LINDLEY & ASSOCIATES LLC 1603 116TH AVE NE STE 100 BELLEVUE, WA 98004-3009

MAKING A DIFFERENCE FOUNDATION PO BOX 94545 SEATTLE, WA 98124

HilalahanHahhhahhhah

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CLIENT'S COPY

425-455-4800

October 21, 2023

Making A Difference Foundation Po Box 94545 Seattle, WA 98124

Making A Difference Foundation:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Martha A Lindley CPA

0070 TE		IRS e-file Signatur for a Tax Exe	re Authorization	ו	OMB No. 1545-0047
Form 8879-TE		tor a lax Exe		0000	
	For calendar year 20	22, or fiscal year beginning		, 20	2022
Department of the Treasury Internal Revenue Service		Do not send to the IRS. K Go to www.irs.gov/Form8879T			
Name of filer				EIN or SS	N
MAKING	A DIFFER	ENCE FOUNDATION		54-2	092145
Name and title of officer or pe		AHNDREA BLUE			
	,	PRESIDENT			
Part I Type of	Return and Re	eturn Information			
Form 5330 filers may enter or 10a below, and the am	er dollars and cents ount on that line fo lank (do not enter	are using this Form 8879-TE and er s. For all other forms, enter whole or the return being filed with this for -0-). But, if you entered -0- on the r	dollars only. If you check the orm was blank, then leave line return, then enter -0- on the a	e box on line 1a, 2a e 1b, 2b, 3b, 4b, 5 t applicable line belo	, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5, 6b, 7b, 8b, 9b, or 10b, w. Do not complete more
1a Form 990 check l					
2a Form 990-EZ che		b Total revenue, if any (Form	990-EZ, line 9)		
4a Form 990-PF che		b Tax based on investment i			
5a Form 8868 check		b Balance due (Form 8868, li	ne 3c)		5b
6a Form 990-T chec		b Total tax (Form 990-T, Part	III, line 4)		6b
7a Form 4720 check		b Total tax (Form 4720, Part	III, line 1)		
8a Form 5227 check		b FMV of assets at end of ta			8b
9a Form 5330 check		b Tax due (Form 5330, Part II			9b
10a Form 8038-CP cl		b Amount of credit payment			10b
		ature Authorization of Offi			
		I am an officer of the above enti			
entry to the financial instit financial institution to deb later than 2 business days payment of taxes to recei personal identification nur PIN: check one box only	ution account indi it the entry to this s prior to the paym ve confidential info mber (PIN) as my s	J.S. Treasury and its designated Fi cated in the tax preparation softw. account. To revoke a payment, I n ent (settlement) date. I also autho ormation necessary to answer inqu ignature for the electronic return a	are for payment of the federa nust contact the U.S. Treasu rize the financial institutions iiries and resolve issues relat	al taxes owed on th iry Financial Agent involved in the pro ted to the payment	his return, and the at 1-888-353-4537 no cessing of the electronic . I have selected a ds withdrawal.
X I authorize	NDLEY & A	SSOCIATES LLC		to enter my	PIN 96149
		ERO firm name			Enter five numbers, but do not enter all zeros
with a state age on the return's o As an officer or return. If I have	ency(ies) regulating disclosure consent person subject to indicated within th	D22 electronically filed return. If I h charities as part of the IRS Fed/S screen. tax with respect to the entity, I wil is return that a copy of the return r my PIN on the return's disclosure	tate program, I also authoriz I enter my PIN as my signatu is being filed with a state ago	the aforemention are on the tax year	ed ERO to enter my PIN 2022 electronically filed
				Dat	۵
Signature of officer or person subjection Part III Certifica	ation and Auth	entication		Dat	5
ERO's EFIN/PIN. Enter ye					
number (EFIN) followed by	0	•	9160749 Do not enter		
-		PIN, which is my signature on the 2 e requirements of Pub. 4163, Mod	-		
ERO's signature			Date	10/21/23	
		ERO Must Retain This Fo	orm - See Instructions	6	
	Do Not S	Submit This Form to the IF	RS Unless Requested	To Do So	
LHA For Privacy Act and	d Paperwork Red	uction Act Notice, see instructio	ons.		Form 8879-TE (2022)
202521 12-16-22					

