

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at <a href="https://www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

FOI	calei	dar year 2016 or tax year beginning		, and ending	· · · · · · · · · · · · · · · · · · ·	
Nar	ne of	foundation			A Employer identification	number
D	AV	ID J. NELSON FAMILY FOU	NDATION		46-3510689	
_		nd street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
P	0	BOX 1282			801 243-15	11
		own, state or province, country, and ZIP or foreign p	postal code		C If exemption application is pe	ending, check here
		NTIFUL, UT 84011-1282				
GC	песк	all that apply: Initial return Final return	Initial return of a form	er public charity	D 1. Foreign organizations	, check here
		Address change	Amended return  X Name change		Foreign organizations me- check here and attach cor	eting the 85% test,
н С	heck	type of organization: X Section 501(c)(3) e		·	7	· —
Ϊ,	_	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundation	n	E If private foundation state under section 507(b)(1)	
I Fa		arket value of all assets at end of year   J   Account		X Accrual	F If the foundation is in a	
			Other (specify)		under section 507(b)(1)	
	\$		ımn (d) must be on cash bası	s)	111001 00011011 001 (0)(1)	(0), 0.100.1 110.0
Pa	ırt l	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	_	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	30,000.		N/A	
	2	Check fithe foundation is not required to attach Sch. B. Interest on savings and temporary		<del></del>		
	3	cash investments				
	4	Dividends and interest from securities				
		Gross rents	<del></del>	<del></del>	<del> </del>	<del></del> -
	_	Net rental income or (loss)	-	<del></del>	<del> </del>	
_ en	١.	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all		<del></del>		
E UII.	7	assets on line 6a Capital gain net income (from Part IV, line 2)		0.		
Re	8	Net short-term capital gain				
<b>&gt;</b>	9	Income modifications		<del></del>		
•	_	Gross sales less returns and allowances		· · · · · · · · · · · · · · · · · · ·	<del></del>	· · · · · · · · · · · · · · · · · · ·
		Less Cost of goods sold				
	<u></u> —с	-Gross profit-or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	30,000.	0.		
	13	Compensation of officers, directors, trustees, etc	0.		<del></del>	0
	14	Other employee salaries and wages	<u></u>	MICH	10)	
		Pension plans, employee benefits			1631	
Ses	16a	Legal fees		2017	(8)	<del></del>
Expens	b	Accounting fees	15/	FEB 2 4 2017	7 3	
Ë	17 C	Other professional fees Interest		COCCUI		<del>                                     </del>
Administrative	17 18	Taxes		O CONTRACTOR OF THE PARTY OF TH		
stra	19	Depreciation and depletion		7		
inis	20	Occupancy		<del></del>	<del> </del>	
<b>∆dn</b>	21	Travel, conferences, and meetings		<del></del>		
		Printing and publications				
Operating and	23	Other expenses				
atin	24	Total operating and administrative				
ber		expenses. Add lines 13 through 23	0.	0.		0
Ō	25	Contributions, gifts, grants paid	4,000.			4,000
	26	Total expenses and disbursements.		-		4 000
		Add lines 24 and 25	4,000.	0.		4,000
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	26,000.		<del></del>	
ļ		Net investment income (if negative, enter -0-)	}	_ 0 .	N/A	
		Adjusted net income (if negative enter -0-)	1		I 14/12	-

34,507

Form 990-PF (2016)

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

4,000.

