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Form **990-PF**

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

OMB No 1545-0052

► Do not enter social security numbers on this form as it may be made public Department of the Treasury

_	 -	alendar year 2016 or tax year beginning	1 350-FF and its separa		and endin		. 20
		of foundation		, 2010,	alla cilain	A Employerident	
		LBA MCKENZIE CHARITABLE TRUST	r 5607327			1 ' '	-6236955
		per and street (or P O box number if mail is not delivered			Room/suite		ber (see instructions)
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	DΩ	BOX 30880					
_		r town, state or province, country, and ZIP or foreign pos	stal code		<u> </u>		
	,	, , , ,				C If exemption applic	cation is
	CAT	T LAKE CITY, UT 84130-9604				pending, check her	e
G		eck all that apply Initial return	Initial return	of a former p	ublic charit	V D 4 5	
_		Final return	Amended re	-		Y D 1 Foreign organiza 2 Foreign organiza	
		Address change	Name chang			85% test, check computation	here and attach
Ĥ	Che	eck type of organization: X Section 501(computation .	
Ī	$\overline{}$	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr		on		n status was terminated b)(1)(A), check here
1			unting method: X C				in a 60-month termination
•			ther (specify)			1	b)(1)(B), check here
			column (d) must be on ca	sh basis.)		_	
	art	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d)	expenses per	(b) Net inve		(c) Adjusted net	for charitable purposes
		may not necessarily equal the amounts in column (a) (see instructions))	books	incom		Income	(cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach schedule) .					
	2	Contributions, gifts, grants, etc., received (attach schedule). Check X if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	3,804.		3,695.		STMT 1
	5a	Gross rents					
	Ь	Net rental income or (loss)					
9	6a	Net gain or (loss) from sale of assets not on line 10	-5,885.				
Ē	b	Gross sales price for all assets on line 6a 48,588.					
Revenue	7	Capital gain net income (from Part IV, line 2) .					
<u>~</u>	8	Net short-term capital gain					7: 3
	9	Income modifications				ر حمد الأراب المسلم الأراب	<u></u>
	100	and allowances					
	b	Less Cost of goods sold				SI WAY 13	C017 (C)
	C	Gross profit or (loss) (attach schedule)	79.			i i i	STMT 2
	11	Other income (attach schedule)	-2,002.				SIMI Z
_	12	Total Add lines 1 through 11	4,540.		3,695. 3,724.	1	1,816
က္	13	Compensation of officers, directors, trustees, etc.	4,540.	3	0,124.		1,010
enses	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
Ä	116a	Legal fees (attach schedule)					
ě	6	Accounting fees (attach schedule) Other professional fees (attach schedule)					-
23 2017 Administrative Ex	17	Interest					
20%	18	Taxes (attach schedule) (see instructions). 3	14.		14.		
ii 🚫	19	Depreciation (attach schedule) and depletion.					
SA PA	20	Occupancy		-	-		
°√ ₹	21	Travel, conferences, and meetings		*****			
MAN.	22	Printing and publications				·	
<u> </u>	23	Other expenses (attach schedule)					
∰ ‡	24	Total operating and administrative expenses					
崇 sa		Add lines 13 through 23	4,554.		3,738.		1,816.
SCANNED 1 Operating	21 22 23 24 25	Contributions, gifts, grants paid	18,000.				18,000.
₹5 ?§ -	26	Total expenses and disbursements Add lines 24 and 25	22,554.		3,738.		19,816.
Ñ	27	Subtract line 26 from line 12					
-	a	Excess of revenue over expenses and disbursements	-24 , 556 .				
	Ь	Net investment income (if negative, enter -0-)			-0-		
_		Adjusted net income (if negative, enter -0-)					
JSA F	or Pap	perwork Reduction Act Notice, see instructions.			_	~	Form 990-PF (2016)

JSA For Paperwork Reduction Act Notice, see instructions. FKD894 F622 05/11/2017 13:54:59

11 ^C	Investments - corporate bonds (attach schedule)			
12 13 14	Investments - mortgage loans	577,516.	550,470	
15	Less' accumulated depreciation (attach schedule) Other assets (describe)			
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	583,470.	558,883.	425,43
17 18	Accounts payable and accrued expenses			

10a Investments - U S and state government obligations (attach schedule).
 b Investments - corporate stock (attach schedule)

Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see

Liabilit	20 21 22	Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) Other liabilities (describe >)			
	23	Total liabilities (add lines 17 through 22)		NONE	36 49 2 4 4
Ses	24 25	Foundations that follow SFAS 117, check here . ▶ and complete lines 24 through 26 and lines 30 and 31.			1
and	24	Unrestricted			4.
Bal	25	Temporarily restricted			2.4
핕	26	Permanently restricted			The second
or Fun	26	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			Language Contract
	21	Capital stock, trust principal, or current funds	583,470.	558,883.	
ě	28 29	Paid-in or capital surplus, or land, bldg , and equipment fund			4:2 X78924
ŝ	29	Retained earnings, accumulated income, endowment, or other funds			

