Form	990-EZ	
FOIIII		

Short Form

OMB No. 1545-0047

2019

Open to Public

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.

Inspection Department of the Treasury ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Internal Revenue Service A For the 2019 calendar year, or tax year beginning , 2019, and ending , 20 C Name of organization D Employer identification number B Check if applicable: 27-2234901 LIVE YOUR DREAM Address change Room/suite Name change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Initial return 3651 N 100 E #275 (801)375 - 2500Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return PROVO, UT 84604 Number **>** Application pending Other (specify) X Cash **G** Accounting Method: Accrual **H** Check **>** \Box if the organization is **not** I Website:► required to attach Schedule B N/A (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - \times 501(c)(3)) < (insert no.) 4947(a)(1) or 527 501(c) (**K** Form of organization: **X** Corporation Trust Other Association L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets \$ 101,961. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I X 1 1 81,223. 2 Program service revenue including government fees and contracts 2 3 3 Investment income 4 9. 4 5a Gross amount from sale of assets other than inventory 5a b Less: cost or other basis and sales expenses 5b С Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) . . 5c Gaming and fundraising events: 6 Gross income from gaming (attach Schedule G if greater than а Revenue 6a 20,729. Gross income from fundraising events (not including \$ b of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . 6b Less: direct expenses from gaming and fundraising events . . . 6c 5,511. С Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract d line 6c) 6d 15,218. 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b h Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c С . 8 8 9 9 96,450. 10 Grants and similar amounts paid (list in Schedule O) 10 51,143. . 11 11 12 12 Salaries, other compensation, and employee benefits Expenses 13 Professional fees and other payments to independent contractors 13 871. 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 . . 16 16 1,272. 17 17 53,286. Excess or (deficit) for the year (subtract line 17 from line 9) 43,164. 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 113,221. 20 20 156,385. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 For Paperwork Reduction Act Notice, see the separate instructions. BAA Form 990-EZ (2019) REV 02/11/20 PRO

Form 9	990-EZ (2019)					Page 2
Pa	t II Balance Sheets (see the instructions f	or Part II)				1
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part II....		🗆
				(A) Beginning of year	((B) End of year
22	Cash, savings, and investments			114,029.	22	156,766.
23	Land and buildings			1	23	
24	Other assets (describe in Schedule O)		[1	24	
25	Total assets		[114,029.	25	156,766.
26	Total liabilities (describe in Schedule O)		[808.	26	381.
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	113,221.	27	156,385.
Par	III Statement of Program Service Accom	plishments (see th	e instructions for F	Part III)		
	Check if the organization used Schedule	O to respond to an	ny question in this l	Part III 🗌		Expenses
What	is the organization's primary exempt purpose?	See Part III	Stmt			uired for section)(3) and 501(c)(4)
as m perso	ribe the organization's program service accomplis easured by expenses. In a clear and concise m ons benefited, and other relevant information for ea	anner, describe the ch program title.	e services provided	rogram services,		izations; optional for
28	DURING 2019 THE OFUNDATION PROVID					
	TO 18 WOMEN AND PURCHASE SCHOOL SU					
	THEIR EDUCATION AND 8 SINGLE MOTH					
	(Grants \$ 51,143.) If this amount	includes foreign gra	nts, check here .	🕨 🗌	28a	0.
29						
	(Grants \$) If this amount	includes foreign gra	ints, check here .	► 🗋 🏌	29a	
30						
~ .		includes foreign gra			30a	
31	Other program services (describe in Schedule O) (Grants \$) If this amount				~	
		includes foreign gra	nts check here		31a	
20					20	0
	Total program service expenses (add lines 28a t	hrough 31a)		🕨	32	0.
32 Par	Total program service expenses (add lines 28a tIVList of Officers, Directors, Trustees, and Key	hrough 31a)	n one even if not comp	►	struct	tions for Part IV)
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Form 99	90-EZ (2019)		Р	age 3
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part	V. Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	×
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		×
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		×
b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		×
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		×
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a Did the organization file Form 1120-POL for this year?	37b		×
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		×
b 39 a b 40a	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9			
b	Section 4917 Section 4912 Section 4912 Section 4912 Section 4903 Section 4903 Section 4903 Section 4903 Section 4903 Section 4908 Secti	40b		×
c d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		×
41	List the states with which a copy of this return is filed ►			
42a	The organization's books are in care of ► KANEIL MENLOVETelephone no. ► (801Located at ► 3651 N 100 E, PROVO UTZIP + 4 ► 8460		5-25	00
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ►	42b		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
с	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ►	42c		×
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ×
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a 44b		×
c d	Did the organization receive any payments for indoor tanning services during the year?	440 44c 44d		×
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a 45b		×