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	990-PF (2016) DAVID J. NELSON FAMILY FOUNDATION OF THE PROPERTY OF THE PROPERT		46-351		tion(	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a		740 - SEE	mstrut	LION	<del>"</del>
18	Exempt operating foundations described in section 4940(d)(2), check here   and enter	l l				
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  b Domestic foundations that meet the section 4940(e) requirements in Part V. check here and enter 1%						
D	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%					<u> </u>
	of Part I, line 27b		]			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of		<del> </del>			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	rs enter -U-)	2			0.
	Add lines 1 and 2	0 \	3			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Other	ers enter -u-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			<del></del> -
6	Credits/Payments: 2016 estimated tax payments and 2015 overpayment credited to 2016	6a				- 1
	Exempt foreign organizations - tax withheld at source	6b				
	Tax paid with application for extension of time to file (Form 8868)	6c				
	Backup withholding erroneously withheld	6d	1			- 1
	Total credits and payments. Add lines 6a through 6d	00	7			٦.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach-	ha	8			<u> </u>
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>.</b>	9			0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10			
	Enter the amount of line 10 to be: Credited to 2017 estimated tax	Refunded	11			
	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislati	ion or did it participate or intervene	ın	$\top$	Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	s (see instructions for the definition	)?	1b.		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	•				
	distributed by the foundation in connection with the activities.	. , , .				
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the ye	ear:				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶	> \$ <u>0.</u>		1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditur	re tax imposed on foundation		ĺ		
	managers. ► \$ 0 .			L		لـــــا
2	Has the foundation engaged in any activities that have not previously been reported to the IRS	?		2		X
	If "Yes," attach a detailed description of the activities.					
_3_	Has the foundation made any changes, not previously reported to the IRS, in its governing inst	trument, articles-of-incorporation <del>, o</del>	r	-		
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	_	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		37 / 3	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		<u>x</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5_		^
_	If "Yes," attach the statement required by General Instruction T.  Are the requirements of century 509(x) (relating to century 4044 through 4045) entiring author	nr•				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	sr.				
	By language in the governing instrument, or     Protects legislation that effectively amende the governing instrument on that no mandatory discovering instrument.	firestions that conflict with the state	law			
	By state legislation that effectively amends the governing instrument so that no mandatory decreases up the coverness vector meet?	mechons that connict with the state	IAW	6	х	
7	remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," comp	slate Part II and (a) and Part VI		7	X	
′	bid the foundation have at least \$5,000 in assets at any time during the year? If Yes, Comp	nete Part II, col. (c), and Part XV		<del>                                   </del>		
Q۵	Enter the states to which the foundation reports or with which it is registered (see instructions)	n <b>&gt;</b>				
oa	UT			-		
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	rney General (or designate)		-		
U	of each state as required by General Instruction G? If "No," attach explanation	Solivial (or dobigliato)		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section	on 4942(i)(3) or 4942(i)(5) for cale	ndar			
J	year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," con-		- =	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule to			10		X
<u> </u>	and the second s			Form 99	)-PF	(2016)

Pa	rt VII-A   Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	-		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	1,0		<b>.</b>
40	If "Yes," attach statement (see instructions)	12	Х	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address \( \sum_{N/A} \)	13		L
14	The books are in care of ► DAVID NELSON  Telephone no. ► 801-2	43-1	511	
•	Located at ▶P O BOX 1282, BOUNTIFUL, UT			82
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b></b>	$\overline{\Box}$
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16_		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	[		
_	foreign country			
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		127	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No
1a	During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
		1	}	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	Ì		
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)	Ì		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	<u> </u>		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			<u>—X</u> —
•	before the first day of the tax year beginning in 2016?  Taxon on failure to distribute income (control 4042) (does not apply for years the foundation was a private operating foundation.	<u> </u>		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		}	
я	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		,	
	before 2016?	ı	[ ]	•
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No		, ,	
Đ	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	ĺ		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	}		
	Form 4720, to determine if the foundation had excess business holdings in 2016.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	لتيا	Х
	F	orm <b>99</b> 0	)-PF	(2016)

