Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury

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

		Go to www.irs.gov/Formis90PF to	i ilistructions and t	ne lates	t iiiioiiiiati	OII.	
		dar year 2017 or tax year beginning Januar	y 1 , 201 7	', and e		December 31	, 20 17
N	ame of fo	undation	A Employe	r identification number	er		
A	SEA AD	ANCING LIFE FOUNDATION				47-4223656	
N	umber an	d street (or P O box number if mail is not delivered to street address)	Room/	/suite	B Telephon	ie number (see instructi	ons)
14	88 W PL	EASANT VIEW DR				(801) 928-2100)
		n, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pend	ing, check here ▶
PΙ	EASAN	T GROVE, UT 84062					· ,
_			of a former public	charity	D 1. Foreigi	n organizations, check	here ►
		Final return Amended	•	_	_	-	_
		Address change	nge			n organizations meeting here and attach compu	
H	Check	type of organization Section 501(c)(3) exempt p	rivate foundation	14		foundation status was	
		on 4947(a)(1) nonexempt charitable trust Other tax			section 5	07(b)(1)(A), check here	▶⊔
-	Fair m	narket value of all assets at J Accounting method	☐ Cash ☐ Ac	crual	E If the four	ndation is in a 60-mont	h termination
	end o	f year (from Part II col (c), \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				ction 507(b)(1)(B), checl	
	line 16	S) ► \$ [ado42. (Part I, column (d) must be	on cash basis)				
	Part I	Analysis of Revenue and Expenses (The total of	(a) Revenue and				(d) Disbursements
_		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		investment come	(c) Adjusted net income	for chantable purposes
,		the amounts in column (a) (see instructions))	books				(cash basis only)
(–	1	Contributions, gifts, grants, etc., received (attach schedule)	156008				
	2	Check ► ☐ if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments	0		0	0	
	4	Dividends and interest from securities	0		0	0	
	5a	Gross rents	0		0	0	
	Ь	Net rental income or (loss) 0					
<u>a</u>	6á	Net gain or (loss) from sale of assets not on line 10	0				
2	b	Gross sales price for all assets on line 6a					
Revenue	7	Capital gain net income (from Part IV, line 2)			0		
ă	8	Net short-term capital gain				0	
	9	Income modifications				_ 0	
	10a	Gross sales less returns and allowances 20748					
	b	Less: Cost of goods sold 13674					
	С	Gross profit or (loss) (attach schedule)	7074			_0	
	11	Other income (attach schedule)	0		0	0	
	12	Total. Add lifes 1 through	163082		0	0	
U	13	Compensation of officers, directors, trustees, etc.					
Fynenses	14	Other employee salaries and wages					
٥	15	Pension plans, employee Benefits Legal fees (attach schedule) 0/8				_	
×	16a	Legal fees (attaches nedule) /8 . /S/					
_	' I D	Accounting fees (attaon schedule) / O/	350				350
າ ≩	C	Other professional fees (attach son adule)					
troti	17	Interest					
ع اد	18	Taxes (attach schedule) (see instructions) .					
. E	19	Depreciation (attach schedule) and depletion .					
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	20	Occupancy					
7	21	Travel, conferences, and meetings					
ר ג	22	Printing and publications		_			-
ַ בָּ	23	Other expenses (attach schedule)	3190			··	3190
	24	Total operating and administrative expenses.					
CANNED FED 4 4 2013 Operating and Administrative	[Add lines 13 through 23	3540		0	0	
<u> </u>	25	Contributions, gifts, grants paid	104022				104022
ပ္တ_ (၃)	26	Total expenses and disbursements. Add lines 24 and 25	107562				107562
₩/	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	55520				ļ <u>!</u>
	b	Net investment income (if negative, enter -0-)			_0		
	C	Adjusted net income (if negative, enter -0-)				0	