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

-	Eilo a	congrato	application	for oach	roturn
-	FILE a	Sevarate	application	IUI Eacli	i etui II.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type o						n number (TIN)	
print	MAKING A DIFFERENCE FOUNDATION				54-2092145		
File by the due date filing your	Number, street, and room or suite no. If a P.O. box,		tions.	1			
return. Se instructio		foreign add	Iress, see instructions.				
Enter th	ne Return Code for the return that this application is for (file a separa	ate application for each return)			01	
Applica	ation	Return	Application			Return	
ls For	ls For		Is For			Code	
Form 990 or Form 990-EZ			Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation) THE ORGANIZATI	07					
 If the If the If the box 1 the t	phone No. ► 253-212-2778 e organization does not have an office or place of busine s is for a Group Return, enter the organization's four digi . If it is for part of the group, check this box ► request an automatic 6-month extension of time until ne organization named above. The extension is for the or . Calendar year 2022 or . tax year beginning the tax year entered in line 1 is for less than 12 months, Change in accounting period	it Group Exe and atta NOVE	emption Number (GEN) ich a list with the names and TINs o <u>MBER 15, 2023</u> , to file is return for: d ending	If this is fo f all memb	r the whole g ers the exter npt organizati	ision is for.	
	this application is for Forms 990-PF, 990-T, 4720, or 606 ny nonrefundable credits. See instructions.	69, enter the	e tentative tax, less	3a	\$	0.	
_	this application is for Forms 990-PF, 990-T, 4720, or 606	69, enter an	y refundable credits and				
	stimated tax payments made. Include any prior year ove			Зb	\$	0.	
сE	alance due. Subtract line 3b from line 3a. Include your p	payment wit	h this form, if required, by				
u	sing EFTPS (Electronic Federal Tax Payment System). Se	ee instructio	ons.	3c	\$	0.	
Cautio instruct	n: If you are going to make an electronic funds withdrawa ions.	al (direct de	bit) with this Form 8868, see Form 8	3453-TE ar	nd Form 8879	-TE for payment	
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instr	uctions.		Form 8	868 (Rev. 1-2022)	

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Α	For th	e 2022 calendar year, or tax year beginning and e	ending	_					
В	Check if applicab	le: C Name of organization	C Name of organization D Employer identification number						
	Addre	MAKING A DIFFERENCE FOUNDATION	MAKING A DIFFERENCE FOUNDATION						
	Name	pe Doing business as	54-20921	45					
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Final returr	PO BOX 94545		253-212-					
_	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	11,518,955.				
	Amer returr Appli	SEATIDE, WA JOIZ4		H(a) Is this a group re	eturn				
	tion tion	F Name and address of principal officer: ATINDICER D DDOE		for subordinates					
	-	SAME AS C ABOVE		H(b) Are all subordinates in					
-		rempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o ite: THEMADF • ORG	or 527	· · · ·	list. See instructions				
	Websi			H(c) Group exemption					
	art I	f organization: X Corporation Trust Association Other	L Year (State of legal domicile: WA				
	T	Briefly describe the organization's mission or most significant activities: TO MZ	AKE V		TN LIVES OF				
Se	1	OTHERS ONE PERSON AT A TIME BY HELPING TH	HEM AC	OUTRE THE M	OST BASIC				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos							
ver	3			3	8				
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			7				
8 8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	·····	0					
/itie	6	Total number of volunteers (estimate if necessary)	0						
çţj	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
4		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)		8,787,682.	10,836,650.				
Revenue	9	Program service revenue (Part VIII, line 2g)		653,531.	680,899.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		355,471.	1,406.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,722.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		9,801,406.	11,518,955.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		461,312.	840,128.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.				
ц.	b	Total fundraising expenses (Part IX, column (D), line 25)		0 0 4 7 0 0 0	10 420 500				
	11	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,047,992.	10,430,522.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,509,304.	11,270,650.				
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12		292,102. ginning of Current Year	248,305.				
Net Assets or Fund Balances					End of Year 5,769,302.				
Rala	20	Total assets (Part X, line 16)	······	5,648,581. 2,888,890.	2,761,315.				
let A	21	Total liabilities (Part X, line 26)	······	2,888,890.	3,007,987.				
_	art II	Net assets or fund balances. Subtract line 21 from line 20		4,159,091.	۰/۵۳,/۵۷,۶				
		Signature Diver							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date				
	AHNDREA L BLUE, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check X	PTIN			
Paid	MARTHA A LINDLEY CPA				P00961494			
Preparer	Firm's name LINDLEY & ASSOCIA			Firm's EIN 91-	2050235			
Use Only	Firm's address 1603 116TH AVE NE	STE 100						
	BELLEVUE, WA 98004-3009 Phone no.425-455-4800							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 🗙 🛄 No							
232001 12-1	32001 12-13-22LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) MAKING A DIFFERENCE FOUNDATION	54-2092145	Pa
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO MAKE A DIFFERENCE IN LIVES OF OTHERS ONE PERSON AT		
	HELPING THEM ACQUIRE THE MOST BASIC OF HUMAN NEED AS ENCOURAGEMENT AND OPPORTUNITY.	FOOD, HOUSING,	
2	Did the organization undertake any significant program services during the year which were not listed on t	he	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes [Х
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?	X
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	revenue, if any, for each program service reported.	,	
4a	(Code:) (Expenses 11,023,374. including grants of \$) ELOISE'S COOKING POT: THE FOOD BANK DISTRIBUTES OVER	(Revenue \$	
		DLUNTEERS	
		RE ALSO THREE	
		0 ANNUALLY.	
	STORAGE SPACES DONATED AT PAIR MARKET VALUE OF \$12,00	O ANNOALLI .	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
		D ARE GOING THRO 5 AN ANONYMOUS B WRAPPED GIFTS. E	DU 30 EA
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
	OTHER PROGRAMS:		
	HOMES FOR VETERANS WORKS HARD TO MEET INDIVIDUAL NEED	DS. WE PROVIDE	
	RESOURCES AND REFERRALS FOR ACCOMMODATIONS AND SUPPOR	RT IN THE HOME F	0
	OUR VETERANS WITH DISABILITIES.		
	OVERSEAS PROGRAMS: LOCATED IN PORT AU PRINCE HAITI;	TACNA PERU AND	
	JOHANNESBURG SOUTH AFRICA		
4d	Other program services (Describe on Schedule O.)		
ru -	(Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 11, 023, 374.)	
TC		Form 99	0
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22002	3		
61	021 787519 89570 2022.04030 MAKING A DIFFEREN	CE FOUNDAT 89570	0