Form 9	00-EZ (2019)		P	age 4
			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition			
	to candidates for public office? If "Yes," complete Schedule C, Part I	46		×
Part	VI Section 501(c)(3) Organizations Only			
	All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tab	les fo	or line	es
	50 and 51.			
	Check if the organization used Schedule O to respond to any question in this Part VI			
			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		×

48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				
49a	Did the organization make any transfers to an exempt non-charitable related organization?				
b	If "Yes," was the related organization a section 527 organization?	49b			

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		
d Total number of other independent contractors each receiving		nust attach a

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	
Here	DAVID A YOUNG, TRUSTEE				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check 🗌 if	PTIN
	STEVEN K HORTIN	STEVEN K HORTIN		self-employed	P00428152
	Firm's name ► The Hortin Group LLC Firm's EIN ► 83-3212847				
	Firm's address ▶ 5314 River Run	Dr Ste 320, Provo, UT 846	04	Phone no. (801)374-8740
May the IRS	discuss this return with the preparer s	shown above? See instructions		🕨	Yes No

Additional information from your Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Line 16: Other Expenses	Continuation Statement		
Description	Amount		
REGISTRATION FEES	137.		
SCHOOL SUPPLIES	627.		
OFFICE SUPPLIES	34.		
BANK CHARGES	474.		
Total	1,272.		

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax Part III: Purpose

Form 990-EZ: Short Form Return of Organization Exempt from Income Tax

Continuation Statement

	Organization's Primary Exempt Purpose
PROVIDE SHOLARSHIPS 7	O SINGLE
MOTHERS IN FINANCIAL	NEED

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury
Internal Revenue Service

(D)

(E) Total 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.

Name	of	the	organization	

n.	Inspection
nployer identificat	ion number

LIVE	YOUR	DREAM

Name	ame of the organization Employer identification number						
	YOUR DREAM					27-2234901	
Par	t I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.
The o	rganization is not a private founda		· ·			,	
1	A church, convention of church						
2	A school described in section						
3	A hospital or a cooperative hos		•				
4	A medical research organizatio		onjunction with a hosp	oital desc	ribed in s	ection 170(b)(1)(A)	(iii). Enter the
_	hospital's name, city, and state		·····				
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)			-		al unit described in
6	A federal, state, or local govern						
7	An organization that normally			port from	a goveri	nmental unit or from	the general public
	described in section 170(b)(1)						
8	A community trust described in						
9	An agricultural research organi or university or a non-land-grau university:						
10	An organization that normally r receipts from activities related support from gross investment acquired by the organization at	to its exempt ful income and uni	nctions—subject to ce related business taxal	ertain exc ole incom	eptions, ie (less se	and (2) no more that action 511 tax) from	n 331/3% of its
11	An organization organized and		•		•	,	
	An organization organized and	-	•	-			rv out the nurnoses
	of one or more publicly suppo						
	Check the box in lines 12a thro	0		•			
а	Type I. A supporting organ	ization operated	, supervised, or contr	olled by i	ts suppo	rted organization(s),	typically by giving
	the supported organization						
	supporting organization. Ye	ou must comple	ete Part IV, Sections	A and B.			
b	Type II. A supporting organ						
	control or management of t				persons	that control or mana	age the supported
	organization(s). You must of	-					
С	Type III functionally integ						ally integrated with,
	its supported organization(, ,	<i>,</i> -		•		
d	Type III non-functionally i						
	that is not functionally integ			-			d an attentiveness
	requirement (see instruction	,	•				
е	Check this box if the organ functionally integrated, or T						e II, Type III
f	Enter the number of supported of		tionally integrated sup	porting c	nyanizati	011.	
g	Provide the following information		orted organization(s).				· · []
9	(i) Name of supported organization	(ii) EIN	(iiii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
		(,	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
	above (see instructions)) document? instructions) instructions)						
	Yes No						
(A)							
(B)							
(C)							

 Part II
 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(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.)

 Section A. Public Support

					r		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
3							
	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						L
-	on B. Total Support						
-	dar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	(4) 2010	(10) 2010	(0) 2017		(0, 2010	
							+
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						1
	loss from the sale of capital assets						
	(Explain in Part VI.)						
44							<u> </u>
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(soo instructio				10	
	•					12	
13	First five years. If the Form 990 is for the	•					
0	organization, check this box and stop he						🟲 📋
	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6					14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test-2019. If the organi						·
	box and stop here. The organization qual	lifies as a publ	icly supported	organization			🕨 🗖
b	331/3% support test-2018. If the organiz	zation did not	check a box o	n line 13 or 16	Sa, and line 15	is 331/3% or r	nore, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test-20)19. If the ora:	anization did n	ot check a bo	x on line 13_1	6a. or 16b. ar	nd line 14 is
a	10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization						
	0						
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization n				•		
	supported organization						🕨 🗖
18	Private foundation. If the organization die	d not check a	box on line 13,	, 16a, 16b, 17a	a, or 17b, chec	k this box and	l see
	instructions						🕨 🗖
							90 or 990-EZ) 2019

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.)

