•_	 990-T	Ex				ess Income			OMB No 1545-0687
F	orm 330-1		•			section 6033(e	• •		2012
	4					, 2018, and endin			2010
Depart	lment of the Treasury		_			actions and the late		İ	Open to Public Inspection for
Interna	al Revenue Service	► Do not	enter SSN numbers				ganization is a 501(c)(3)		501(c)(3) Organizations Only
AX	Check box if address changed xempt under section		Sorenson I			hanged and see instructio	ns)	- (E	nployer identification number mployees' trust, see structions)
		or	2755 E Cot	tonwood H	kwy,	#500 #2200		4	15-3203840
	408(e) 220((е) Туре	Salt Lake	City, UT	8412	21			nrelated business activity code See instructions)
<u> </u>	_408A	(a)							
	∫529(a)				1				31390 541900
C Bo	ook value of all assets end of year	0 0	exemption number	· · · · · · · · · · · · · · · · · · ·	<u></u>		501()	101()	
	139,731,704	· l	k organization typ					01(a)	
	inter the number of trade or business he			s or businesses	1	<u>5</u>	_ Describe the only (d	,	unrelated ne, complete Parts I-V
li Ii	rade or business ne f more than one, de	escribe the firs	t in the blank spa	ace at the end	of the	previous sentence			complete a Schedule M
	or each additional t						,,	,	
	•	-		-	-	•	sidiary controlled gre	oup?	► Yes X No
	f 'Yes,' enter the na			the parent cor	poratio	n ►			
	he books are in care	<u> </u>	Sorenson				Telephone numbe		
Par			Business Inco	me T		(A) Income	(B) Expense	es	(C) Net
	Gross receipts or			- D-1					
	Less returns and allowa		lino 7)	c Balance►	1c 2				
	Cost of goods sold Gross profit Subtr				3				
	Gross pront Subtr Capital gain net in				4a				,
	Net gain (loss) (Form 4	•	•	1	4b				
	: Capital loss deduc		, , (attaon 1 cm 1 7 cm	•	4c	<u> </u>			
	Income (loss) from	a partnership o	r an S corporation						
_	(attach statement)	•			5				
	Rent income (Sch	•	(Cabadula E)		6 7				
7	Unrelated debt-fin		•	ization (C-L-4-I- D	8				
8	Interest, annuities, royal Investment income of a				9				
9 10	Exploited exempt		, , , , , ,	tion (schedule G)	10				
11	Advertising income	=			11				-
12	Other income (See								
		•	·	-	12		/		
13	Total. Combine lin	es 3 through 1	12		13	7. ""	0.	0.	0.
Par	t II Deduction	ns Not Take	en Elsewhere	(See ınstru	ctions	for limitations	on deductions.)	(Ехсе	ept for
					necte	d with the unre	lated business in		e.)
14	Compensation of o		ors, and trustees	1 1	Ui	COLIVED		14	
15	Salaries and wage			E1-436			90	15 16	
16 17	Repairs and maint Bad debts	enance		14	NC	V 2 5 2019	80	17	
18	Interest (attach sc	hedule) (see ir	nstructions)	. 44	-		8	18	
19	Taxes and license		113(140(10113)		OG	DEN IIT		19	_
20	Charitable contribu		structions for limit	tation rules)	-	OLIV, OI		20	
21	Depreciation (atta					21		<u> </u>	
22	Less depreciation	· ·		ewhere on ret	urn	22a		22b	
23	Depletion							23	
24	Contributions to de	eferred compe	nsation plans					24	
25	Employee benefit	programs						25	
26	Excess exempt ex	•	•					26	
27	Excess readership	-	•					27	
28	Other deductions							28	
29 30	Total deductions.		_	eratina loce d	ductio	n Subtract line 29	from line 13	29 30	
30 31	Deduction for net opera						nom mic io	31	f
	Unrelated business					(22224 4040110)		32	0.
	For Paperwork Re					TEEA0201L	1/31/19		Form 990-T (2018)