Form 990-PF (2016) DAVID J. NELSON FAMILY FO	OUNDATION		46-351068	39 Page 6		
Part VII-B   Statements Regarding Activities for Which F						
5a During the year did the foundation pay or incur any amount to:						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es X No			
(2) Influence the outcome of any specific public election (see section 4955); or	ctly,		1 1 1			
any voter registration drive?			es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes'	7	<u></u>	8 X No	1 1		
(4) Provide a grant to an organization other than a charitable, etc., organization						
4945(d)(4)(A)? (see instructions)		☐ <b>Y</b> €	es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or fo					
the prevention of cruelty to children or animals?	o. oddo		es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations						
section 53.4945 or in a current notice regarding disaster assistance (see instructions)?  N/A  5b						
Organizations relying on a current notice regarding disaster assistance check hi						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr		ned				
expenditure responsibility for the grant?			es 🗌 No			
		/	*	1		
If "Yes," attach the statement required by Regulations section 53 4945- 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •		[			
a personal benefit contract?	Jay premiums on	[	es X No			
·	aragnal hanafit contract?	L 11		6b X		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		- <u>-</u>	»   A		
If "Yes" to 6b, file Form 8870.	haliar transaction()		es X No	1 1 1		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Y6		76		
Part VIII Information About Officers, Directors, Truste		ogoro Highly	NV.\.	0		
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, roundation mar	iagers, migniy				
1 List all officers, directors, trustees, foundation managers and their of	compensation			<del></del>		
List all officers, directors, busices, fournation managers and their c		(c) Compensation	(d) Contributions to	(e) Expense		
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other		
DAVID J. NELSON	to position PRESIDENT	enter -0-)	compensation	allowances		
P O BOX 1282	LKESIDEMI	]	)			
BOUNTIFUL, UT 84011	1.00	0.	0.	0.		
<del></del>	VICE-PRESIDEN		<del> </del>			
MOLLY NELSON P O BOX 1282	AICE-LVESIDEN	ř .				
	0.50	0.	0.	0.		
BOUNTIFUL, UT 84011	SECRETARY/TRE					
	SECRETARY/TRE	ASURER				
316 REGENCY WAY						
NORTH SALT LAKE, UT 84055	0.50	0.	0.	<u> </u>		
		ľ	}			
<del></del>			<u>l</u>			
2 Compensation of five highest-paid employees (other than those incl		enter "NUNE."	(d) Contributions to	(e) Expense		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans	account, other		
	devoted to position		compensation	allowances		
NONE			]			
			<u> </u>			
		]	j			
			<u> </u>			
		J	]			
		<u></u>				
	-					
		l	<u> </u>			
		L	<u>                                     </u>			
Total number of other employees paid over \$50,000			<b>•</b>	0		
			Form	990-PF (2016)		

Form 990-PF (2016) DAVID J. NELSON FAMILY FOUNDAT	1ON 46-3:	510689 Page 7
Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	idation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	
	<del></del>	<del></del>
	<del></del>	
	<del></del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant s	tatistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers	produced, etc.	
1N/A		
2	<del></del>	<del></del>
<u> </u>		
3		
		<del></del> -
4		
Part IX-B   Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	ir on lines 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
·		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

Form **990-PF** (2016)

Part X Minimum Investment Return (All domestic foundations must compl	ete this part. Foreign foundations, see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purp	oses:
a Average monthly fair market value of securities	1a 0
b Average of monthly cash balances	1b 26,924
c Fair market value of all other assets	1c
d Total (add lines 1a, b, and c)	1d 26,924
e Reduction claimed for blockage or other factors reported on lines 1a and	
1c (attach detailed explanation)	0.
2 Acquisition indebtedness applicable to line 1 assets	2 0
3 Subtract line 2 from line 1d	3 26,924
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instruct	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line	·
6 Minimum investment return. Enter 5% of line 5	6 1,326
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) priv	
foreign organizations check here  and do not complete this part.)	
1 Minimum investment return from Part X, line 6	1 1,326
2a Tax on investment income for 2016 from Part VI, line 5	
b Income tax for 2016. (This does not include the tax from Part VI.)	
c Add lines 2a and 2b	2c 0
3 Distributable amount before adjustments. Subtract line 2c from line 1	3 1,326
4 Recoveries of amounts treated as qualifying distributions	4 0
5 Add lines 3 and 4	5 1,326
6 Deduction from distributable amount (see instructions)	6 0
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 1,326
Part XII Qualifying Distributions (see instructions)	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	<u> </u>
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 4,000 1b 0
b Program-related investments - total from Part IX-B	<u>1b</u> 0
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purp	poses 2
3 Amounts set aside for specific charitable projects that satisfy the:	
a Suitability test (prior IRS approval required)	3a
b_Cash_distribution.test (attach the required.schedule)	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII,	line 4 4 4,000
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	
income. Enter 1% of Part I, line 27b	50
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6 4,000
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculat 4940(e) reduction of tax in those years.	ing whether the foundation qualifies for the section

