

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

JOHN A GULLO 2405 W ENTRADA TRAIL #76 ST. GEORGE, UT 84770 20.00 0. 0 0. JOHN D GULLO TRUSTEE P.O. BOX 592 OGDEN, UT 84401 0. 0 2.00 0. BRETT DAGLEY TRUSTEE 5929 S. FASHION POINTE DR. OGDEN, UT 84403 0. 2.00 0 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE.

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
NONE				
otal number of other employees paid over \$50,000				

Form **990-PF** (2017)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, 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	725,233.
b	Average of monthly cash balances	1b	93,178.
C	Fair market value of all other assets	1c	1,899.
d	Total (add lines 1a, b, and c)	1d	820,310.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	820,310.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	12,305.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	808,005.
6	Minimum investment return. Enter 5% of line 5	6	40,400.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ ☐ and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	40,400.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	248.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	40,152.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	40,152.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	40,152.
1	art XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	42,804.
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		3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	42,804.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		·
-	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	42,804.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies f	

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
1. Dietributeble emeriet for 0047 for an Dark VI	Corpus	Years prior to 2016	2016	2017
1 Distributable amount for 2017 from Part XI,				40 150
line 7				40,152.
2 Undistributed income, if any, as of the end of 2017			_	
a Enter amount for 2016 only			0.	<u> </u>
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2017:		0.	-	
1' ' '' '				
a From 2012				1
b From 2013				·
c From 2014				
dFrom 2015 83,013.				
e From 2016 68,707.	151 500			·
f Total of lines 3a through e	151,720.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 42,804.				,
a Applied to 2016, but not more than line 2a			0.	<u></u>
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				40,152.
e Remaining amount distributed out of corpus	2,652.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below:				1
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	154,372.			
b Prior years' undistributed income. Subtract	<u></u>			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				1
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		-		
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line	· · · · · · · · · · · · · · · · · ·			
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract		<u> </u>	•	
lines 4d and 5 from line 1. This amount must	1			
be distributed in 2018				0.
7 Amounts treated as distributions out of				•
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	0.			
	0.			
not applied on line 5 or line 7	<u></u>		· · · · · · · · · · · · · · · · · · ·	
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	154,372.			
	174,314.			<u> </u>
10 Analysis of line 9:				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015 83,013.				
d Excess from 2016 68,707.				
e Excess from 2017 2,652.		·	<u> </u>	5
723581 01-03-18		4.0		Form 990-PF (2017)

Part XV Supplementary Informati	AN DREAM FOUNDAY			42351
Grants and Contributions Paid During the	e Year (Continuation)			<u> </u>
Recipient	If recipient is an individual,	T	1	
	show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	Amount
		 		
	İ			
ICH SCHUETTE PTSD MEMORIAL	N/A	PF	GENERAL CHARITABLE	
65 HUNTINGTON DRIVE		[-	PURPOSE	
OUNTIFUL, UT 84010	ł		T ON OBB	1,5
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Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient . show any relationship to any foundation manager Foundation Purpose of grant or Amount contribution status of Name and address (home or business) recipient or substantial contributor a Paid during the year GENERAL CHARITABLE BOOTS AND BUNKERS N/A ₽C 2186 LINCOLN AVE PURPOSE OGDEN, UT 84401 1,500. PREVENT CHILD ABUSE GENERAL CHARITABLE N/A ₽C 2955 HARRISON BLVD PURPOSE OGDEN, UT 84403 2,500. YOUTH IMPACT GENERAL CHARITABLE N/A ₽C 2305 GRANT AVE PURPOSE OGDEN, UT 84401 20,200. THE LEARNING CENTER FOR FAMILIES GENERAL CHARITABLE N/A ÞС PURPOSE 2044 S. MESA PALMS DRIVE 5,000. ST. GEORGE, UT 84770 GENERAL CHARITABLE TINY TIMS FOUNDATION FOR KIDS N/A ₽Ç PURPOSE 1778 W 8340 S WEST JORDAN, UT 84088 1,200. SEE CONTINUATION SHEET(S) 31,950. ➤ 3a **b** Approved for future payment NONE 0. Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		COGE		
h	-		1		
	-				
и 	-		+		···
Δ	-		<u> </u>		
ſ			 		
g Fees and contracts from government agencies					·
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	88.	
4 Dividends and interest from securities			14	15,471.	. ,
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	8,246.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b	_				
C	_				
d	_		.		
e	_	· .	+	0.3.00	
12 Subtotal. Add columns (b), (d), and (e)	i	. 0	·	23,805.	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	23,805.
See worksneer in line 13 instructions to verify calculations.)				·	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
\rightarrow	