Form 99	0-T(2018) Sor <u>enson</u> Impact 1	Foundation		45	-3203840	Page 2
Part III						
33 To	tal of unrelated business taxable income		es or businesses (se	e]]	
	tructions) nounts paid for disallowed fringes				33 34	0.
35 De	duction for net operating loss arising in tructions)		y 1, 2018 (see See Statement	1	35	
36 To	tal of unrelated business taxable income					
-	lines 33 and 34	and the 27 materials on far average			36	0.
38 Un	ecific deduction (Generally \$1,000, but related business taxable income. Subtiter the smaller of zero or line 36			6,	38	0.
Part I\	Tax Computation					
	ganizations Taxable as Corporations.			•	39	0.
	Ine 38 from Tax Tax rate schedule			•	40	
	bxy tax. See instructions	Si Scheddle D (1 01111 1041)	•	>	41	
	ernative minimum tax (trusts only)				42	
	x on Noncompliant Facility Income. Se	e instructions			43	
44 To	tal. Add lines 41, 42, and 43 to line 39	or 40, whichever applies			44	0.
Part V	1					
	reign tax credit (corporations attach For	m 1118, trusts attach Form 1116)	45 a			
	ner credits (see instructions)		45 b]]	
	neral business credit Attach Form 3800		45 c		1 1	
	edit for prior year minimum tax (attach l tal credits. Add lines 45a through 45d	-orm 8801 or 8827)	45 d		45 e	0.
	btract line 45e from line 44				46	0.
	ner taxes Check if from Form 4255	☐Form 8611 ☐Form 8697 ☐F	orm 8866			
	Other (attach schedule)				47	
48 To	tal tax. Add lines 46 and 47 (see instru	ctions)			48	0.
49 20	18 net 965 tax liability paid from Form 9	965-A or Form 965-B, Part II, colum	nn (k), line 2		49	
b 20 c Ta	yments A 2017 overpayment credited t 18 estimated tax payments x deposited with Form 8868 reign organizations Tax paid or withhel		50 a 50 b 50 c	<u>5,</u> 500.		
e Ba f Cro	ckup withholding (see instructions) edit for small employer health insurance ner credits, adjustments, and payments	premiums (attach Form 8941)	50 e 50 f			
	Form 4136 0	ther Total	► 50 g			
	tal payments. Add lines 50a through 50	_		. 🗀	51	5,500.
	timated tax penalty (see instructions) (باء	52	
	x due. If line 51 is less than the total of				53	
	erpayment. If line 51 is larger than the		1	Potunded ►	54	5,500.
55 En	ter the amount of line 54 you want Cre Statements Regarding Certa		0,000.	Refunded >	55	0.
	any time during the 2018 calendar year, di				ver a	Yes No
	any time during the 2018 calendar year, di ancial account (bank, securities, or other) in a					163 140
	port of Foreign Bank and Financial Accoun			▶		_ X
	ring the tax year, did the organization re			– – – ansferor to.	a foreign trust?	
	Yes,' see instructions for other forms the o		t the granter of, or the	a	a torong, tract	1 A
	ter the amount of tax-exempt interest recei	•	\$	0.		
	Under penalties of perjury, I declare that I have belief, it is bue; correct, and complete Declarat		schedules and statements,	and to the best o	of my knowledge and	
Sign Here	Signature of officer	Date	Secretary Title		May the IRS discuss the preparer shown instructions)?	s this return with
	Print/Type preparer's name	Preparer's signature	Date	Check I If	PTIN	
aid		Self-Prepared		self employed		
Pre- parer	Firm's name			Fırm's EIN ►		
Jse	Firm's address					
Only				Phone no		
BAA		TEEA0202L 01/24/19			Form	990-T (2018)

•							
Form 9,90-T (2018) Sorenson Impact	Foundation			45-	3203840	Р	age 3
Schedule A — Cost of Goods Sold. I	Enter method of inve	entory valuation 🟲	•				
1 Inventory at beginning of year	1	6 Invent	ory at e	end of year	6		
2 Purchases	2			s sold. Subtract			
3 Cost of labor	3		from Iir Part I.	ne 5. Enter here	7		
4 a Additional section 263A costs (attach schedule)		and in	i i ait i,		<u>, </u>	Yes	No
	4 a	a Do the	، مماست	of section 263A (with	162	110	
b Other costs (attach sch)	4 b	bropei	rtv prod	uced or acquired for	respect to		
5 Total. Add lines 1 through 4b	5	to the	organiz	zation?	, , , ,		
Schedule C — Rent Income (From R	eal Property and	Personal Property	y Leas	ed With Real Pro	perty) (see i	nstruct	ions)
Description of property							
(1)			•				
(2)	- 			<u>-</u> .			
(3)		<u> </u>	-	· · · · · · · · · · · · · · · · · · ·			
(4)	· · · · · · · · · · · · · · · · · · ·	<u> </u>					
	eived or accrued	· · · · · · · · · · · · · · · · · · ·					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	entage of rent for persor	al and personal property ntage of rent for personal eeds 50% or if the rent is on profit or income) 3(a) Deductions directly connected the income in columns 2(a) and (attach schedule)					
(1)							
(2)			-				
(3)		.,					
(4)			-				
Total	Total	11.2 .	-				
(c) Total income. Add totals of columns 2(a) nere and on page 1, Part I, line 6, column (A				(b) Total deductions En here and on page 1, Part I, line 6, column (B)	ter ►		
Schedule E - Unrelated Debt-Finan	ced Income (see	instructions)					
1 December of debt fragged o	roportu	2 Gross income from	3 De	ductions directly coni debt-financ	nected with or ed property	allocab	le to
1 Description of debt-financed p	roperty	or allocable to debt- financed property	depr	(a) Straight line eciation (attach sch)	(b) Other d (attach so	eductio chedule	ns ;)
(1)							
(2)							
(3)		-					
(4)							
4 Amount of average acquisition debt on or allocab	e adjusted basis of le to debt-financed (attach schedule)	6 Column 4 divided by column 5		7 Gross income ortable (column 2 x column 6)	8 Allocable ((column 6 columns 3(a	x total	of

TEEA0203L 01/30/19

Totals.

BAA

(1)

(2)

(3)

(4)

Total dividends-received deductions included in column 8

Form **990-T** (2018)