D.	art (I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-wear amounts only. (See instructions.)	Beginning of year	End o	f year
Г 6	ar L VI	Balance Sneets should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	9988	66692	66692
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶	September 1	表示特别是实现 。	
		Less, allowance for doubtful accounts ▶			
	4		Section 1988 Control		STATE OF STA
		Pledges receivable ► Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
ß	8	Inventories for sale or use	824	0	0
Assets	9	Prepaid expenses and deferred charges	<u> </u>		
Ąŝ	10a	Investments—US and state government obligations (attach schedule)			
•	b	Investments—corporate stock (attach schedule) .			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
	' '	Less accumulated depreciation (attach schedule)			l
	12	Investments—mortgage loans			- -
	13	Investments—other (attach schedule)			
	14	Land buildings and accommon bears			
	'	Less accumulated depreciation (attach schedule) ▶	<u></u>		·
	15	Other assets (describe ►)			
ı	16	Total assets (to be completed by all filers—see the			
		instructions. Also, see page 1, item I)	10812	66692	66692
	17	Accounts payable and accrued expenses	0	360	
	18	Grants payable	Ĭ		
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	-		
ap	21	Mortgages and other notes payable (attach schedule)			
ב	22				
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)		······································	
		Foundations that follow SFAS 117, check here			
Balances		and complete lines 24 through 26, and lines 30 and 31.			
2	24	Unrestricted	10812	66332	
<u>a</u>	25	Temporarily restricted			
	26	Permanently restricted			
pu		Foundations that do not follow SFAS 117, check here ▶ □			
Net Assets or Fun		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ţ	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Se	29	Retained earnings, accumulated income, endowment, or other funds		-	
ĕ	30	Total net assets or fund balances (see instructions)	10812	66332	
et	31	Total liabilities and net assets/fund balances (see			
Z		instructions)	10812	66692	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	,		
1		Il net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	t agree with	
	end-	-of-year figure reported on prior year's return)		. 1	10812
2	Ente	er amount from Part I, line 27a		2	55520
3		er increases not included in line 2 (itemize)		3	0
4		lines 1, 2, and 3			66332
5	D	unanna mak unakudad un kuna O (damauna) N		5	0
6	Tota	reases not included in line 2 (itemize) >	Part II, column (b), lii	ne 30 6	66332
					- 000 DE

Part IV Capital Gains and Losses for Tax on Investment Income						
		nd(s) of property sold (for example, real e use, or common stock, 200 shs MLC Co		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
_1a	N/A	·	<u> </u>			
b						
<u>c</u>					,	
d_			_			
<u>e</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) (f) minus (g))
a						
b						
c						<u> </u>
<u>d</u>						
<u> e </u>	Consolate and for exacts obs	owner cours is column (b) and owned	by the foundation	on 12/21/60		
	Complete only for assets sno	owing gain in column (h) and owned				I (h) gain minus t less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		rom col (h))
a					-	
<u>b</u>	-1					·
d	<u> </u>		-			
e				-		
2	Capital gain net income o	or (net capital loss) { If gain, If (loss)	also enter in Pa , enter -0- in Pai	rt I, line 7 }	2	0
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) See instru	ctions. If (loss)			
				. J	3	0
Part		ler Section 4940(e) for Redu				
(For o	ptional use by domestic pri	ivate foundations subject to the	section 4940(a)	tax on net invest	ment income.)	
If sect	tion 4940(d)(2) applies, leav	e this part blank.				
		section 4942 tax on the distribu			base period?	☐ Yes ☐ No
1		ount in each column for each ye			aking any entries	· · · ·
Cale	(a) Base period years endar year (or tax year beginning in	(b) Adjusted qualifying distribution	-	(c) f noncharitable-use a	Dis	(d) tribution ratio divided by col. (c))
	2016	,	N/A	· 	(52. (5)	
	2015					
	2014					
	2013					
	2012					
2	Total of line 1, column (d)				. 2	
3		ofor the 5-year base period—divoundation has been in existence			3	
4	Enter the net value of nor	ncharitable-use assets for 2017 f	rom Part X, line	5	4	
5	Multiply line 4 by line 3				. 5	
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	o)		. 6	
7	Add lines 5 and 6 .				. 7	
8	Enter qualifying distribution	ons from Part XII, line 4 ater than line 7, check the box ii	 n Part VI. line 1b	 o, and complete	8 that part using a	1% tax rate See the
	Part VI instructions		,			