Secti	on A. Public Support			, p)		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees							
	received. (Do not include any "unusual grants.")	10,555.	17,944.	5,652.	117,161.	81,223.	232,535.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	19,006.	19,680.	29,866.	27,125.	20,729.	116,406.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization'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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	29,561.	37,624.	35,518.	144,286.	101,952.	348,941.	
b	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							
с 8	Add lines 7a and 7b						348,941.	
Secti	on B. Total Support							
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
9	Amounts from line 6	29,561.	37,624.	35,518.	144,286.	101,952.	348,941.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.					9.	9.	
b	section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b					9.	9.	
11	Net income from unrelated business activities not included in 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.)							
13	Total support. (Add lines 9, 10c, 11,							
14	and 12.)	•						
Secti	on C. Computation of Public Suppor						🕨 📋	
15	Public support percentage for 2019 (line 8			3, column (f)		15	100 %	
16	Public support percentage from 2018 Sch					16	100 %	
	Section D. Computation of Investment Income Percentage							
17								
18	Investment income percentage from 2018					18	0 %	
19a	33 ¹ / ₃ % support tests -2019 . If the organ 17 is not more than 33 ¹ / ₃ %, check this box	and stop here.	The organization	on qualifies as a	a publicly supp	orted organizati	on . 🕨 🗙	
b	33 ¹ / ₃ % support tests – 2018. If the organiz line 18 is not more than 33 ¹ / ₃ %, check this I	box and stop h	ere. The organi	zation qualifies	as a publicly s	upported organ	ization 🕨 🗌	
20	Private foundation. If the organization di	d not check a l	box on line 14,	19a, or 19b, o	heck this box	and see instruc	ctions 🕨 🗌	
		REV	10/27/20 PRO		Sch	edule A (Form 990) or 990-EZ) 2019	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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 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.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section D. All Type III Supporting Organizations

			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 in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions). С
- 2 Activities Test. Answer (a) and (b) below.
- а 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.
- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more b 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.
- Parent of Supported Organizations. Answer (a) and (b) below. 3
- 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? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

_

1	Check here if the organization	satisfied the Integ	ral Part Test as a	qualifying true	st on Nov. 20, 1970 (explair	i in Part VI). S	See
	instructions. All other Type III	non-functionally ir	ntegrated suppor	ting organizati	ions must complete Sectior	ns A through B	Ε.

Section A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).	0		

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 or 990-EZ) 2019

-	V Type III Non-Functionally Integrated 509(a)) Supporting Organi	zations (continued)	Page (
Part		a supporting Organi		
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	EDULE G					aising or Gam		OMB No. 1545-0047
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019	
Depart Interna	ment of the Treasury I Revenue Service			ttach to Form <i>Form</i> 990 for i		990-EZ. nd the latest informa	tion.	Open to Public Inspection
Name	of the organization						Employer identif	
LIV	E YOUR DREA						27-223490	
Par		sing Activities. 0-EZ filers are r				vered "Yes" on	Form 990, Part IV	, line 17.
1						owing activities. C	Check all that apply.	
a	Mail solicit			е [on of non-govern	•	
b	Internet an Phone solid	d email solicitatio	ns	f L		on of governmen	-	
c d		solicitations		g	_ Special 1	undraising events	5	
2a	•		ten or oral agree	ement with	anv indivic	lual (including off	icers, directors, trus	stees.
							fundraising services	
b		e 10 highest paid at least \$5,000 by			draisers) pı	irsuant to agreen	nents under which t	he fundraiser is to be
	(i) Name and addreation or entity (fun		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			-	Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total 3					>	olicit contribution	as or has been noti	fied it is exempt from
	registration or							

gross receipts greater than \$5,000.