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

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읭

%

Schedule F – Interest, A	IIIIuiti	es, Royalli			trolled Or			Ji gai	iizations ((366 111		
1 Name of controlled organization	ıde	Employer ntification number	ı	Net uni ncome ee instri	related (loss) uctions)		4 Total of speci payments ma	fied de	5 Part of that is ind the con organiz gross ii	cluded trolling ation's	in c	eductions directly onnected with ome in column 5
(1)				-								
(2)						T						<u></u>
(3)						Τ			-			
(4)						\top						
Nonexempt Controlled Organiz	ations					•						
7 Taxable Income	ind	et unrelated come (loss) instructions)	9 Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income				11 Deductions dire connected with inco in column 10			
(1)										T		
(2)												
(3)				_			-					
(4)				_							•	
							Add columns here and on p 8, co		, Part I, line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B).
Totals	. 4 1		-4!	- 501/	->/7> (0)	-	- (17) O	-!4	~~ /		>	
Schedule G — Investment Income of 1 Description of income 2			of income 3 Ded		ductions connected schedule)		4 Set-asides ttach schedu	5 Total (I deductions and sides (column 3 us column 4)		
(1)							·					
(2)							-					
(3)												
(4)			-									
Totals.	.	Enter here ar Part I, line 9,	colur	mn (A)	TL		Nali sa saki a isa a s				Part I, II	re and on page 1 ne 9, column (B)
Schedule I – Exploited E	.xemp										_	1
1 Description of exploited a	ictivity	2 Gross unrelate busines income fr trade o busines	ed ss om r	conne prod of u	ses directly ected with duction nrelated ess income	fro or 2 r	Net income (loss) on unrelated trade business (column minus column 3). a gain, compute umns 5 through 7	actıvı unrela	s income from ty that is not ated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	-											
(2)												
(3)												
(4)												
Totals.	_	Enter here on page Part I, line column (1, e 10,	on p Part I	here and page 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 26
Schedule J – Advertisin	a Inco	me (see inst	ructio	ns)					• • •			1
	<u> </u>				ncolida	te:	d Racie			-		
Part I Income From Pe	riouic	2 Gross			Direct	_	Advertising gain or	E C	roulation	€ Dos	dership	7 Evenes readership
1 Name of periodical		advertisi	ng	adve	ertising osts	(1	oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		osts	7 Excess readership costs (col. 6 minus col 5, but not more than col 4).
(1)						-						4
(2)						-						4
(3)				ļ.——	_	\cdot						4
(4)		_		ļ		\vdash						
Totals (carry to Part II, line (5)) 1	•										

* Form 990-T (2018) Sorenson Impact Foundation Page 5 45-3203840 Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 3 Direct advertising 4 Advertising gain or (loss) (col 2 minus col. 3) If a gain, compute cols. 5 through 7. 2 Gross 5 Circulation 6 Readership 7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4) advertising costs income 1 Name of periodical costs ıncome (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part II, line 27 on page 1, Part I, line 11, column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 1 Name 2 Title time devoted to unrelated business to business 왕

왕 왕 용 ▶ Total. Enter here and on page 1, Part II, line 14

BAA TEEA0204 L 12/31/18

Form 990-T (2018)

· SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB	No	1545-	0687

Department of the Treasury

For calendar year 2018 or other tax year beginning , 2018, and ending ► Go to www.irs gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). . Internal Revenue Service Name of the organization Employer identification number

	Sorenson Impact Foundation		45-3203840				
Ur	related business activity code (see instructions) ► 531390		_				
De	scribe the unrelated trade or business ► Real Estate 1						
Part	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	. (C) Net	
1a	Gross receipts or sales					1	
b	Less returns and allowances c Balance ►	1c					
2	Cost of goods sold (Schedule A, line 7)	2				[
3	Gross profit Subtract line 2 from line 1c	3					
4a	Capital gain net income (attach Schedule D)	4a				·	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) See Statement 2	5	-1,112			-1,112.	
6	Rent income (Schedule C)	6		•			
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10	.	-			
11	Advertising income (Schedule J)	11	-	-			
12	Other income (See instructions, attach schedule)	12					
13	Total. Combine lines 3 through 12	13	-1,112			-1,112.	
Part	deductions must be directly connected with the unrelated	l busine		.) (Except for c	ontribut	ions,	
14	Compensation of officers, directors, and trustees (Schedule	N)			15		
15 16	Salaries and wages Repairs and maintenance				16		
17	Bad debts				17	· · · · · -	
18	Interest (attach schedule) (see instructions)			Ì	18		
19	Taxes and licenses			ļ	19		
20	Charitable contributions (See instructions for limitation rules)			20		
21	Depreciation (attach Form 4562)	•	21				
22	Less depreciation claimed on Schedule A and elsewhere on	return	22a		22b		
23	Depletion				23		
24	Contributions to deferred compensation plans				24		
25	Employee benefit programs				25		
26	Excess exempt expenses (Schedule I)				26		
27	Excess readership costs (Schedule J)				27		
28	Other deductions (attach schedule)				28		
29	Total deductions. Add lines 14 through 28		201 1 10		29		
30	Unrelated business taxable income before net operating loss deduction. Subt			0010 (30	-1,112.	
31	Deduction for net operating loss arising in tax years beginning tractivations?	ng on o	r atter January 1	, ∠uiờ (see	31		
22	unstructions) Unrelated business taxable income Subtract line 31 from line	na 30			32		
_32	Onrelated business taxable income. Subtract line 31 from III	16 20			3 <u>Z</u>	-1,112.	

Form 990-T (2018) Sorensor	Impact Foundation	on			45	5-3203840	F	age :	
Schedule A - Cost of Good	ds Sold. Enter method of	inventory valuation	>						
1 Inventory at beginning of year				ory at	end of year	6	-		
2 Purchases	2		Cost of	f good	ls sold. Subtract				
3 Cost of labor	3		line 6 f	rom lii	ne 5 Enter here				
4 a Additional section 263A costs (attacl	n schedule)		and in	Part I,	, line Z	7	Yes	No	
	4 a		D- 41		-4t 202A 4				
b Other costs (attach sch)	4 b				of section 263A (wi duced or acquired fo				
5 Total. Add lines 1 through 4th	5		to the	organi	zation?				
Schedule C - Rent Income	(From Real Property	and Personal F	roperty	Leas	sed With Real P	roperty) (see	ınstruct	ions)	
1 Description of property						<u> </u>			
(1)		-							
(2)						· · · · · · · -			
(3)	<u> </u>								
(4)									
	2 Rent received or accrued	d							
(a) From personal property (If the percentage of rent for personal property is more than 10% but not property ex		m real and persona percentage of rent to y exceeds 50% or it ased on profit or income	f rent for personal (attach schedule)						
(1)									
(2)									
(3)									
(4)									
Total	Total								
(c) Total income. Add totals of col here and on page 1, Part I, line 6,		>			(b) Total deductions here and on page 1, Pa I, line 6, column (B)				
Schedule E — Unrelated De	bt-Financed Income ((see instructions)							
1 Description of debt	financed property	2 Gross incor		3 De	ductions directly co debt-fina	onnected with or nced property	allocab	le to	
i Description of debt	milanced property	financed pro			(a) Straight line eciation (attach sch	(b) Other (attach			
(1)									
(2)									
(3)				1					
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis or allocable to debt-finance property (attach schedule	ed divided	by		7 Gross income ortable (column 2 x column 6)	8 Allocable (column 6 columns 3(x total	of	