٥,	10	e	4

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see it	nstru	ictio	ıs)			
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)						
b							
	here ► and enter 1% of Part I, line 27b						
С	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-)		0				
3	Add lines 1 and 2		0				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0				
5			0	i			
6 а	Credits/Payments 2017 estimated tax payments and 2016 overpayment credited to 2017 6a			- 1			
b	Exempt foreign organizations—tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) . 6c			- 1			
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments Add lines 6a through 6d		0				
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached		0				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0				
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11		0				
Part	VII-A. Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No			
	participate or intervene in any political campaign?	1a		✓			
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the						
	instructions for the definition	1b		✓_			
	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						
С	Did the foundation file Form 1120-POL for this year?	1c		✓			
d							
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed						
_	on foundation managers ▶ \$			لبِ۔۔			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2					
_	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3					
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the year? .	4a		-			
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4b					
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5					
3	If "Yes," attach the statement required by General Instruction T	Ť		_			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			1			
•	By language in the governing instrument, or			- 1			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that						
	conflict with the state law remain in the governing instrument?	6	✓				
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	1				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.						
				1			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			- 1			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	-				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or						
-	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"						
	complete Part XIV	9		✓ •			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						
	names and addresses	10	✓				

Part	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
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
-	Website address ► WWW.ADVANCINGLIFE.ORG			
14		1)928	2100	
	Located at ▶ 1488 W PLEASANT VIEW DR, PLEASANT GROVE, UT ZIP+4 ▶	8406	2	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here			▶ 📋
	and enter the amount of tax-exempt interest received or accrued during the year . ▶ 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?.	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			}
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			ŀ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . Yes No			. }
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . Yes V No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
				1
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
ь	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			i
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here .			1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	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 before 2017?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2-	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			1
	at any time during the year?			
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 dispose 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.)	3b	,	
42	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		—
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	70		-
~	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		l

Page	6
. 494	•

Part	VII-B	Statements Regarding Activities	for V	Vhich Form	4720	May Be R	equire	ed (contii	nued) _			
5a	_	the year, did the foundation pay or incur a	•								Yes	No
		ry on propaganda, or otherwise attempt to sence the outcome of any specific public						☐ Yes	✓ No			
		ctly or indirectly, any voter registration dr				-,, -:	,,	☐ Yes	✓ No			
	(3) Pro	vide a grant to an individual for travel, stu	dy, or	other similar	purposi	es?		☐ Yes	✓ No			
		vide a grant to an organization other thar tion 4945(d)(4)(A)? See instructions	a cha	ritable, etc ,	organız	ation desci	ribed ın	☐ Yes	✓ No			
	(5) Prov	vide for any purpose other than religious,	charit	able, scientif	ic, litera	ary, or educ	cational	_				
		poses, or for the prevention of cruelty to c				•		☐Yes	✓ No			
b		nswer is "Yes" to 5a(1)–(5), did any of the ions section 53 4945 or in a current notice							ribed in	5b		
	_	ations relying on a current notice regardi	-									
С		nswer is "Yes" to question 5a(4), does t e it maintained expenditure responsibility			exem	ption from	the tax	∏ Yes	□No			
		attach the statement required by Regula										
6a		foundation, during the year, receive any rsonal benefit contract?	funds,	directly or in-	directly	, to pay pre	emiums	_	[7] Ma			
ь	•	foundation, during the year, pay premium	ns dire	ctly or indire	· ctly on	a nersonal	henefit	Yes t contract	V No	6b		
•		to 6b, file Form 8870.	io, uno	ony or mano	July, 011	a porcona	50110111	COMIGO	•	55		
		me during the tax year, was the foundation a						☐ Yes	_			
	If "Yes,"	did the foundation receive any proceeds								7b		
Part	VIII	Information About Officers, Direct and Contractors	tors,	rustees, r	ounua	tion Mana	agers,	rigniy r	alu Er	пріоу	ees,	
1	List all	officers, directors, trustees, and found	ation r	managers ar	d their	compens	ation. S	See instru	uctions.			
		(a) Name and address	hou	e, and average rs per week	(If r	mpensation not paid,	emplo	Contribution byee benefit	plans	(e) Expe	nse acc	
SEE V.	TTACHE	O STATEMENT 4	devot	ed to position	en	iter -0-)	and defe	erred compe	ensation	01.70.		
	TACTIC	2 STATEMENT 4										
			·									
										_		
						•						
2	Compe "NONE	nsation of five highest-paid employee "	es (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uctions). If no	one,	enter
((a) Name a	nd address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek	(c) Comper	nsation	(d) Contribution (d) Co	benefit deferred	(e) Expe other	nse acc allowan	
N/A							_					
						-						
											_	
Total	number:	of other employees paid over \$50,000 .		}								
ıotai	iumber (or other employees paid over \$50,000 .			•	<u> </u>		·				