_		
Form	990	(2022)

Part IV Checklist of Required Schedules

MAKING A DIFFERENCE FOUNDATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u></u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
ا م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	114		х
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
232003	3 12-13-22	Form	990	(2022)

232003 12-13-22

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Form	990	(2022)

Part IV Checklist of Required Schedules (continued)

MAKING A DIFFERENCE FOUNDATION

		Yes	No
	22		x
	22		- 23
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	24a		X
	24b		
			-
	240		-
	25a		x
	200		
	25b		x
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	07		x
	27		
	28a		x
	28b		X
, , , , , , , , , , , , , , , , , , , ,	28c		x
	29	Х	
	30		x
	31		X
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
· · · · · · · · · · · · · · · · · · ·			X
	35a		
	35h		
	000		
	36		x
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
Note: All Form 990 filers are required to complete Schedule O	38	X	
t VI Statements Begarding Other IPS Filings and Tax Compliance			
t V Statements Regarding Other IRS Filings and Tax Compliance			
t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V)	Yes	No
t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable)		Nc
t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable)		No
t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Inter the number of Forms W-2G included on line 1a. Enter -0- if not applicable)) 1c		
	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'' go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year (a section 501(63), 501(61), 501	Part K, column (A), line 22 // 'Yes,' complete Schedule I, Parts I and III 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officer, directors, trustees, key employees, and highest compensated employees'/// 'Yes,' complete Schedule J 23 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? // 'Yes,' answer lines 24b through 24d and complete Schedule K. // 'No,' go to line 25a. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24c Did the organization and solution of the year? 24d Section 501(c/S), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? // 'Yes,' complete Schedule L, Part I 25a Did the organization report any amount on Part X, line 5 or 22, for reevalues from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 Did the organization provide a guart or dhera assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or enployee thereof, a grant selection committee member, or to a 35% controlled entry (including an employee thereof	Part K, column (A), line 27 /f 'Yes,' completes Schedule I, Parts I and III 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officer, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 Did the organization have a taxexempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 24d Section 501(c/S), 501(c)(4), and 501(c)(29) organizations. Did the organization rangage in an excess benefit transaction with a disqualified person during the year? If 'Ns,' complete Schedule L, Part I 25a Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person of any ot these persons? If 'Ns,' complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Ns,' complete Schedule L, Part II 26 <t< td=""></t<>

