Short Form 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.

Open to Public

		f the Treasury nue Service Go to www.irs.gov/Form990EZ for instructions and the latest informa	tion. L	4 I Z	Inspection
AF	or the	2019 calendar year, or tax year beginning January 01 , 2019, and ending	. Dec	cember	31 , 20 1
B c	heck if ap	plicable UN C Name of organization 24	D Emp	loyer ide	entification number
	Address c	hange Together We Can Make A Difference		;4	21695480
□ ,	Name cha	Number and street (or P.O. box if mail is not delivered to street address) ? Room/suite.	E Tele	phone nu	ımber ु रु ्
=	nitial retui	I ZZ4 VV. VVIIKINS		_. 51	17-740-844
=		City or town, state or province, country, and ZIP or foreign postal code	F Gro	un Exer	mption ' :
=	Amended Applicatio	Jackson, MI 49203		nber ▶	
G A	Account	Ing Method: Cash			f the organization is
1 W	Vebsite				ach Schedule B
J TE	ах-ехеп	npt status (check only one) —	•	**)-EZ, or 990-PF).
		organization: Corporation Trust Association Other	· · · · · · · · ·		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	-	
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	خي
Pá	art l	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	instru	ctions	for Part I) 2
		Check if the organization used Schedule O to respond to any question in this Part			, —
21	1	Contributions, gifts, grants, and similar amounts received		11	105.
?:	2	Program service revenue including government fees and contracts	•	2	- (1)
=	3	Membership dues and assessments	- · · ·	3	
	Ă	Investment income	• •	4	
2	5a	Gross amount from sale of assets other than inventory 5a			
ရှာ	b	Less: cost or other basis and sales expenses		3 I	•
	1	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) :		 	;
	C	Gaming and fundraising events:	`	5c	
ARINEID NOV	0		-1		PECENT
0	а	Gross income from gaming (attach Schedule G if greater than	-1 1		REGEIVED
뎒		\$15,000)	6	¥/	
₹	b	Gross income from fundraising events (not including \$ 'of contribution)	ns C	N O	CT 26 2020
4	1	from fundraising events reported on line 1) (attach Schedule G if the	15	L I	2 6 2020
3		sum of such gross income and contributions exceeds \$15,000) 6b	- 0	O	200
3	C	Less: direct expenses from gaming and fundraising events 6c	<u></u>	1	GĎEN, UT
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract		
		line 6c)	• •	6d	
	7a	Gross sales of inventory, less returns and allowances	0	1 1	
	ь	Less: cost of goods sold			
1	C	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	·
	8	Other revenue (describe in Schedule O)	٠.	8	
\rightarrow	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨	9	105
ı	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
es	12	Salaries, other compensation, and employee benefits 2	•,.•	12	28
Expenses	13	Professional fees and other payments to independent contractors 22		13	
8	14	Occupancy, rent, utilities, and maintenance		14	12
on ∤	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) 2		16	30
- 1	17	Total expenses, Add lines 10 through 16	. ▶	17	72,
	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	30,
977	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree			
sets		end-of-year figure reported on prior year's return)		19	28,
Assets		•	-	20	
et Assets	20	Other changes in net assets or fund balances (explain in Schedule O)			
Net Assets	20 21	Other changes in net assets or fund balances (explain in Schedule O)	. •	21	59.
Ş Ş	21	Net assets or fund balances at end of year. Combine lines 18 through 20			59, Form 990-EZ (2
Ş Ş	21		CI C		
Ş Ş	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u>;</u>		59, Form 990-EZ (2