Form **990-PF** (2016)

Form 990-PF (2016)

Part XIII Undistributed Income (see instructions)

<del></del>				
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,	Обграз	rears prior to 2013	2010	2010
line 7				1,326.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
<b>b</b> From 2012				
c From 2013 4,631.				
d From 2014 1,808.				
e From 2015 46,931.				
f Total of lines 3a through e	53,370.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ► \$ 4,000 •				
a Applied to 2015, but not more than line 2a			0.	L
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		_0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount				1,326.
e Remaining amount distributed out of corpus	2,674.			
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))		•		
6 Enter the net total of each column as indicated below:				ν
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	56,044.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c_Enter_the_amount_of_prior_years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract	<del></del>			
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	56,044.			
10 Analysis of line 9:				,
a Excess from 2012				
<b>b</b> Excess from 2013 <b>4</b> , <b>631</b> .				•
c Excess from 2014 1,808.				* .
d Excess from 2015 46,931.				
e Excess from 2016 2,674.				
				Farm QQA-DE (2016)

		MILY FOUNDA'			510689 Page 10
Part XIV   Private Operating Fo	<del></del>		A, question 9)	N/A	
1 a If the foundation has received a ruling or			]		
foundation, and the ruling is effective for		_	▶ └		<del></del>
b Check box to indicate whether the founda		ng foundation described i		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	#1 004F	Prior 3 years	1 (4) 0040	(1) 7
income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
investment return from Part X for				1	}
each year listed		ļ	ļ	<del>-</del>	<del></del>
b 85% of line 2a		<del> </del>		ļ	<del></del>
c Qualifying distributions from Part XII,					
line 4 for each year listed		\ <u></u>		<del></del>	<del></del>
d Amounts included in line 2c not	•			ĺ	
used directly for active conduct of			]	<b>!</b>	
exempt activities				<del></del>	<del></del>
e Qualifying distributions made directly				1	1
for active conduct of exempt activities.			)	ļ	
Subtract line 2d from line 2c		ļ		·	<del></del>
3 Complete 3a, b, or c for the alternative test relied upon:				Ì	
a "Assets" alternative test - enter:					ľ
(1) Value of all assets		<u> </u>			
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter		<del> </del>		<del> </del>	<del></del>
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed				[	
c "Support" alternative test - enter:				<del> </del>	
(1) Total support other than gross					
investment income (interest,				{	Ì
dividends, rents, payments on				ļ	
securities loans (section					
512(a)(5)), or royalties)	<del></del>	<del> </del>	<del></del>	<del></del>	- <del>  </del>
(2) Support from general public and 5 or more exempt					
organizations as provided in			ĺ		
section 4942(j)(3)(B)(III)				<del></del>	<del></del>
(3) Largest amount of support from					
an exempt organization		<del> </del>	<del></del>	<del></del>	<del></del>
(4) Gross investment income   Part XV   Supplementary Infor	mation (Comple	te this part only i	the foundation	had \$5,000 or m	ore in assets
at any time during th			Title roundation	11.00 \$0,000 01 111	0.0 2000.0
1 Information Regarding Foundation				-	
a List any managers of the foundation who	=	than 2% of the total contr	ibutions received by the	foundation before the ci	ose of any tax
year (but only if they have contributed m			ibations received by the	Todingation boloro tilo di	ood of any tax
NONE	, , , ,	, , , , ,			
b List any managers of the foundation who	own 10% or more of th	ne stock of a corporation (	or an equally large porti	on of the ownership of a	partnership or
other entity) of which the foundation has			or an equality tax go perm		,
NONE					
2 Information Regarding Contribution	n. Grant. Gift. Loan.	Scholarship, etc., Pro	ograms:		
Check here ▶ ☐ If the foundation or				not accept unsolicited re	quests for funds. If
the foundation makes gifts, grants, etc. (s					
a The name, address, and telephone number	er or e-mail address of	the person to whom appli	cations should be addres	ssed:	
DAVID J. NELSON, 801-		,			
P O BOX 1282, BOUNTIF		11-1282			
b The form in which applications should be			ould include:		
NO APPLICATION FORM		•			
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awards	, such as by geographic	al areas, charitable fields,	kınds of institutions, or	other factors:	
NONE					
623601 11-23-16					Form <b>990-PF</b> (2016)