Form 990	(2022)	MAKING	Α	DIFFERENCE	FOUNDATION
Part V	Statem	ents Regarding C)th	er IRS Filings and	Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Ee		х
5a ⊾	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
C 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
u	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
~	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	อม		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	14-		x
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		
ы 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
.5	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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Form 990 (2022)

Check if Schedule O contains a response or note to any line in this Part VI

Х

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

ь 2	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
b 2	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b 2					1
2			_		
	Enter the number of voting members included on line 1a, above, who are independent	0	7		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		X
	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?				X
	Did the organization make any significant changes to its governing documents since the prior Form				X
	Did the organization become aware during the year of a significant diversion of the organization's as				X X
	Did the organization have members or stockholders?		6		
	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		7a		x
	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye				
	The governing body?			X	_
	Each committee with authority to act on behalf of the governing body?		8b	X	┣—
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
ect	ion B. Policies (This Section B requests information about policies not required by the Internal R	levenue Code.)			
0-	Did the eventiation have least charters, hyperates, an efficience?		10-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?		10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such o	• • •	10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing boo		11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		IId		
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		120	- 23	
	on Schedule O how this was done		12c	x	
	Did the organization have a written whistleblower policy?			X	
	Did the organization have a written document retention and destruction policy?			X	
	Did the process for determining compensation of the following persons include a review and approv				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
	The organization's CEO, Executive Director, or top management official		15a	х	
	Other officers or key employees of the organization		15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed WA				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	and 990-T (section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	n on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	,	and fina	ncial	
	statements available to the public during the tax year.	ormot of interest policy, a	ana midi	icial	
	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records			
n	THE ORGANIZATION - 253-212-2778				
	PO BOX 94545, SEATTLE, WA 98124		_	990	(0.0

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos beck) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/11/13		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	In stitutional trustee	5	Key employee	est co o yee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) DARRIEL MENEFEE	2.00									
CHAIRPERSON		X		X				0.	0.	0.
(2) SHEREDA HOLMES	2.00									
VICE CHAIRPERSON		X		X				0.	0.	0.
(3) ANNA PERERA	2.00									
TREASURER		X		X				0.	0.	0.
(4) JULIA RILEY	2.00									
MEMBER		X						0.	0.	0.
(5) BARBARA LANERS ESQ	2.00									
MEMBER		X						0.	0.	0.
(6) TRICIA SMILEY	2.00									
MEMBER		X						0.	0.	0.
(7) KAREN JOHNSON	2.00									
MEMBER		Х						0.	0.	0.
(8) LESLIE BEAVER	2.00									
MEMBER		Х						0.	0.	0.
		<u> </u>								
										– – – – – – – – – –

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Form 990 (2022)

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	990 (2022) MAKING A									54-20)923	145	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Em (B) Average hours per week	(do box,		(C Posi neck i ss per	c) ition more rson i	than is bot	one h an	Compensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related		am	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	pensa om the anizati d relate nizatio	e Ion ed
1b	Subtotal								0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A		· · · · · · · ·					0.0.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d at	oove	e) wł	no re	eceived more than \$100),000 of reportable	e		Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for si</i>			-	•	-		Ŭ	phest compensated emp			3	103	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	le cc	ompe	ensa	ation	n and	d otl	her compensation from			4		х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> tion B. Independent Contractors	-				-			-			5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								pensa	ation f	rom	
	(A) (B)						C	(C) Compensation						
								+						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lir	niteo	d to	tho: (sted	d above) who received n	nore than				
											l	Form S	990 (2	2022)