Total dividends-received deductions included in column 8 BAA

(1) (2)

(3) (4)

Totals

TEEA0203L 01/30/19

% %

Form **990-T** (2018)

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

Schedule F – Interest, A					rganizations	- garnzation	- (acc 1113)	- GOODIS	···
1 Name of controlled organization		Employer ntification number	3 Net unrelated income (loss) (see instructions)		4 Total of spec payments ma	ade that is the corga	of column included in controlling nization's s income	٦ ٥	eductions directly connected with ome in column 5
(1)					-				
(2)									
(3)									
(4)	<u> </u>								
Nonexempt Controlled Organiz	ations							_	
7 Taxable Income	ind	et unrelated come (loss) instructions)		of specifie ents made	ıncluded	column 9 that is in the controlling on's gross incom	· co	onnecte	ctions directly d with income olumn 10
(1)									
(1) (2) (3) (4)									
(3)									
(4)									·
Totals					here and on	s 5 and 10 Ente page 1, Part I, III olumn (A).		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmer	nt Inco	me of a Se	ction 501	(c)(7), (9), or (17) Orga	nization (see	<u> </u>	3)	
			of income	3 dıre	Deductions ctly connected ach schedule)	4 Set-asio	des	5 Total dedu	
(1)				†					
(1)	-								
(3)									
(4)									
Tatala		Enter here and Part I, line 9,							re and on page 1 ne 9, column (B)
Totals Schedule I — Exploited E	vomn	t Activity In	como O	thor Tha	n Advertisina	Income (see in	actructions'	<u> </u>	
Schedule I — Exploited E	-xemp	2 Gross			4 Net income (loss)	5 Gross income fro			7 Excess exempt
1 Description of exploited a	activity	unrelated business income fro trade or business	d coni	nected with oduction unrelated ness income	from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7		attribut	able to	expenses (column 6 minus column 5, but not more than column 4)
(1)							_		
(2)							<u> </u>		
(3)									
(4)									_
Takala		Enter here on page Part I, line column (1, on 10, Part	r here and page 1, I, line 10, umn (B)					Enter here and on page 1, Part II, line 26
Totals Schedule J — Advertisin	a Inco	mo (see instr	··otions)		<u> </u>	···			IL
Rartil Income From Pe				oncolida	tod Basis				
rardij income From Fe	Houica	2 Gross		Direct	4 Advertising gain of	5 Circulation	6 Read	orchio	7 Evene readership
1 Name of periodical		advertisir	ig adv	vertising costs	(loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7	income	cos		7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)		 							
(2)		 				 	+		
(4)			 -	- 			 		
				·					
Totals (carry to Part II, line (5))) •	•							
BAA		<u> </u>	<u> </u>	EEA0204 L	12/31/18	<u> </u>	<u> </u>	F	orm 990-T (2018)

Form 990-T (2018)	Sorenson	Impact	Foundation
	DOTCHOOM	TIIIDUCC	I CHILDRE LICII

45-3203840

Part II Income From Periodica 7 on a line-by-line basis)	lls Reported o	ո a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	umns 2 through	
1 Name of periodical	, 2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col. 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col. 4)	
(1)							
(2)							
(2) (3) (4)							
(4)	<u>_</u>						
Totals from Part I							
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1− 5)					-		
Schedule K — Compensation of	f Officers, Dire	ctors, and Tru	istees (see instri	uctions)			
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	sation attributable lated business	
				9	ő		
				ş	ě		
	-				5		
				9	8		
Total. Enter here and on page 1, Part II	, line 14				>	<u>.</u>	
BAA		TEEA0204 L	12/31/18		F	orm 990-T (2018)	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

	OMB No	1545-0687
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Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning , 2018, and ending ► Go to www irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number Sorenson Impact Foundation 45-3203840 Unrelated business activity code (see instructions) ► 531390 Describe the unrelated trade or business ► Real Estate 2 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales þ c Balance ► 1c Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation See Statement 5 (attach statement) 5 -97,995 -97,995. 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 11 Advertising income (Schedule J) 12 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 13 -97.995-97,995. Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, Part II deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 21 22 22a 22b Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 28 28 Other deductions (attach schedule) 29 Total deductions. Add lines 14 through 28 29

BAA For Paperwork Reduction Act Notice, see instructions.

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31

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Schedule M (Form 990-T) 2018

-97,995.