46-3510689 DAVID J. NELSON FAMILY FOUNDATION Page 11 Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to status of recipient Amount any foundation manager or substantial contributor Name and address (home or business) 8 Paid during the year RONALD MDCONALD HOUSE CHARITIES NON PROFIT FUND VAN TO TRANSPORT FAMILIES TO THE 935 EAST SOUTH TEMPLE SALT LAKE CITY, UT 84102 HOSPITAL 4,000. 4,000. **▶** 3a Total **b** Approved for future payment NONE

Form **990-PF** (2016)

0.

Total

623621 11-23-16

## Part XVI-A Analysis of Income-Producing Activities

inter gross amounts unless otherwise indicated.	(a) Business	ousiness income (b)	(c) Exclu-	d by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a	_	<del></del>		<del> </del>	
b	_		++		
<u> </u>	-	<del></del>	<del></del>		
d	-		<del>-  -</del>		
e	- <del> </del>	<del></del>	<del>-  -</del>	<del></del>	
g Fees and contracts from government agencies	-		+ +	<del></del>	<del> </del>
Membership dues and assessments	<del></del>		+	<del></del>	
Interest on savings and temporary cash	<del></del>		1-1-		<del> </del>
investments			] ]		
Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·			
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
7 Other investment income			$\perp$		
3 Gain or (loss) from sales of assets other	[				
than inventory					ļ
Net income or (loss) from special events					ļ
Gross profit or (loss) from sales of inventory					
Other revenue:					
a	-		+ +	<del></del>	<del>                                     </del>
b	-		+		<del> </del>
C	1 I		<del>-  </del> -	<del>_</del>	
d	-		+		<del> </del>
e2 Subtotal. Add columns (b), (d), and (e)	-	0	<del>-                                    </del>	0.	0
3 Total. Add columns (b), (d), and (e)	<del></del>			<del></del>	0
See worksheet in line 13 instructions to verify calculations.)					
Explain below how each activity for which income the foundation's exempt purposes (other that			-A contribute	ed importantly to the accor	nplishment of