232008 12-13-22

Form 990 (20		MAKING
Part VIII	Statement of	of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	busilless levellue	sections 512 - 514
its ts	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
ڪڙ"		Fundraising events 1c					
ar /		Related organizations 1d					
Dif.O		Government grants (contributions) 1e	762,605.				
Sig		All other contributions, gifts, grants, and	,				
her		similar amounts not included above 1f	10,074,045.				
βĘ			6,844,709.				
N P P				10,836,650.			
<u> </u>		Total. Add lines 1a-1f	Business Code	10,030,030.			
	•	HOUGTNG DROCRAM	531390	650 192	650 192		
Program Service Revenue	2 8		551590	650,182.	650,182.		
ue ș							
с e	(
₹ Se	(I					
5 1	(
۵	1	All other program service revenue		30,717.	30,717.		
		Total. Add lines 2a-2f		680,899.			
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)		1,406.			1,406.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) [6c] Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
	13						
	_	assets other than inventory 7a					
		Less: cost or other basis					
ther Revenue		and sales expenses 7b					
eve		Gain or (loss)					
Ř		Net gain or (loss)					
ihel	8 8	Gross income from fundraising events (not					
δ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	I	b Less: direct expenses 8b					
	(Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19					
	I	b Less: direct expenses 9b					
		Gross sales of inventory, less returns					
	10 1	and allowances10a					
		•					
		Net income or (loss) from sales of inventory					
sņ			Business Code				
Miscellaneous Revenue	11 :						
ien /en	I						
Be	(
Ξ.	(All other revenue					
	(• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		11,518,955.	680,899.	0.	1,406.
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Part IX Statement of Functional Expenses

MAKING A DIFFERENCE FOUNDATION

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Da	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			general expenses	<u> </u>
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
0	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above to disgualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	719,696.	654,923.	64,773.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	57,866.	52,658.	5,208.	
0	Payroll taxes	62,566.	56,935.	5,631.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	63,151.		5,684.	
2	Advertising and promotion	6,786.	6,175.	611.	
3	Office expenses				
4	Information technology				
5	Royalties	1 50 651	100.010		
6	Occupancy	152,651.	138,912.	13,739.	
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	210 020	207 242	22 105	
2	Depreciation, depletion, and amortization	249,828. 30,054.	227,343. 27,349.	22,485.	
3		50,054.	27,349.	2,705.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) IN KIND FOOD & FACILITI	8,670,464.	8,670,464.		
а	PROGRAM SUPPLIES	493,346.	448,945.	44,401.	
b	PROGRAM SUPPLIES PROPERTY REPAIRS & MAIN	392,257.	356,954.	35,303.	
C	CONTRACT LABOR	198,557.	180,687.	17,870.	
d		173,428.	144,562.	6,909.	21,957
_	All other expenses	11,270,650.	11,023,374.	225,319.	21,957
5	Total functional expenses. Add lines 1 through 24e	±±,2/0,000•	±±,043,374•	443,313.	41,901
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

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MAKING A DIFFERENCE FOUNDATION Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,665,111.	1	1,621,759.
	2	Savings and temporary cash investments	95,457.		51,275.
	3	Pledges and grants receivable, net	144,445.	3	461,286.
	4	Accounts receivable, net	•	4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	780,388.	8	920,456.
As	9	Prepaid expenses and deferred charges	26,421.	9	30,434.
		Land, buildings, and equipment: cost or other	- ,	-	
		basis. Complete Part VI of Schedule D 10a 4,096,025.			
	b		2,893,716.	10c	2,678,200.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	43,043.	15	5,892.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,648,581.	16	5,769,302.
	17	Accounts payable and accrued expenses	264,327.	17	213,318.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
ilf.		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,624,563.	23	2,547,997.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0 000 000	25	0 8 6 1 9 1 5
	26	Total liabilities. Add lines 17 through 25	2,888,890.	26	2,761,315.
S		Organizations that follow FASB ASC 958, check here			
nce		and complete lines 27, 28, 32, and 33.	2 750 601		2 007 007
ala	27	Net assets without donor restrictions	2,759,691.	27	3,007,987.
ЧB	28	Net assets with donor restrictions		28	
цП		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ets	29	Capital stock or trust principal, or current funds		29	
Ass	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
et⊿	31	Retained earnings, endowment, accumulated income, or other funds	2,759,691.	31	3,007,987.
Ź	32	Total net assets or fund balances	5,648,581.	32	5,769,302.
	33	Total liabilities and net assets/fund balances	J,040,J0I•	33	Form 990 (2022)
					Form 990 (2022)

(B)

(A)

12

Form	1 990 (2022) MAKING A DIFFERENCE FOUNDATION	54-2	092145	Pag	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,518					
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,270		$\frac{50}{05}$			
3								
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-7.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	3,007	7,9	89.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	, , , , , , , , , , , , , , , , , , ,		2 b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			.,				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X				