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)									No
(other th	nan section 501(c)(3) organ			İΓ					
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cas	sh						1a(1)	[<u> </u>
(2) Oth	er assets						1a(2)		X
b Other tra	ansactions						1	-	
(1) Sale	es of assets to a noncharital	ble exempt organıza	tion				1b(1)		<u> </u>
(2) Pur	chases of assets from a nor	ncharitable exempt (organization				16(2)		Х
(3) Ren	ntal of facilities, equipment,	or other assets					1b(3)		X
	mbursement arrangements						10(4)		X
٠,	ans or loan guarantees						1b(5)		X
	formance of services or me						16(6)		X
_	of facilities, equipment, ma	- -					1c		Х
			_	, ,	-	narket value of the goods, ot		s,	
				ed less than fair market valu	ie in any transaction	or sharing arrangement, she	ow in		
	(d) the value of the goods,								
(a)Line no	(b) Amount involved	(c) Name o		e exempt organization	(0) Description	of transfers, transactions, and sh	naring arrar	ngemer	nts
			N/A						
			-		- 				
									
		<u> </u>							
			•						
					-				
									
-				.					
					<u> </u>				
					-				
+					-				
-									
2a Is the fo	oundation directly or indirect	the officered with or	rolated to one	or more toy everent ergen	Jations described				
	on 501(c) (other than section			or more tax-exempt organi	izations described	 	Yes	X	1 No
	complete the following sch		CHOH 327 *				7 162	L43.	טאו נ
U II 163,	(a) Name of org			(b) Type of organization	T	(c) Description of relationship	n		
	N/A	a made of		(2) Typo or organization	 	(0) 2000 phon or relations			—
			·						
			1						
			1		†				
	der penalties of perjury, I declare						the IRS dis	ouco I	nie 1
Sign and	belief, it is tue, correct, and con	nplete Declaration of pi	eparer (other tha	n taxpayer) is based on all inform	nation of which preparer	has any knowledge return	with the point below?	repare	er (
Here		$\overline{}$		15-15-19	∠ TRUSTE	EE INTE	Yes	100 1118	ΪNο
Si	gnature of officer or trustee			Date	Title				
	Print/Type preparer's na	ıme /	Preparer's s	ignature	Date	Check if PTIN			—
	BRETT A. D	AGLEY.	3	Com an	5/14/18	self- employed			
Paid	CPA	•		7,000	3/14/16	P00	3947	28	
Preparei		E BAILLY	LLP		<u> </u>	Firm's EIN ► 45-02			
Use Only									
	Firm's address ▶ 59	29 FASHIC	N POIN	TE DR, STE 3	00				
		DEN, UT 8		•		Phone no. 801-62	1-15	75	
							m 990-		2017)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

AMERICAN DREAM FOUNDATION

OMB No 1545-0047

2017

Name of the organization

Employer identification number

31-1642351

Organization type (check o	ne).
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions
Special Rules	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1 Complete Parts I and II
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III
year, contributions is checked, enter h purpose Don't col	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

AMERICAN DREAM FOUNDATION

31-1642351

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GULLO PROPERTIES 2955 HARRISON BLVD STE 101 OGDEN, UT 84401	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GULLO PROPERTIES 2955 HARRISON BLVD STE 101 OGDEN, UT 84401	\$ 55,010.	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 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 Noncash (Complete Part II for noncash contributions)