-97,995

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Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Unrelated business taxable income Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Form 990-T (2018) Sorenson			45				Page 3	
Schedule A — Cost of Goods	Sold. Enter method of inve	entory valuation >						
1 Inventory at beginning of year	1	6 Invento	ry at end of	year	6			
2 Purchases	2		goods sold					
3 Cost of labor	3		rom line 5 E Part I, line 2		7			
4 a Additional section 263A costs (attach s	chedule)	and in	Part I, IIIIe Z	L		Tv T	A1 -	
	4 a			0624 (1)		Yes	No	
b Other costs	4 b			non 263A (with or acquired for		<u> </u>		
(attach sch) 5 Total. Add lines 1 through 4b	5		organization		resule) apply		l	
Schedule C - Rent Income (From Real Property and	d Personal Property	Leased W	ith Real Pro	nerty) (see	nstructi	ons)	
1 Description of property	Trom Real Property and			THE TOUR TO	7001137 (300)			
(1)					.			
(2)								
(3)								
(4)								
	Rent received or accrued		з	(a) Deductions	directly conne	cted wit	:h	
(a) From personal proper (if the percentage of rent for p	ty (b) From reersonal (if the percent	eal and personal property entage of rent for persona	/ al	the income in columns 2(a) and (attach schedule)				
property is more than 10% b	ut not property ex	ceeds 50% or if the rent	is	(allal	in scriedule)			
more than 50%)	based	on profit or income)						
(1)								
(2)								
(3)								
(4)								
Total	Total		·	tal deductions. En	tor			
(c) Total income. Add totals of colur here and on page 1, Part I, line 6, c	mns 2(a) and 2(b) Enter	1000 5 1001	here a	id on page 1, Part 6, column (B)	► ►			
Schedule E — Unrelated Deb	t-Financed Income (see	instructions)			•			
		2 Gross income from	3 Deductio	ns directly coni debt-financ	nected with or ed property	allocab	le to	
1 Description of debt-fi	папсей ргоренту	or allocable to debt- financed property	(a) Str depreciatio	aight line n (attach sch)	(b) Other d (attach se			
(1)								
(2)								
(3)								
(4)			-					
4 Amount of average	5 Average adjusted basis of	6 Column 4		s income	8 Allocable			
acquisition debt on or allocable to debt-financed	or allocable to debt-financed property (attach schedule)	divided by column 5		(column 2 x umn 6)	(column 6 columns 3(a	x total	of (h))	
property (attach schedule)	property (attach schedule)	Coldiffil			00.0.11113 3(8	, unu J	(-))	
(1)		%						
(2)		%						
(3)		%						

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(4)

Totals

BAA

Total dividends-received deductions included in column 8

%

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

Form **990-T** (2018)

Schedule F - Interest, A	muu				trolled Or			Jigai	IIZULIOIIS (300 111.	3000000	·)
		F	_	<u> </u>		Ť	•		E David of	1	1 25	
1 Name of controlled organization	ıde	Employer ntification number	ır	Net uni ncome e instri		4	4 Total of specific payments made		5 Part of a that is ind the conorganiz gross in	cluded trolling ation's	in c	eductions directly connected with come in column 5
(1)						┼-					- -	
(2)					-	+					_	
(2)		-	_			╁					- -	
(3)		_				+						
(4)	_1					<u> </u>						
Nonexempt Controlled Organiz												
7 Taxable Income	ind	et unrelated come (loss) instructions)		9 Total of specified payments made		3	10 Part of colum included in the organization's gr		ontrolling	,	connecte	ctions directly d with income olumn 10
(1)												
(2)												
(3)		-										
(4)			1									
Totals							Add columns here and on p 8, co		, Part I, line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmen	t Inco	me of a Se	ction	5016	c)(7) (9)	7	r (17) Organ	nizati	on (see ins	truction	ns)	
1 Description of income		2 Amount			me 3 Deducti		ductions	4 Set-asides (attach schedu		5 Total		I deductions and sides (column 3 us column 4)
(1)					(3.10							
(1) (2) (3)												
(2)		<u> </u>										
(3)												
(4)							10				Entor he	us and an nasa 1
		Enter here and Part I, line 9,										ere and on page 1, ine 9, column (B)
Totals.									<u> </u>		l	<u> </u>
Schedule I – Exploited E	.xemp			e, Oti	ner I hai	n A	dvertising	Incor	ne (see inst	ruction	<u>s)</u>	
1 Description of exploited a	activity	2 Gross unrelate business income fro trade or business	ated connect ness produ e from of unr e or business		ses directly ected with duction nrelated _ ess income	fror or b 2 m	let income (loss) in unrelated trade ousiness (column ninus column 3) a gain, compute imns 5 through 7	activi unrela	s income from ty that is not ated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(1)							 					
(2)											_	
(3)		-				-						
(4)		+						<u> </u>				I F 1 1 1 1 1 1 1 1 1 1
		Enter here on page Part I, line column (1, 10,	on p Part I	here and page 1, , line 10, mn (B)							Enter here and on page 1, Part II, line 26
Totals	'											<u> </u>
Schedule J - Advertisin												
Partil Income From Pe	riodic	als Reporte	<u>d</u> on	a Co	nsolida [.]	_						
1 Name of periodical		2 Gross advertisir income		adve	Direct ertising osts	(lo	dvertising gain or less) (col 2 minus lol. 3) If a gain, compute cols 5 through 7		rculation ncome		adership osts	7 Excess readership costs (col. 6 minus col 5, but not more than col 4)
(1)												
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))							l				
BAA				TE	EA0204 L	12/31	/18				f	Form 990-T (2018)

Total. Enter here and on page 1, Part II, line 14

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross 3 Direct 5 Circulation 6 Readership 7 Excess readership costs (col. 6 minus col 5, but not more than col 4) advertising advertising income costs 1 Name of periodical income costs (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part II, line 27 on page 1, Part I, line 11, column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 2 Title time devoted to unrelated business 1 Name to business 읭 % ٥ 왕

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Page 5

Form **990-T** (2018)

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' SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMR	Nο	1545.	0687

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Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20 _____.