_	and Contractors (continued) Five highest poid independent contractors for prefereignal convices. See instructions, If none onter "NON	E "
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Α		
		-
_	0.0000	
ota	number of others receiving over \$50,000 for professional services	
ar	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
_	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
2		
_		
3		
4		
	IV B. Common of Drawn Deleted Investments (see matrice)	<u> </u>
	Summary of Program-Related Investments (see Instructions) scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
_		Amount
1	N/A	
_		-
2		
A !!	ather areas related a postments. See unit unities	
_	other program-related investments. See instructions	
3	N/A	
_		1
	. Add lines 1 through 3	

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	ign found	ations,
	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
ь	Average of monthly cash balances	1b	19837
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	19837
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	19837
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		•
	instructions)	4	298
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19539
6	Minimum investment return. Enter 5% of line 5	6	977
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part)	oundatio	าร
1	Minimum investment return from Part X, line 6	1	977
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.) . 2b		
С	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	977
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	977
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,		
	<u>line 1</u>	7	977
	XII 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	107562
ь	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	3097
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1106 <u>5</u> 9
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 See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	110659
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whether	the foundation

Part	XIII Undistributed Incon	ne (see instructio	ns)			
1	Distributable amount for 201		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7					977
2	Undistributed income, if any, as o	f the end of 2017				
а	Enter amount for 2016 only .	I	İ	ľ	0	
b	Total for prior years 20 ,2	20 ,20		0		
3	Excess distributions carryover					
а	From 2012					
b	From 2013	0				•
С	From 2014	0				
d	From 2015	0				
е	From 2016	24686				
f	Total of lines 3a through e		24686			
4	Qualifying distributions for 20	17 from Part XII,				
	line 4. ► \$ 110659			,		
а	Applied to 2016, but not more				0	
Ь	Applied to undistributed incon					
	(Election required—see instruc	·		0		
С	Treated as distributions out of required—see instructions)	corpus (Election	o			
d	Applied to 2017 distributable a	imount				977
е	Remaining amount distributed	F	109682			
5	Excess distributions carryover	applied to 2017	0			0
	(If an amount appears in colur	nn (d), the same				
	amount must be shown in colu	ımn (a))				
6	Enter the net total of ea indicated below:	ch column as				
а	Corpus Add lines 3f, 4c, and 4e	e Subtract line 5	134368			<u> </u>
b	Prior years' undistributed in line 4b from line 2b	come Subtract		0		
С	Enter the amount of prior year income for which a notice of					Ì
	been issued, or on which the tax has been previously assess			0		!
d	Subtract line 6c from line amount—see instructions .	e 6b. Taxable		0		
е	Undistributed income for 201	6 Subtract line		0,		i
	4a from line 2a Taxable					
	instructions				0	
f	Undistributed income for 2017 4d and 5 from line 1. This a	I		}		
	distributed in 2018					0
7	Amounts treated as distribution	ns out of corpus				
	to satisfy requirements impo					
	170(b)(1)(F) or 4942(g)(3) (EI					
	required—see instructions)		o			
8	Excess distributions carryover					
	applied on line 5 or line 7 (see	instructions)	0			
9	Excess distributions carry					
	Subtract lines 7 and 8 from line	e 6a .	134368			
10	Analysis of line 9					
а	Excess from 2013	0				
b	Excess from 2014	0				j
C	Excess from 2015	0	j			
d	Excess from 2016	24686				
е	Excess from 2017	109682	i			