	990-EZ (2019)					Page
Pa	Balance Sheets (see the instructions	•				^ _
	Check if the organization used Schedule	O to respond to a	ny question in this			<u> </u>
			-	(A) Beginning of year		(B) End of year
22	- ·····, · · · · · · · · · · · · · · · ·			28,296		59,12
23	• •				23	
24			• • • • • • -		24	
25			· · · · · ·	28,296		59,1
26		· · · · · ·	: . · : . · · ·		26	
27				28,296	2/	59,1
Pal	rt III Statement of Program Service Accom	•				Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🗹	(Rec	uired for section
vvna	at is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	cribe the organization's program service accompli				•	nizations, optional
	measured by expenses. In a clear and concise n		e services provided	d, the number of	othe	rs.)
·	sons benefited, and other relevant information for e					
28	Priceless Gift Toy Store - Coodinated and supported]
	civic groups in the collection, refurbishment and dis					}
_	Jackson, Mi area as well as providing over 1,000 per					
?1	- <u> </u>	includes foreign gra			28a	5,7
29						1
•	locations around the city of Jackson, Ml. We target					
	summer and in subsidized housing areas as well as					
	 	includes foreign gra			29a	5,5
30	Food Give Away - in conjunction with Christ Kingdo	m Ministry, we provid	le groceries to over 2	200 at-risk families		
	each month in the inner city of Jackson, Ml.					
	(Grants \$) If this amount	includes foreign gra	ants, check here	• 🗆	30a	4,4
31	(Grants \$) If this amount Other program services (describe in Schedule O)				30a	4,4
	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount	includes foreign gra	ants, check here		31a	
32	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign grathrough 31a)	ants, check here		31a 32	14,3 30,1
32	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke	includes foreign gra through 31a) y Employees (list eac	ants, check here	pensated—see the in	31a 32	14,3 30,1
32	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign gra through 31a) y Employees (list eac	ants, check here the common of the common o	pensated—see the in	31a 32	14,3
32	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	includes foreign grathrough 31a)	ants, check here h one even if not com y question in this (c) Reportable	pensated—see the in Part IV	31a 32 struc	14,3 30,1 Stions for Part IV
32	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke	includes foreign grathrough 31a) y Employees (list eacle O to respond to a (b) Average hours per week	ants, check here h one even if not com ny question in this (c) Reportable 22 compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	31a 32 nstruc	14,3 30,1 ctions for Part IV
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32 Par Wen 3911 Rob 1063 Bria 2859 Mich	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title (b) Name and title (c) Name and title (d) Name and title (e) Name and title (f) Name and title	includes foreign grathrough 31a)	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruc 	14,3 30,1 tions for Part IV
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32 Par Wen 3911 Rob 1063 Bria 2859 Mich 508 Dian 2526	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title (a) Name and title (b) Name and title (c) Name and title (d) Name and title (e) Name and title (f) Name and title (includes foreign grathrough 31a)	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the ir Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	31a 32 nstruce 0	14,3 30,1 tions for Part IV Estimated amounther compensation
32 Par Wen 3911 Rob 1063 Bria 2859 Mich 508 Dian 2526 Kelli	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title (a) Name and title (b) Name and title (c) Name and title (d) Name and title (e) Name and title (f) Name and title (f) Name and title (f) Name and title (g) Name and title (includes foreign grathrough 31a)	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 nstruce 0	14,3 30,1 tions for Part IV Estimated amounther compensation
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32 Par Wen 3911 Rob 1063 Bria 2859 Mich 508 Dian 2526 Kelli	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title (a) Name and title (b) Name and title (c) Name and title (d) Name and title (e) Name and title (f) Name and title	includes foreign grathrough 31a)	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 sstruc 0 0	14,3 30,1 tions for Part IV Estimated amounther compensatio
32 Par Wen 3911 Rob 1063 Bria 2859 Mich 508 Dian 2526 Kelli	(Grants \$) If this amount Other program services (describe in Schedule O) (Grants \$) If this amount Total program service expenses (add lines 28a rt IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title (a) Name and title (b) Name and title (c) Name and title (d) Name and title (e) Name and title (f) Name and title	includes foreign grathrough 31a)	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	31a 32 sstruc 0 0	14, 30, stions for Part I' Estimated amounther compensation

Page 3

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Pa				
•	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Pan	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		103	140
	detailed description of each activity in Schedule O	33		1
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	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C.	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.	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	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a]
ь 38а	Did the organization file Form 1120-POL for this year?	37b 38a		7
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	4		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			İ
ь	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V
c	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	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 ▶ Telephone no. ▶			
b	Located at ► ZIP + 4 ► At any time during the calendar year, dld 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)?	42b		~
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	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	,	V
43.	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here	- •	. Yes	No `
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	163	
. 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	44b		~
С	Did the organization receive any payments for indoor tanning services during the year?	44c		ン
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	,	-
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	V
b	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	4=:	,	
	Form 990-EZ. See instructions	45b	L	

Form 99	90-EZ (2	019)						P	age 4
		· · · · · · · · · · · · · · · · · · ·	•					Yes	No
46		he organization engage, directly or ir							
	to ca	ndidates for public office? If "Yes," of	complete Schedule C	, Part I			46		1
Part	VI	Section 501(c)(3) Organizations	s Only					*	
	_	All section 501(c)(3) organization		stions 47-49b and	1 52, and co	mplete the	tables f	or line	es
		50 and 51.	•		•	·			
		Check if the organization used Sci	nedule O to respond	to any question in	this Part VI				П
	·			7. 1				Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) electi	ion in effect	during the ta	ax 🗔		
		? If "Yes," complete Schedule C, Par				-	47		· •
48	•	•					48		-
49a									
b		es," was the related organization a se					49a 49b		•
50		plete this table for the organization's						00 00	d kov
30		oyees) who each received more than							
	ompi	- Cyees, who each received more than	ι ψ100,000 οι compe	T	(d) Health		, criter iv		
	(0)	Name and title of each employee	(b) Average	(c) Reportable compensation	contributions		(e) Estimate	ed amou	unt of
	(a)	Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC	benefit plans,		other com	npensat	ion
			· · · · · · · · · · · · · · · · · · ·		compe	risation			
				<u> </u>					
								-	
f	Total	number of other employees paid over	er \$100,000	. >0					
51		plete this table for the organization'			t contractors	who each	received	more	than
	\$100	,000 of compensation from the orga	nization. If there is no	one, enter "None."	····				
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	rvice	(c) (Compensati	on	
							·····		
		-							
				1					
	····			<u> </u>		,			
]					
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d	Total	number of other independent contra	ctors each receiving	over \$100.000	.▶	0			
52		the organization complete Schedu	-		anizations m	ust attach	а		
		oleted Schedule A	/				► 🗹 Yes		No
Inder n	 :	of perjury, I declare that I have examined this i							
rue, coi	rrect, ar	d complete. Declaration of preparer tothe than	officer) is pased on all info	ormation of which prepare	has any knowle	dge.	ooge and	. 501101,	13
		BHOT				16 OC	T 202	20	
Sign		Signature of officer	- Young		·				
lere	_	Robert G Harvey President of the	Board /		Date				
.0.0	?1	Type or print name and title	Board /						
		r '''	Preparer's signature		Date	T	PTIN		
Paid		Print/Type preparer's name	Liteharer 2 Signature	1	/al C	Check i	if		
Prep	arer		<u> </u>			self-employe	90		
Jse (Only	Firm's name		Firm	n's EIN ▶				
		Firm's address ▶			Pho	ne no.			
/lay th	ne IRS	discuss this return with the preparer	shown above? See i	instructions	<u> </u>	<u></u> ▶	<u> </u>		No