Begin Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

Sorenson Impact Foundation 45-3203840

Unrelated business activity code (see instructions) ► 541700

Describe the unrelated trade or business ► Madis at Boson rab

Parl	I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales			·	·	·
b	Less returns and allowances	Balance >	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach F	Form 4797)	4b			
С	Capital loss deduction for trusts	ľ	4c			
5	Income (loss) from a partnership or an S corpo (attach statement) See Stateme		5	-6,014.		-6,014
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from a corganization (Schedule F)	controlled	8			
9	Investment income of a section 501(c)(7), (9), organization (Schedule G)	or (17)	9			
10	Exploited exempt activity income (Schedule I)	Ì	10			
11	Advertising income (Schedule J)	Ì	11			
12	Other income (See instructions; attach schedule	e)	12			
13	Total. Combine lines 3 through 12	ĺ	13	-6,014.		-6,014.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	**
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b		
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)		28	
29	Total deductions. Add lines 14 through 28		29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from	30	-6,014.	
31	Deduction for net operating loss arising in tax years beginning on or after	er January 1, 2018 (see		
	instructions)	-	31	
32	Unrelated business taxable income Subtract line 31 from line 30		32	-6,014.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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Form 990-T (2018) Sorenson Impact	Foundation		4	15-3203840	F	⊃age :
Schedule A — Cost of Goods Sold. Er	iter method of inventory	valuation ►				
1 Inventory at beginning of year	1	6 Inventory at	end of year	6		
2 Purchases	2 7 Cost of goods sol		ls sold. Subtract			
3 Cost of labor	3	line 6 from III and in Part I	ne 5 Enter here	7		
4 a Additional section 263A costs (attach schedule)		and in Part 1,	, iiile Z	L <u>′</u>	Tv	T 81-
	4 a	O Do the miles	of analysis 262A (with roomant to	Yes	No
b Other costs . (attach sch)	4 b		of section 263A (duced or acquired	for resale) apply		
5 Total. Add lines 1 through 4b	5	to the organi				
Schedule C - Rent Income (From Re	al Property and Per	sonal Property Leas	sed With Real	Property) (see	ınstruct	ions)
1 Description of property			 			
(1)						
(2)						
(3)						
(4)		<u> </u>				
2 Rent recei	ved or accrued		2() 5 1			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	d personal property e of rent for personal 50% or if the rent is ofit or income)	the income	ctions directly connected with ne in columns 2(a) and 2(b) (attach schedule)			
(1)						

(c) Total income. Add totals of cohere and on page 1, Part I, line 6	• • • • • • • • • • • • • • • • • • • •	<u></u> .	(b) Total deductions. En here and on page 1, Part I, line 6, column (B)	ter -
Schedule E - Unrelated D	ebt-Financed Income (see	instructions)	<u> </u>	
1 Description of deb	at-financed property	2 Gross income from or allocable to debt-		nected with or allocable to eed property
1 Description of dea	in maneed property	financed property	(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1 Part I, line 7, column (B)

Total

Total dividends-received deductions included in column 8 BAA

(3) (4) Total

Totals.

Form **990-T** (2018)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

Schedule F – Interest, A	muitte				rganizations	Orga	IIIZAUOIIS ((see in	Structions	s)
1 Name of controlled organization	ıden	mployer tification umber	ıncom	unrelated ne (loss) structions)	4 Total of spe payments m		that is inc the con organiz	5 Part of column 4 that is included in the controlling organization's gross income		eductions directly connected with come in column 5
(1)					 		-			
(2)				•					_ _	
(3)										
(4)				•		······································				
Nonexempt Controlled Organiz	ations					,				
7 Taxable Income	inco	t unrelated ome (loss) nstructions)		of specifie ents made	ıncluded	in the	nn 9 that is controlling oss income		connecte	ctions directly d with income olumn 10
(1)	_		1				-			
(2)		··-								
(3)										
(4)								\top		
Totals					here and on		d 10 Enter , Part I, line (A)		e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmer	nt Incor	ne of a Sec	ction 50	1(c)(7), (9), or (17) Org	anizat	ion (see ins	truction	ns)	
1 Description of income		2 Amount o		dıre	Deductions ctly connected ach schedule)		4 Set-asides	4 Set-asides 5 Total de tach schedule) set-aside		al deductions and sides (column 3 us column 4)
(1)		<u> </u>		- (-				
(2)		<u>.</u>				 	·			
(3)										
(4)										
Totals.	F	Enter here and Part I, line 9,	d on page column (A))						ere and on page 1 ine 9, column (B)
Schedule I – Exploited E	vemnt	Activity In	come C	ther Tha	n Advertising	Incor	ne (see inst	ruction	<u>e)</u>	
1 Description of exploited a		2 Gross unrelated business income fro trade or business	d col	penses directly nnected with production f unrelated _ iness income	1 '	5 Gros activ unrel	ss income from ity that is not ated business income	6 Exp	penses stable to sumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	-									
(2)	•			-						
(3)	••									
(4)										
		Enter here on page Part I, line column (A	1, or 10, Par	er here and n page 1, rt I, line 10, lumn (B)						Enter here and on page 1, Part II, line 26
Totals.	<u> </u>	<u> </u>			<u> </u>					<u> </u>
Schedule J – Advertisin					 					
Part I Income From Pe	riodica	<u>-</u> _								
1 Name of periodical		2 Gross advertisin income		B Direct vertising costs	4 Advertising gain of (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7.		irculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)					1					
(2)					4					-
(3)	· · · <u>-</u>				1		+			-
(4)	<u> </u>									
Totals (carry to Part II, line (5))) >									
BAA				TEEA0204 L	12/31/18				F	orm 990-T (2018)'

' Form 990-T (2018) Sorenson Impact Foundation 45-3203840 Page 5 Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 3 Direct 2 Gross 5 Circulation 6 Readership 7 Excess readership costs (col 6 minus col 5, but not more than col 4) advertising advertising income costs 1 Name of periodical ıncome costs (1) (2) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part I, line 11, on page 1, Part II, line 27 column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 2 Title 1 Name time devoted to unrelated business to business 왕 읭

Total. Enter here and on page 1, Part II, line 14 BAA

TEEA0204 L 12/31/18

Form 990-T (2018)

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SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1	1545-0687
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Department of the Treasury

For calendar year 2018 or other tax year beginning , 2018, and ending ► Go to www irs.gov/Form990T for instructions and the latest information.