Form **990** (2022)

232012 12-13-22

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047	
2022	

Open to Public . Inspection

Name of the organization	
	MA

Name	e of t	he organization							identification number
_				RENCE FOUNDA					4-2092145
Par	tΙ	Reason for Public	Charity Status.	(All organizations must c	omplete ti	his part.) S	see instructior	ıs.	
The o	rgan	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
з [A hospital or a cooperative	hospital service orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4 [A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:	·						-
5 [An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 [An organization that norma	-					he general	public described in
		section 170(b)(1)(A)(vi). (C	•		U			0	
8 [A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a	land-grant	college
• -		or university or a non-land-	-			-		-	-
		university:	graine conlogo or agric			name, en	, and clare c	r the coneg	
10	Х	An organization that norma	Illy receives (1) more	than 33 1/3% of its sun	nort from	contributio	ns members	hin foos a	nd aross receipts from
10 1		activities related to its exen							
		income and unrelated busin		-					-
		See section 509(a)(2). (Con				3363 acqu		ganzation	
11 [An organization organized a		ively to test for public or	foty Soo	contion E($\Omega(\alpha)(4)$		
12		An organization organized a	-	•	•			orn out the	nurnassa of one or
		more publicly supported or		•	-			-	
_		lines 12a through 12d that	• •			-		-	
а		Type I. A supporting orga	-	-	•				
		the supported organization			a majority	of the dire	ctors or truste	ees of the s	supporting
		organization. You must o	-						
b		Type II. A supporting org	-				-		-
		control or management o			ame perso	ons that co	ontrol or mana	age the sup	ported
	_	organization(s). You mus	-						
С		Type III functionally interpretent of the second	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Illy integrate	ed with,
		its supported organizatio							
d		Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)
		that is not functionally int			-		-	d an attent	iveness
		requirement (see instruct							
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated support	ing organi:	zation.			
		er the number of supported of	-						
g		vide the following information			(iv) Is the orga	nization listed			
	(1	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)

	(Corm		2022
Schedule A		99U)	2022

Part II	Su	pport	Sched	ule f	or	Organiz	zation	s D	esci	ribe	d in	Sections	s 1	70(b)(1)(A)(iv) and	17	0(t	o)(1)(A)(vi)	
									-										_		

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Dublia Ourseau

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(4) 2010		(0) 2020	(4) 2021		
8	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)	•		12	
13							
	organization, check this box and stop	-			-		
Sec	ction C. Computation of Publ						
-	Public support percentage for 2022 (column (f))		14	%
15	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes	•	• •		•		
~	more, and if the organization meets th		-				,
	organization meets the facts-and-circ				· ·		
18	Private foundation. If the organization						
				, , ,	,		(Form 990) 2022

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support	, picace sonn					
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						.,,
	membership fees received. (Do not						
	include any "unusual grants.")	3,047,802.	3,083,861.	1,596,270.	1,441,421.	3,991,941.	13,161,295.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	562,965.	670,599.	673,716.	653,531.		
3	Gross receipts from activities that		,	,			
Ū	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	3,610,767.	3,754,460.	2,269,986.	2,094,952.	4,642,123.	16,372,288.
	Amounts included on lines 1, 2, and	, ,	, ,	, ,	, ,	, ,	, ,
	3 received from disqualified persons						Ο.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						16,372,288.
	ction B. Total Support						<i>,</i> ,
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	3,610,767.	3,754,460.	2,269,986.	2,094,952.	4,642,123.	16,372,288.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	157,625.	226.	1,293.	1,253.	1,406.	161,803.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	157,625.	226.	1,293.	1,253.	1,406.	161,803.
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				358,940.		546,348.
13	Total support. (Add lines 9, 10c, 11, and 12.)	3,768,392.	3,754,686.	2,427,970.	2,455,145.	4,674,246.	17,080,439.
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	ion,
See	check this box and stop here						
15	Public support percentage for 2022 (I					15	95.85 %
16 Sec	Public support percentage from 2021 ction D. Computation of Invest					16	94.23 %
17	Investment income percentage for 20	22 (line 10c, colum	nn (f), divided by li	ne 13, column (f))		17	.95 %
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	2.59 %
19a	1 33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3% , and line 1	
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	X
b	33 1/3% support tests - 2021. If the	•					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins		
2320	23 12-09-22			16		Schedule A	(Form 990) 2022