Employer identification number

AMERICAN DREAM FOUNDATION

31-1642351

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	700 SHARES OF DOWDUPONT INC STOCK	\$\$	10/18/17
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	1,000 SHARES OF CSX CORPORATION STOCK	\$\$55,010.	12/29/17
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	1-17	\$Shadula P.(Saran	990, 990-EZ, or 990-PF) (201

Name of orga	anization		Employer identification number
AMERIC	AN DREAM FOUNDATION		31-1642351
Part III	Exclusively religious, charitable, etc., contrib the year from any one contributor. Complete col completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	umns (a) through (e) and the follo charitable, etc., contributions of \$1,000 or	d in section 501(c)(7), (8), or (10) that total more than \$1,000 to owing line entry. For granizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gif	Ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	ift
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ift
	Transferee's name, address, and	1 ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTER	REST ON SAVI	NGS AND	TEMPO	RARY	CASH I	NVESTMENTS	STATEMENT	1	
SOURCE		(A) REVENUE PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME			
INTEREST INCOME			88.			88.			
TOTAL TO PART I, I	LINE 3					88.			
FORM 990-PF	DIVIDEND	S AND I	NTERES	ST FRO	M SECU	JRITIES	STATEMENT	2	
GROSS SOURCE AMOUNT		GA	CAPITAL GAINS DIVIDENDS		(A) VENUE BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME	
RAYMOND JAMES UBS	7,865 13,658		6,052.						
TO PART I, LINE 4	21,523		6,052.		15,471	15,47	71.		
FORM 990-PF		I	ÆGAL E	FEES			STATEMENT	3	
DESCRIPTION		(A) EXPENS PER BO	SES 1	(B NET IN MENT I		(C) ADJUSTEI NET INCOI			
LEGAL FEES	_	1,	029.		0.		1,	029.	
TO FM 990-PF, PG	1, LN 16A =	1,	029.		0.		1,	029.	
FORM 990-PF			ACCOUNTING FEES			STATEMENT	4		
DESCRIPTION		(A) EXPENS PER BO	SES 1		3) IVEST- INCOME	(C) ADJUSTE NET INCO			
ACCOUNTING FEES	_	7,	630.		3,815.	•	3,	815.	
TO FORM 990-PF, PO	- G 1, LN 16B	7,	630.		3,815	•	3,	815.	
	=		=						

FORM 990-PF (OTHER PROFES	SIONAL FEES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
INVESTMENT MANAGEMENT FEES	7,522.	7,522.		0.	
TO FORM 990-PF, PG 1, LN 16C	7,522.	7,522.		0.	
FORM 990-PF	TAX	ES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
FOREIGN TAXES FEDERAL TAXES	58. 293.	58.		0.	
TO FORM 990-PF, PG 1, LN 18	351.	58.	58.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
LICENSES AND PERMITS SPECIAL EVENT EXPENSES MARKETING	10. 6,005. 1,000.	0. 0. 0.		10. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	7,015.	0.		10.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 8	
DESCRIPTION		вос	OK VALUE	FAIR MARKET VALUE	
RAYMOND JAMES 8663 UBS FC 13347 DIVIDEND RECEIVABLE			142,928. 740,027. 19.	142,928. 740,027. 19.	
DIVIDEND RECEIVABLE			— -		

FORM 990-PF	DEPRECIATION	OF ASS	ETS NOT	HELD	FOR	INVESTMENT	STATEMENT	9
DESCRIPTION			COST OR OTHER BASIS		ACCUMULATED DEPRECIATION	BOOK VALUE		
63 CADILLAC				5,00	0.	5,000.		0.
TOTAL TO FM	990-PF, PART II	[, LN 1	4	5,00	0.	5,000.		0.

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 10

GRANTEE'S NAME

ERICH SCHUETTE PTSD MEMORIAL

GRANTEE'S ADDRESS

PO BOX 3332 OGDEN, UT 84409

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED VERIFICATION DATE

1,550. 06/27/17

1,550.

08/01/17

PURPOSE OF GRANT

PTSD AWARENESS

DATES OF REPORTS BY GRANTEE

AUGUST 1, 2017

RESULTS OF VERIFICATION

CONTRIBUTION WAS USED FOR CONTRIBUTED PURPOSE