# Form 990-PF (2016) DAVID J. NELSON FAMILY FOUNDATION 46-3510689 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1	Did the o	organization directly or indir	rectly engage in any of the followin	g with any other organization	described in section 501(c) of	L	Yes	No
	the Code	(other than section 501(c)	)(3) organizations) or in section 52	7, relating to political organiza	ations?			
a	Transfers	s from the reporting founda	ation to a noncharitable exempt org	janization of:		L		
	(1) Cast	h				1a(1)		X
	(2) Othe	er assets				1a(2)		X
b	Other tra	nsactions:						
	(1) Sale	s of assets to a noncharitat	ble exempt organization			1b(1)		X
			ncharitable exempt organization			1b(2)		X
		tal of facilities, equipment,	· ·			1b(3)		X
	• •	nbursement arrangements				1b(4)		X
	. ,	ns or loan guarantees				1b(5)		X
			mbership or fundraising solicitation	ns		1b(6)	<u> </u>	X
			uling lists, other assets, or paid em			10		X
	_		• • • • • • • • • • • • • • • • • • • •	• •	lys show the fair market value of the goods,		ote	
					in any transaction or sharing arrangement, s		cio,	
			other assets, or services received.	ou 1655 than fall market value i	m any transaction of sharing arrangement, s	.tow iii		
a) Lin		(b) Amount involved	(c) Name of noncharitable	evernt organization	(d) Description of transfers, transactions, and		an demer	
<u> </u>	16 110	(b) Amount involved	N/A	exempt organization	(u) Description of varishers, varisactions, and	maring arr	argerner	
	-	-	N/A		<del></del>			
	$-\!$				<del></del>			
	-+							
			ļ					
				<del></del>				
-								
2 9	le the fou	indation directly or indirect	tly affiliated with, or related to, one	or more tay-eyempt organizat	tions described			
		-	•		nons described	Yes	<b>T</b>	No
			r than section 501(c)(3)) or in secti	1011 3217		162	<u> </u>	
<u>D</u>	n res, c	complete the following sche (a) Name of org		(b) Type of organization	(c) Description of relations	hin		
		N/A	janization	(b) Type of organization	(c) Description of relations	ППР		
		N/A			<del></del>			
		<del></del>						
				ļ.—————				
	_,			<u> </u>				
			that I have examined this return, including aplete Declaration of preparer (other than			y the IRS o	liscuss t	his
Sig	n j 🛌	1/2.4		. 0 1-		urn with the		
Her	e P	/ 1/11/1/17 X	WITH	2-18-17	PRESIDENT	X Yes		No
	Sig	mature of officer of trustee	7	Date	Title			
		Print/Type preparer's na	ime Preparer's si	gnature C	Date Check If PTIN			
	(		Incul	7/1/1/2	self- employed			
Pai	ď	CRAIG MCQUA	ARRIE CRAIG	MCQUARRIE /	////// PO	0106	080	
Pre	parer	Firm's name ► CBI:			Firm's EIN ► 34-1			
	Only	I will a hame F CDI			1,000			
	- · · · · · ·		5 S WEST TEMPLE	, STE 650	<del></del>			
			LT LAKE CITY, U		Phone no. 801-3	64-9	300	
		SA.	TI THE CITI, U	T Odio		orm <b>99</b> 0		(2016)
					·	J. 111 500		(2010)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

2016

Name of the organization

Employer identification number

Organization type (check one)					
Filers of: Section:					
Form 990 or 990-EZ					
4947(a)(1) nonexempt charitable trust not treated as a private foundation					
527 political organization					
Form 990-PF X 501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation					
501(c)(3) taxable private foundation					
Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule of the General Rule of the Ge	See instructions.				
General Rule					
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's to					
Special Rules					
For an organization described in section 501(c)(3) filling Form 990 or 990-EZ that met the 33-1/3% support-tes sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount or (ii) Form 990-EZ, line 1 Complete Parts I and II.	16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or education the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF)					

Employer identification number

#### DAVID J. NELSON FAMILY FOUNDATION

46-3510689

Part I	Contributors (See instructions). Use duplicate copies of Part I if additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID J. NELSON  PO BOX 1282  BOUNTIFUL, UT 84011		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) —No.—	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)Type_of_contribution
			Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Employer identification number

#### DAVID J. NELSON FAMILY FOUNDATION

46-3510689

Part II	Names Departs (2		3310003
Part II	Noncash Property (See instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u> </u>		s	
(a) No. from Part I	(b)————————————————————————————————————	(c) FMV (or estimate) (See instructions)	(d)————————————————————————————————————
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

Page	4
------	---

Name of org	ganization		Employer identification number			
DAVID Part III	J. NELSON FAMILY FOUNDA	46-3510689				
Part III	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious  Use duplicate copies of Part III if additional	columns (a) through (e) and the follow , charitable, etc., contributions of \$1,000 or l	n section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year (Enter this info once)			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how sift is held			
Part I	(o) Purpose of girt	(c) Use of girt	(d) Description of how gift is held			
	(e) Transfer of gift					
<u>-</u>	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee					
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			