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^{2022.04030} MAKING A DIFFERENCE FOUNDAT 89570__1

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2022 MAKING A DIFFERENCE FOUNDATION

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			

Section D. All Type III Supporting Organizations		
the supported organization(s).	1	
or management of the supporting organization was vested in the same persons that controlled or managed		
or trustees of each of the organization's supported organization(s)? If No, describe in Part VI now control		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins
--

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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2a

2b

За

No

Yes

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Sectior	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
m	naintenance of property held for production of income (see instructions)	6		
7 0	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectior	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
bА	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d T	otal (add lines 1a, 1b, and 1c)	1d		
еD	iscount claimed for blockage or other factors			
(e	explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
S	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 N	lultiply line 5 by 0.035.	6		
7 R	ecoveries of prior-year distributions	7		
8 N	linimum Asset Amount (add line 7 to line 6)	8		
Sectior	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, column A)	1		
2 E	nter 0.85 of line 1.	2		
3 N	linimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	nter greater of line 2 or line 3.	4		
5 Ir	ncome tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
e	mergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	າຣ	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	a From 2017				
b	From 2018				
с	c From 2019				
d	d From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

	KING A DIFFERENC		54-2092145 _{Page}
Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2	o, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 ⁻ 2 and 3; Part IV, Section E, lines	1c, 2a, 2b, 3a, and 3b; Part V, lin	n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V,
(See instructions.)	Part V, Section E, lines 2, 5, an	d 6. Also complete this part for a	iny additional information.
2028 12-09-22			Schedule A (Form 990) 2
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

	MAKING A DIFFERENC	E FOUNDATION	54-2092145
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ads
Ũ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor		
Par			
1	Purpose(s) of conservation easements held by the organizat	•	,
•	Preservation of land for public use (for example, recrea		orically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a co	opeoplation assembnt on the last
2	day of the tax year.		Held at the End of the Tax Year
-	Total number of conservation easements		2a
a b			2b
0	Number of conservation easements on a certified historic st	ructure included in (a)	20 20
d	Number of conservation easements included in (c) acquired		
u	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
3		seased, extinguished, or terminated by the organ	nization during the tax
4	year Number of states where property subject to conservation ea	ecomont is located	
5	Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		······································
U	Stan and volunteer hours devoted to monitoring, inspecting	, handling of violations, and emotering conservation	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation e	asements during the year
•	Amount of expenses meaned in monitoring, inspecting, har		aschients during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section $170(h)(4)(l)$	B)(i)
U	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
5	balance sheet, and include, if applicable, the text of the foot	-	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under FASB ASC 9		alance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 9		ce sheet works of
	art, historical treasures, or other similar assets held for publi	· · ·	
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
2	the following amounts required to be reported under FASB /		
-	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		φ Schedule D (Form 990) 2022
	09-01-22		
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		A DIFFEREN				54-20			ge 2
	t III Organizations Maintaining C						ts (contini	ied)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of th	e following that ma	ike significan	t use of its			
_	collection items (check all that apply):								
a	Public exhibition	d		change program					
b	Scholarly research	e	Uther						
c	Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	CXIII.		
5	During the year, did the organization solicit o						Vee		Na
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						Yes		No
1 0	reported an amount on Form 990, Par		ete il the organizat	ion answered res	OILFOILT 95	JU, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodi		lion, for contributiv	and or other accests	not included				
Ia							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					····· L	lites		NO
D		and complete the lo	nowing table.			1	Amount		
~	Reginning balance				1c		7 unio di le		
	Beginning balance								
	Additions during the year					+			
f	Ending balance					+			
	Did the organization include an amount on Fe					<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIII.							F	110
Par									
		(a) Current year	(b) Prior year	(c) Two years bad		years back	(e) Four	/ears b	ack
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment	•	%	())					
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held	and administered	for the				
	organization by:						Г	Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule F	?			Зb		
4	Describe in Part XIII the intended uses of the	organization's endo	owment funds.						
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990, Pa	rt X, line 10.				
	Description of property	(a) Cost or o basis (investr	. ,	st or other (e s (other)	c) Accumulat depreciatior		(d) Book	value	
1a	Land		5	64,210.				,21	
	Buildings		3,5	31,815.	L,417,8	325.	2,113	,99	0.
	Leasehold improvements								
	Equipment								
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)			2,678	,20	0.