Part II

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
ш —	2 3	Less: Contributions Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dired	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary. Ad	d lines 4 through 9 in c	olumn (d)		
Ра	11 rt III	Net income summary. Subtra Gaming. Complete if the \$15,000 on Form 990-E2	e organization answe	ered "Yes" on Form S	990, Part IV, line 19,	or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses .				
	6	Volunteer labor	□ Yes% □ No	☐ Yes% ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d) . . .		
	8	Net gaming income summary	/. Subtract line 7 from li	ine 1, column (d)		
	a la	nter the state(s) in which the or s the organization licensed to co f "No," explain:	onduct gaming activities	s in each of these states		🗌 Yes 🗌 No
10		Vere any of the organization's g f "Yes," explain:	aming licenses revoked	I, suspended, or termina	ated during the tax year	r? . 🗌 Yes 🗌 No
B	٩A			REV 10/27/20 PRO	Schedu	le G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

Т

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Schedu	ile G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	× No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	🗌 Yes	🗵 No
13	Indicate the percentage of gaming activity conducted in:	_	_
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
		☐ Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$and the	_	_
	amount of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided ►		
	Director/officer		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	🗌 Yes	🗌 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Dout	spent in the organization's own exempt activities during the tax year ► \$	·)	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.



Department of the Treasury Internal Revenue Service Name of the organization

LIVE YOUR DREAM	27-2234901
Pt I, Line 10:	
Description: TUITION PAYMENTS 2 INDIV	
Class of activity: EDUCATION	
Grantee's name: AMERITECH COLLEGE	
Grantee's address: 12257 BUSINESS PARK DRIVE DRAPER UT 84020	
Grantee's relationship: NONR	
Amount given: \$4,000	
Description: TUITION PAYMENTS	
Class of activity: EDUCATION	
Grantee's name: MOUNTAINLAND TECHNICAL COLLEGE	
Grantee's address: 1410 W 1250 S OREM UT 84058	
Grantee's relationship: NONE	
Amount given: \$500	
Description: TUITION PAYMENTS	
Class of activity: EDUCATION	
Grantee's name: SALT LAKE COMMUNITY COLLEGE	
Grantee's address: 4600 REDWOOD RD SALT LAKE CITY UT 84123	
Grantee's relationship: NONE	
Amount given: \$2,000	
Description: TUITION PAYMENTS	
Class of activity: EDUCATION	
Grantee's name: SOUTHERN UTAH UNIVERSITY	
Grantee's address: 351 W UNIVERSITY BLVD CEDAR CITY UT 84720	
Grantee's relationship: NONE	
Amount given: \$2,000	

lame of the organization	Employer identification number
IVE YOUR DREAM	27-2234901
Description: TUITION PAYMENT	
Class of activity: EDUCATION	
Grantee's name: University of Utah	
Grantee's address: 201 Presidents Circle Salt Lake City UT 84112	
Grantee's relationship: NONE	
Amount given: \$500	
Description: TUITION PAYMENTS	
Class of activity: EDUCATION	
Grantee's name: UTAH STATE UNIVERSITY	
Grantee's address: OLD MAIN LOGAN UT 84322	
Grantee's relationship: NONE	
Amount given: \$4,000	
Description: TUITION PAYMENTS 10 INDIVIDUALS	
Class of activity: EDUCATION	
Grantee's name: Utah Valley University	
Grantee's address: 800 W University Pkwy OREM UT 84058	
Grantee's relationship: NONE	
Amount given: \$15,500	
Description: TUITION PAYMENTS 3 INDIVIDUALS	
Class of activity: EDUCATION	
Grantee's name: Weber State University	
Grantee's address: 3848 Harrison Blvd OGDEN UT 84408	
Grantee's relationship: NONE	
Amount given: \$6,000	
Description: SUB FOR SANTA 7 INDIVIDUALS	
Class of activity: ASSISTANCE	
Grantee's relationship: NONE	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
LIVE YOUR DREAM	27-2234901
Amount given: \$14,000	
Description: SCHOOL SUPPLIES 18 INDIVIDUALS	
Class of activity: EDUCATION	
Grantee's name: AMAZON	
Grantee's relationship: NONE	
Amount given: \$2,643	
Pt I, Line 16:	
Description: REGISTRATION FEES \$137	
Description: SCHOOL SUPPLIES \$627	
Description: OFFICE SUPPLIES \$34	
Description: BANK CHARGES \$474	

Form 8879-E0

Department of the Treasury

IRS e-file Signature Authorization for an Exempt Organization

► Go to www.irs.gov/Form8879EO for the latest information.

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning , 2019, and ending

▶ Do not send to the IRS. Keep for your records.

Internal Revenue Service	
Name of exempt organization	n

LIVE YOUR DREAM

Name and title of officer

Employer identification number

27-2234901

DAVID A YOUNG, TRUSTEE

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ► □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .		1b	
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		2b	96,450.
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)		4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)		5b _	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

🔀 I authorize	The Hortin Group LLC	to enter my PIN 8 4 0 9 7 as my signature
	ERO firm name	Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►	Date 🕨										
Part III Certification and Authentication											
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	8	7	5	4	0	5	0	8	8	4	9
		Do not enter all zeros									

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ►

Date

ERO Must Retain This Form – See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form. BAA

Form 8879-EO (2019)