SCHEDULE A

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer Identification number** Together We Can Make A Difference 42-1695480 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331,8% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Sec section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having h control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary an ein (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i) ^
	(Complete only if you checked the						alify under ,
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	,
	on A. Public Support						
	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.")	102 524	04 025		75 420	102.000	450 220
•	Tax revenues levied for the	102,534	86,825	90,322	75,630	102,909	458,220
2	organization's benefit and either paid						
	to or expended on its behalf	٥		0	0	. 0	o
3	The value of services or facilities						
•	furnished by a governmental unit to the				•		
•	organization without charge	o	0	o	0	0	. о
4	Total. Add lines 1 through 3	102,534	86,825	90,322	75,630	102,909	458,220
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)	:					0
6	Public support. Subtract line 5 from line 4						458,220
	on B. Total Support						430,220
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	102,534	86,825	90,322	75,630	102,909	458,220
8	Gross income from interest, dividends,		,				•
	payments received on securities loans,		-				•
•	rents, royalties, and income from						
	similar sources	0	0	0	0	0	0
9	Net income from unrelated business	}	-		1		
	activities, whether or not the business	·].			
40	is regularly carried on	0	. 0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets					•	
	(Explain in Part VI.)	0	0	0	0	. 0	
11	Total support. Add lines 7 through 10		<u></u>				458,220
12	Gross receipts from related activities, etc.	. (see instruction	ons)			12	458,220
13	First five years. If the Form 990 is for th	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					▶ 🗆
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2019 (line 6		•			14	100 %
15	Public support percentage from 2018 Sch					15	100 %
16a	331/3% support test—2019. If the organi box and stop here. The organization qual						
h	33 ¹ /3% support test—2018. If the organization	•		-			
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20	019. If the oras	inization did n	ot check a box	k on line 13, 10	6a, or 16b, and	d line 14 is
-	10% or more, and if the organization me						
	Part VI how the organization meets the "				•	•	
	organization		•				
b	10%-facts-and-circumstances test-20						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
18	supported organization				•		
10	instructions				•		

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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For Paperwork Reduction Act Notice, see the Instructions for 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.

OMB No. 1545-0047 2019

Open to Public Inspection

OGDEN, UT

Name of the organization Employer identification number Together We Can Make A Difference 421695480 Part 1 Form 990ez (2019) Line 16 Other Expenses Laundry Angels 3,926 2,675 Mighty Men 1,501 Big Seed Sisters in Ministry 1,400 1,393 Soup with a Purpose Kinder Star 775 301 **Baby Pantry** 300 Prayer Walk 259 Coats **Bike Union** 53 **Building Jackson Marriages** 145 **Benevolences** 1,484 Miisc 157 Part III Form 990EZ (2019) 14,369 Provided Laundry support of 16 to 18 at-risk families each month. Supported the Jackson School district and community garden program affecting thousands Developed and conducted an mentoring program for at-risk youth in the city of Jackson Maintaiend a bicycle program that teaches bike safetym bike repair all while delivering over 200 bicycles to the at-risk population of Jackson, MI. Contucted weekly radio program aimed at providing encouragement to the women of Jackson, MI Held a weekly lunch program for the at-risk women in the city of Jackson, MI Was selected by the "Marriage Matters" organization of Jackson to continuo providing programs to strenghten the marriages in the Jackson, MI area with primary focus on the at-risk families of Jackson county In November 2019 Together We Can Make A Difference was awarded \$25,000 from another 501c(3) organization Marriage Matters when they ceased operations. No constraints were placed upon our organization in the use of these funds. Their award is reflected in our totals. RECEIVED RS-OS Schedule (Form) 990 or 296 EZN (2019)

Cat. No. 51056K