Schedule D (Form 990) 2022

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(b) Book value	(c) Method of valuation: Cost or end	
(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
cription		(b) Book value
5)		
7		
Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
		(b) Book value
5.)		
	(b) Book value	Form 990, Part IV, line 11d. See Form 990, Part X, line 15. scription

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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Schedule D (Form 990) 2022			DIFFERENCE	FOUNDATION
Part VII Investments - C	other Securi	ties	5.	

Schedule D (Form 990) 2022 MAKING A DIFFERENCE FOUN	DATION	54-	2092145 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ments With Rever		
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1 Total revenue, gains, and other support per audited financial statements		1	11,518,955.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1			11,518,955.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		_
c Add lines 4a and 4b			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			11,518,955.
Part XII Reconciliation of Expenses per Audited Financial Stat	•	enses per Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line			
1 Total expenses and losses per audited financial statements		1	11,270,650.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIII.)			•
e Add lines 2a through 2d			0.
3 Subtract line 2e from line 1			11,270,650.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,270,650.
Part XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

232054 09-01-22

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

MAKING A DIFFERENCE FOUNDATION

Employer identification number
54-2092145

ON	F
	-

Par	rt I Types of Property		-				
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determ noncash contribution	•	is
	Art Marka of art		items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2 3	Art - Historical treasures Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential	Х	1	12,782.			
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	30	6,831,927.			
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz						
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	gement 29		Vee	
200	During the year did the ergenization receive h	voontributie	n any proporty ro	ported in Dart L lines 1 throug	vh 28, that it	Yes	No
30a	During the year, did the organization receive by	-	•••••				
	must hold for at least 3 years from the date of exempt purposes for the entire holding period?						x
h	If "Yes," describe the arrangement in Part II.	،			308		
31	Does the organization have a gift acceptance p	onlicy that re	equires the review	of any nonstandard contribu	tions? 31		x
	Does the organization hire or use third parties of				U UUUU		
<u>u</u>	-		-		32a		x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is che	cked.		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

MAKING A DIFFERENCE FOUNDATION

Employer identification number 54 - 2092145

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HUMAN NEEDS AS FOOD, HOUSING, ENCOURAGEMENT AND OPPORTUNITY

FORM 990, PART VI, SECTION B, LINE 11B:

THE TREASURER AND EXECUTIVE DIRECTOR DISTRIBUTE AND PRESENT THE FORM 990 TO

THE FULL BOARD AND ADDRESS ANY QUESTIONS THE BOARD MAY HAVE IN REGARD TO

THE DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS A "NO CONFLICT OF INTEREST" POLICY AND ENGAGES IN NO

APPEARANCE. PER THE CONFLICT OF INTEREST POLICY, ANY ACTUAL OR POTENTIAL

CONFLICT OF INTEREST MUST BE DISCLOSED TO THE BOARD OF DIRECTORS IN WRITING BY THE INTERESTED PERSON (ANY DIRECTOR OR PRINCIPAL OFFICE WHO HAS A DIRECT

OR INDIRECT FINANCIAL INTEREST IN A GIVEN TRANSACTION OR ARRANGEMENT)

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT/CEO'S SALARY IS DETERMINED BY UTILIZING COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE SALARY RECOMMENDATION IS REVIEWED AND APPROVED BY THE EXECUTIVE BOARD, WITH NO MEMBERS WHO HAVE A CONFLICT OF INTEREST BEING INVOLVED IN THE PROCESS. SUBSTANTIATION OF THE DELIBERATION AND DECISION ARE RECORDED AT THAT TIME.

FORM 990, PART VI, SECTION C, LINE 18:

 THE NON-PROFITS
 FINANCIALS
 AND
 GOVERNING
 DOCUMENTS
 ARE
 AVAILABLE
 UPON

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22

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Schedule O (Form 990) 2022

Name of the organization

54-2092145

REQUEST FROM THE NON-PROFIT

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL INFORMATION IS AVAILABLE ON-LINE AT WA SECRETARY OF STATE. FORM

990 IS AVAILABLE UPON REQUEST OR ON GUIDESTAR

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

-7.

232212 10-28-22