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▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Internal Revenue Service Employer identification number Name of the organization Sorenson Impact Foundation 45-3203840 Unrelated business activity code (see instructions) > 531390 Describe the unrelated trade or business ► Real Estate 3 (C) Net (A) Income (B) Expenses Part | Unrelated Trade or Business Income 1a Gross receipts or sales c Balance ► 1c b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation 5 See Statement 7 (attach statement) 5 -102,735-102,7356 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 13 Total. Combine lines 3 through 12 13 -102,735. -102,735[Part II] Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 Repairs and maintenance 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 21 21 Depreciation (attach Form 4562) 22a 22b Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Depletion 24 Contributions to deferred compensation plans 24 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 28 28 Other deductions (attach schedule) 29 29 Total deductions. Add lines 14 through 28 30 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 -102,735Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31

BAA For Paperwork Reduction Act Notice, see instructions.

32

Unrelated business taxable income. Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

-102,735.

31

orm 990-T (2018) Sorensor		45-3203840 Page						
Schedule A — Cost of Goo			entory valuation 🟲					
1 Inventory at beginning of ye	ar	1	6 Inve	entory at	end of year	6		
2 Purchases		2			ls sold. Subtract			
3 Cost of labor		3		∈6 from III Lin Part I.	ne 5 Enter here	7		
4 a Additional section 263A costs (attac	h schedule)		anu	i ii raiti,	, iiile 2		Yes	No
		4 a	0.00	مماني مطا	of cootion 262A (with	rocpost to	162	HO
b Other costs (attach sch)		4 b		ne ruies perty prod	of section 263A (with luced or acquired for	r respect to r resale) apply		
5 Total. Add lines 1 through 4	b i	5		he organi		, ,,,		
Schedule C - Rent Income	(From Rea	Property and	Personal Prope	rty Leas	sed With Real Pr	operty) (see	ınstruct	ions)
Description of property								
(1)								
(2)		·						
(3)								
(4)						-		
(4)	2 Rent receive	ed or accrued			T	· · · · · · · · · · · · · · · · · · ·		
(a) From personal prop	eal and personal prop	ertv	3(a) Deductions	directly conn	ected wit	th		
(if the percentage of rent for personal (if the per			entage of rent for pers	sonal	the income in	columns 2(a) ach schedule)	and 2(b))
property is more than 10% more than 50%)	but not	property ex	ceeds 50% or if the re on profit or income)	ent is	IS ,			
(1)		Dasca	on pront or incomey	<u> </u>				
(2)			· · · · · · · · · · · · · · · · · · ·					
(3)								
(4)						•		
(1) Fotal		Total			· ·			
					(b) Total deductions E	nter		
c) Total income. Add totals of co nere and on page 1, Part I, line 6		1 2(D) Eillei			here and on page 1, Part 1, line 6, column (B)	· >		
Schedule E — Unrelated De		d Income (see	instructions)		1, , , , , , , , , , , , , , , , , , ,	-		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3 De	eductions directly cor	nected with o	r allocab	ole to
1 Description of debt	t-financed prop	ortv	2 Gross income from or allocable to debt	m	debt-finan	ced property		
1 Description of debt	t-iiiiaiiceu prop	erty	financed property		(a) Straight line	(b) Other	deductio	ons
				depr	eciation (attach sch)	(attach	schedule	∌)
(1)						1		
(2)		-				1		
(3)		-						
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable t	djusted basis of o debt-financed tach schedule)	6 Column 4 divided by column 5	rep	7 Gross income ortable (column 2 x column 6)	8 Allocable (column to columns 3(6 x total	of
(1)				8				
(2)				%				-

Totals.
Total dividends-received deductions included in column 8

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(3)

(4)

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Form 990-T (2018)

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

Schedule F - Interest, A	mulli	es, Royalli			trolled Or			Orgai	IIZations	(266 11)	Struction	5)	
1 Name of controlled organization	ıde	Employer ntification number	. 1	Net un ncome e instr		4	4 Total of spec payments ma	ified de	5 Part of that is in the cororganizers or gross in	cluded itrolling ation's	in (eductions directly connected with come in column 5	
(1)													
(2)					<u></u>	╄							
(3)					_	╀					_ _		
(4)		_									<u> </u>		
Nonexempt Controlled Organiza				-			100				44.5	 	
7 Taxable Income	ind	et unrelated come (loss) instructions)			f specified nts made	a	10 Part of column 9 that is included in the controlling organization's gross income				connecte	ctions directly d with income olumn 10	
(1)						Ī					-		
(2)													
(3)										$oldsymbol{ol}}}}}}}}}}}}}}$			
(4)												- <u></u> -	
						here and on page 1, Part I, line here and on			e and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)			
Totals) (T) (O)	\Box	(17) 0						
Schedule G - Investmen	t Inco	me of a Se	ctior	1501(I de deservada a sed	
1 Description of income	_	2 Amount	of inc	ome 	direc	ctly	ductions connected schedule)				set-a	5 Total deductions and set-asides (column 3 plus column 4)	
(1)													
(2)													
(3)												· · · · · ·	
(4)	_	Enter here an	d on n	200 1							Enter he	ere and on page 1,	
Totals	•	Part I, line 9,										ne 9, column (B)	
Schedule I – Exploited E	xemp	t Activity In	com	e. Otl	ner Thai	n A	dvertisina	ncon	1e (see inst	ruction	s)		
1 Description of exploited a	<u>-</u>	2 Gross unrelate busines income fro trade of busines	ss 3 Exper conne ess pro from of u or busine		connected with from production or unrelated business income		om unrelated trade activity business (column unrelate		activity that is not at		penses itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)		†											
(1) (2) (3)		T							·				
(3)		I											
(4)													
Totals		Enter here on page Part I, line column (1, 10,	on p Part I	here and page 1, , line 10, nn (B)							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising	n Inco	me (can inth	ruotio:	20)			<u>~</u>					<u> </u>	
Part I Income From Per					na alida	+ 0.0	l Pacic						
Part I Income From Per	louic			_	rect		Advertising gain or	E C.	lation	6 Dec		Z Constantin	
1 Name of periodical	of periodical 2 Gross advertising income		adve	ertising osts	(10	col 3) If a gain, compute cols 5 through 7		rculation icome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)		
(1)						_						√ <u> </u>	
(2)		 				-						1 1	
(3)		 				$\left\{ \right.$						-{	
(4)		 - - 				\vdash						 	
- =	-		ĺ										
Totals (carry to Part II, line (5))		<u> </u>				<u> </u>							
BAA				TE	EA0204 L 1	12/31	/18				F	orm 990-T (2018)	