Part	XIV Private Operating Founda	tions (see ınstru	ctions and Par	t VII-A, question 9))	
1a	If the foundation has received a ruling	•	-			
	foundation, and the ruling is effective for	r 2017, enter the da	te of the ruling	•	N/	Α /
b	Check box to indicate whether the four	ndation is a private	operating founda	ation described in se		
2a	Enter the lesser of the adjusted net	Tax year	· <u> </u>	Prior 3 years		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed .	N/A		-		
b	85% of line 2a	14// (
C	Qualifying distributions from Part XII,					<i>y</i>
•	line 4 for each year listed					
ď	Amounts included in line 2c not used directly				<i>j</i> "	
_	for active conduct of exempt activities			1	/	
•	Qualifying distributions made directly			-		
е	for active conduct of exempt activities			1		
	Subtract line 2d from line 2c			1		
3	Complete 3a, b, or c for the				7	<u></u>
3	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)					
b	"Endowment" alternative test—enter 2/3					
_	of minimum investment return shown in					
_	Part X, line 6 for each year listed					
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties)		/			
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	· •					
Part	(4) Gross investment income XV Supplementary Information	n (Complete th	is part only if	the foundation h	ad \$5,000 or mo	ore in assets at
rait	any time during the year-			the loundation in	au 45,000 or me	ne iii assets at
			13.)			
1	Information Regarding Foundation List any managers of the foundation v		ited more than 2	% of the total cont	ributions received	by the foundation
а	before the close of any tax year (but of					by the loundation
	before the close of any tax year (out o	my ii they have ec			0011011007(0)(2) /	
N/A	List any managers of the foundation	who own 10% or	more of the sto	ack of a corporation	o (or an equally lar	rge portion of the
b	ownership of a partnership or other ei			•		ige portion or the
	ownership of a partitional per other of	inty) of willow the	roundation rido d	t 1070 or grouter int	0.001	
N/A_	Information Regarding Contribution	Cront Cift Los	n Scholarchin	oto Programs:		·
2	<u> </u>			_	organizations and	does not secont
	Check here ► ✓ If the foundation unsolicited requests for funds If the foundation	•	•		-	
	complete items 2a, b, c, and d See in		girts, grants, etc.	., to marviduals of o	rgariizations ander	other conditions,
	The name, address, and telephone nu		dross of the pers	on to whom applies	tions should be as	Idropped
а	The name, address, and telephone no	imper or email add	ress of the pers	on to whom applica	mons should be ac	idi essed
	The fermion back and a knowledge	l b b dd - d	J			
b	The form in which applications should	i de submitted and	information and	a materials they sho	iuia include:	
						
С	Any submission deadlines:					
		- 			المامان المامان	A.A
d	Any restrictions or limitations on av	vards, such as b	y geographical a	areas, charitable fi	eius, kinas ot inst	illutions, or other
	factors:					

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year **CHOICE HUMANITARIAN** 34022 PUBLIC BUILD SCHOOL IN EQUADOR 7879 S 1530 W #200, WEST JORDAN, UT 84088 OPERATION UNDERGROUND RAILROAD SUPPORT RESCUE EFFORTS PUBLIC 55000 755 S MAIN ST #194, CEDAR CITY, UT 84720 **OPERATION USA** PUBLIC SUPPORT HURRICANE RELIEF 15000 7421 BEVERLY BLVD PH, LOS ANGELES, CA 90036 Total . За 104022 Approved for future payment N/A Total

	rt XVI	I-A Analysis of Income-Producing Ac					
Ente		s amounts unless otherwise indicated		usiness income	Excluded by secti	on 512, 513, or 514	(e) Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
1	Prog	ram service revenue.	Business code	, who drive	Exclusion code		(See mandenons)
	a . –						
	b _				ļ. ļ		
	٦ -						
	d e						_
	f -						<u> </u>
	g F	ees and contracts from government agencies					_
2	_	bership dues and assessments .			-		
3		est on savings and temporary cash investments	<u>-</u> -				
4		lends and interest from securities					
5	Net r	rental income or (loss) from real estate.					
	a D	Debt-financed property	·				
	b N	lot debt-financed property .					
6		rental income or (loss) from personal property					
7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events			- 01	7074	
10		s profit or (loss) from sales of inventory			01	7074	0
''	b		·				
	c -		_				-
	d –						
	е -						
12	Subt	otal Add columns (b), (d), and (e)		0		7074	0
13	Tota	1. Add line 12, columns (b), (d), and (e)				13	7074
							70,
(See	work	sheet in line 13 instructions to verify calculation	ıs)		1 D		
(See Par	work:	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp			
See Par Lin	work	sheet in line 13 instructions to verify calculation	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
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See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
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See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in poses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	
See Par Lin	work: rt XV e No.	sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pui	s) .ccomplishm	ent of Exemp		-A contributed in oses) (See instruc	