Partill Income From Periodic 7 on a line-by-line basis)	als Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through		
1 Name of periodical	2 Gross		3 Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).		
(1)						<u> </u>		
(2)						<u> </u>		
(3)				•				
(4)								
Totals from Part I	•							
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27		
Totals, Part II (lines 1 – 5)	•		<u></u>					
Schedule K - Compensation	of Officers, Dire	ctors, and Tru	ustees (see instri	uctions)				
1 Name			2 Title 3 Percent of time devoted to business			4 Compensation attributable to unrelated business		
					%			
-				-	%			
	-				%			
					%			
Total. Enter here and on page 1, Part	II, line 14				•			
BAA		TEEA0204 L	12/31/18		ŀ	orm 990-T (2018)		

SCHEDULE D

(Form 1120)

Capital Gains and Losses

► Go to www.irs.gov/Form1120 for instructions and the latest information.

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

2018

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

Sorenson Impact Foundation

Employer identification number

45-3203840

Rartil Short-Term Capital Gains and I	osses (See instruc	ctions)						
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss fi Form(s) 8949, P	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the			
off cents to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.			line 2, column	(g)	result with column (g)			
1b Totals for all transactions reported on Form(s) 8949 with Box A checked								
Totals for all transactions reported on Form(s) 8949 with Box B checked								
3 Totals for all transactions reported on Form(s) 8949 with Box C checked								
4 Short-term capital gain from installment sales		4						
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form	8824		5				
6 Unused capital loss carryover (attach computa	tatement 8	6	7,607,351.					
7 Net short-term capital gain or (loss) Combine		7	-7,607,351.					
Partill Long-Term Capital Gains and L	.osses (See Instruc	CHORS)		.	(h) (h) (h)(h)(h)			
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss form(s) 8949, Paline 2, column	rom art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)			
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b								
8b Totals for all transactions reported on Form(s) 8949 with Box D checked								
Totals for all transactions reported on Form(s) 8949 with Box E checked								
10 Totals for all transactions reported on Form(s) 8949 with Box F checked								
11 Enter gain from Form 4797, line 7 or 9				11				
12 Long-term capital gain from installment sales	from Form 6252, line 2	6 or 37		12				
13 Long-term capital gain or (loss) from like-kind	exchanges from Form	8824		13				
14 Capital gain distributions (see instructions)		14						
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h								
Partilli Summary of Parts I and II				1	<u> </u>			
16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16								
17 Net capital gain Enter excess of net long-term	n capital gain (line 15)	over net short-term cap	oital loss (line 7)	17				
8 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 0.								

2018

Federal Statements

Page 1

Sorenson Impact Foundation

45-3203840

Statement 1 Form 990-T, Part III, Line 35
Net Operating Loss Deduction

Loss Year Ending	Original Loss		Loss Previously <u>Used</u>	<i>.</i>	. Loss Available		
12/31/09 12/31/10 12/31/11 12/31/12 12/31/14 Net Operating Loss Taxable Income Net Operating Loss		82. 21,790. 155,663. 1,384,181. 1,617,245.		0. 0. 0. 0.	\$	82. 21,790. 155,663. 1,384,181. 1,617,245. \$ 3,178,961. \$ 0. \$ 0.	

Statement 2 Schedule M, Part I, Line 5 Income (Loss) from Partnerships and S Corporations

Name	_ <u>In</u>	ross <u>come</u>	 ctions	Income (Loss)	
Rosecrest, Inc	\$	102.	\$ 1,214. Total	\$ -1,112 \$ -1,112	<u> </u>

Statement 5
Schedule M, Part I, Line 5
Income (Loss) from Partnerships and S Corporations

Name		Gross Income				Income (Loss)	
Jordanelle Ridge Inc	\$	32,703.	\$	130,698. Total		-97,995. -97,995.	

Statement 6
Schedule M, Part I, Line 5
Income (Loss) from Partnerships and S Corporations

Name	Gross <u>Income</u>	<u>Deductions</u>	Income (Loss)
		Total \$	0.

Federal Statements 2018 **Sorenson Impact Foundation** 45-3203840 Statement 7 Schedule M, Part I, Line 5 Income (Loss) from Partnerships and S Corporations Gross Income Name Income _Deductions_ (Loss) 597,421. <u>\$</u> -102,735. -102,735. 494,686. \$ RE Development Holdings LLC Total \$ Statement 8 Schedule D (1120), Part I, Line 6 Capital Loss Carryover Carryover from 2014 Total Capital Loss Carryover 7,607,351. 7,607,351.