Part	XVII	Information	n Regarding Tra	insfers to and Tran	sactions and F	elationship	os With N	loncharit	able Ex	cempt
		Organization	ons						<u> </u>	
1				engage in any of the					Yes	No No
		ection 501(c) (o nizations?	ther than section	501(c)(3) organizati	ons) or in secti	on 527, rel	ating to p	political		
а	Trans	sfers from the rep	orting foundation	to a noncharitable exe	empt organization	of·				
	(1) C		Ü					1	a(1)	1
		ther assets .						. 1	a(2)	1
b		r transactions.								
	(1) S	ales of assets to	a noncharitable ex	empt organization				. 1	b(1)	-
				table exempt organiza	ation .			. 1	b(2)	1
	(3) R	ental of facilities,	, equipment, or oth	ner assets .				. 1	b(3)	1
		eimbursement ai							b(4)	1
		oans or loan gua	-					1	b(5)	▼
				ship or fundraising sol	icitations			1	b(6)	1
С				lists, other assets, or j					1c	1
d				es," complete the foll		Column (b) s	should alw	ays show '	the fair	market
	value	of the goods, of	ther assets, or ser	vices given by the rep	orting foundation	. If the found	ation rece	ived less th	nan fair	market
	value	in any transaction	on or sharing arran	gement, show in colu	mn (d) the value o	f the goods,	other asse	ts, or serv	ices rec	eived
(a) Line	no ((b) Amount involved	(c) Name of non	charitable exempt organizat	ion (d) Desc	nption of transfe	rs, transaction	ns, and shann	g arranger	nents
N/A	$\overline{}$									
										_
									-	
	ì									
									·	
2a				affiliated with, or relate		re tax-exemp	ot organiza	ations		
				ection 501(c)(3)) or in	section 527? .	•			Yes 🗹	No
b	If "Y∈	es," complete the	following schedul	e						
		(a) Name of organ	ization	(b) Type of org	ganization		(c) Descriptio	n of relationsh	np	
N/A										
						_				
0:				ned this return, including acco				my knowledge	and belief,	it is true,
Sign	correet, and complete Declaration of preparer (other				A MILET PICE	arer rias arry kinot	wicage	May the IRS		
Here		QUI.		- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TREASURER	<u> </u>		with the prep See instruction		below? s ∏ No
	S ign	ature of officer or trus		Date /	Title	1 -				
Paid		Print/Type preparer	's name	Preparer's signature		Date	Chec	k 🔲 ıf PTII	N	
Prepa	arer					1, , ,	self-e	mployed		
Use (Firm's name ▶					Firm's EIN	<u> </u>		
		Firm's address ▶	_	_			Phone no			

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.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

ASEA ADVANCING LIFE FOUNDATION 47-4223656 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF √ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

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)

ASEA ADVANCING LIFE FOUNDATION

Employer identification number

47-4223656

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
	PATRICIA SCHWENKLER 6600 N HILLSBORO PL BOISE, ID 83703	\$ 43,000	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	ROBERT MARTIN 1614 SAN PATRICIO AVE SW ALBUQUERQUE, NM 87104	\$ 20,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ASEA LLC 1448 W PLEASANT VIEW DR PLEASANT GROVE, UT 84062	\$ 13,200	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>	SUE BRENCHLEY 5744 WOODLAND DR MORGAN, UT 84050	\$ 13,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ALAN NOBLE 5875 JORDAN WAY FRISCO, TX 75034	\$10,151	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TOM AND DENI ROBINSON 14505 E MEADOWS RD MICA, WA 99023	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

ASEA ADVANCING LIFE FOUNDATION

Employer identification number

47-4223656

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	DANIEL AND SUZANNE DOYLE 94 QUAY RD CALLALA BEACH, NSW 2540, AUSTRALIA	\$5,700	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZiP + 4		Type of contribution
		\$	Person

Name of organization
ASEA ADVANCING LIFE FOUNDATION
47-4223656

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I N/A (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** (See instructions.) Part I (a) No. (c) (d) (b) from FMV (or estimate) **Date received** Description of noncash property given (See instructions.) Part I

Name of o	organization				Employer identification number		
	VANCING LIFE FOUNDATION				47-4223656		
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the following line entry. For organizatic contributions of \$1,000 or less for the	the year from any ons completing Pai e year. (Enter this in	one contributor. t III, enter the tot formation once	. Complete a al of <i>exclusi</i>	columns (a) through (e) and wely religious, charitable, etc.,		
(a) No.	Use duplicate copies of Part III if addi	tional space is need	dea.	 			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		
	N/A						
		(e) Transf	er of gift				
	Transferee's name, address, an	<u>d ZIP + 4 </u>	Relation	onship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use (of gift	(d) Des	scription of how gift is held		
		(e) Transf	er of gift				
	Transferee's name, address, an	d ZIP + 4	Relatio	onship of tra	nsferor to transferee		
ŀ							
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		
				•••••			
	(e) Transfer of gift						
-	Transferee's name, address, and ZIP + 4			onship of tra	nsferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held		
		••••					
-	(e) Transfer of gift						
_	Transferee's name, address, an	d ZIP + 4	Relatio	Relationship of transferor to transferee			

ASEA ADVANCING LIFE FOUNDATION FORM 990-PF SUPPORTING SCHEDULES

PART I, LINE 10(c) - Page 1 - Gross profit or loss

Sales Revenue, Logo Merchandise Auction Revenue	10,358.00 10,390.00
Cost of Goods Sold: Clothing Inventory Cost of Goods Sold: Auction Items	(3,284.00) (10,390.00)
Gross Profit:	7,074.00

ASEA ADVANCING LIFE FOUNDATION FORM 990-PF SUPPORTING SCHEDULES

PART I, LINE 23 - Page 1 - Other Expenses

Card Processing Fees Bank Fees	1,771.00 46.00
Office Supplies	87.00
Fundraising Expenses	1,286.00
Total Other Expenses:	3,190.00

PART VII-A, LINE 10 - Page 4 - Schedule of substantial contributors

ASEA LLC

1488 W PLEASANT VIEW DR, PLEASANT GROVE, UT 84005

JERI H. COOK MARTIN REVOCABLE TRUST 1614 SAN PATRICIO AVE SW, ALBUQUERQUE, NM 87104

ROBERT MARTIN

1614 SAN PATRICIO AVE SW, ALBUQUERQUE, NM 87104

PATRICIA SCHWENKLER 6600 N HILLSBORO PL, BOISE, ID 83703

SUE BRENCHLEY
5744 WOODLAND DR, MORGAN, UT 84050

ALAN NOBLE 5875 JORDAN WAY, FRISCO, TX 75034

TOM AND DENI ROBINSON 14505 E MEADOWS RD, MICA, WA 99023

DANIEL AND SUZANNE DOYLE 94 QUAY RD, CALLALA BEACH, NSW 2540, AUSTRALIA

PART VIII, LINE 1 - Page 6 - Officers, directors, trustees, foundation managers, and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KımMarıe Larsen	Director, Chairman			
1488 W Pleasant View Dr, Pleasant Grove, UT 84062	6 Hours	-0-	-0-	-0-
J Benjamin Tyler	Director, Secretary		•	•
1488 W Pleasant View Dr, Pleasant Grove, UT 84062	3 Hours	-0-	-0-	-0-
Philip M Hansen	Director, Treasurer	•	^	•
1488 W Pleasant View Dr, Pleasant Grove, UT 84062	4 Hours	-0-	-0-	-0-
Karen Reilley	Director		0	•
1488 W Pleasant View Dr, Pleasant Grove, UT 84062	1 Hour	-0-	-0-	-0-
Sandy Mott	Director		•	•
1488 W Pleasant View Dr, Pleasant Grove, UT 84062	1 Hour	-0-	-0-	-0-