30

583,470

	990-PF (2016)	and I append for Towner In-	notwork Income			Page 3
Pa	(a) List and	and Losses for Tax on Inventor describe the kind(s) of property sold (rick warehouse; or common stock, 200	e g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo., day, yr.)
1 a	PUBLICLY TRADED	SECURITIES				
b	<u> </u>					
<u>d</u>						
e		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	(25)
	(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) minu	
a	48,577.		54,462.			-5,885.
b						
<u>C</u>						
<u>e</u>		owing gain in column (h) and owned b	y the foundation on 12/31/69		Cours (Cal. (b) max	
	i) F.M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Gains (Col. (h) gai (k), but not less th Losses (from col.	ian -0-) or
a						-5,885.
b						
c						
<u>d</u>						
е			to the second Book Live 3		 	
2	Capital gain net income	or (net capital loss) { If (lo	oin, also enter in Part I, line 7 sss), enter -0- in Part I, line 7	2		-5,885.
3	If gain, also enter in Pa	in or (loss) as defined in sections 1 art I, line 8, column (c) (see inst	ructions). If (loss), enter -0- in			
Par		nder Section 4940(e) for Redu		3		
Was		eave this part blank. he section 4942 tax on the distrib ot qualify under section 4940(e). C	, ·	ase perioc	7	Yes X No
1	Enter the appropriate am	ount in each column for each year	; see the instructions before makin	g any ent	ries	
Cale	(a) Base period years indar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	((d) Distribution rati col (b) divided by c	
	2015	21,014.	324,787.			0.064701
	2014	17,956.	353,120.			0.050850
	2013	14,500. 14,500.	347,558.			0.041720
	2012	3,000.	290,159. 300,208.			0.049973
	2011	3,000.	300,200.		· · · · · · · · · · · · · · · · · · ·	3.003333
2		d) o for the 5-year base period - divide		2		0.217237
J	-	ndation has been in existence if les		3	(0.043447
4	Enter the net value of no	ncharitable-use assets for 2016 fro	om Part X, line 5	4		314,722.
5	Multiply line 4 by line 3.			5		13,674.
6	Enter 1% of net investme	nt income (1% of Part I, line 27b) .		6		
7	Add lines 5 and 6			7		13,674.
8		ons from Part XII, line 4 reater than line 7, check the box		8 that part	using a 1% tax	19,816. rate. See the

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Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		ļ	
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		1
13		13	Х	
	Website address ► N/A			
14	The books are in care of ▶ ZIONS TRUST NATIONAL ASSOC Telephone no ▶			
	Located at ▶ P.O. BOX 30880, SALT LAKE CITY, UT ZIP+4 ▶ 30880			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	- 🗌
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	25	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			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available 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			47
	foundation agreed to make a grant to or to employ the official for a period after			3
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		<u>X</u>
	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 before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			2 (3)
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	4		
а	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?			
	If "Yes," list the years	3		
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			- 7
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		73	2
	>		4.4	(
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		K Z	
	at any time during the year?			
b	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		4	
	Commissioner under section 4943(c)(7)) to dispose 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			1.00
	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?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			m
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		<u>X</u>
	E _n	00/	n_DF	12016

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Par	VILB Statements Regarding Activities	or Which Form	4720 May Be Rec	uired (continued)		
5a	During the year did the foundation pay or incur any amo	unt to:				
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	on 4945(e))?	. Yes X No	o	
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry o	n,		
	directly or indirectly, any voter registration drive?			. Yes X No	o	
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	s ⁷	. Yes X No	0	
	(4) Provide a grant to an organization other than a	charitable, etc., or	ganization described i	ın		
	section 4945(d)(4)(A)? (see instructions)			. Yes X No	o	
	(5) Provide for any purpose other than religious, cl	narıtable, scientific,	literary, or educational	al		
	purposes, or for the prevention of cruelty to children	or animals?		. Yes X No	• [
b	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the e	exceptions described in	n	İ
	Regulations section 53.4945 or in a current notice regar	ding disaster assistar	nce (see instructions)?		<u>5</u> b	
	Organizations relying on a current notice regarding disas	ter assistance check	here			
C	If the answer is "Yes" to question 5a(4), does the	foundation claim 6	exemption from the t	ax		
	because it maintained expenditure responsibility for the	grant ⁷		. Yes No)	1
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d).				ŀ
6a	Did the foundation, during the year, receive any fur	ids, directly or indi	rectly, to pay premiur	ms		
	on a personal benefit contract?			Yes X No	,	l
ь	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contra	nct ⁷	. 6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	. Yes X No	·	
b	If "Yes," did the foundation receive any proceeds or have					
Part	Information About Officers, Director and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly Paid Emp	ployees,	
1	List all officers, directors, trustees, foundation ma	nagers and their	compensation (see	instructions).		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense ac other allowa	
ZIONS	TRUST NATIONAL ASSOCIATION	TRUSTEE				_
P.O.	BOX 30880, SALT LAKE CITY, UT 84130	5	4,540	-0-		-0-
			•			
			·			
	Compensation of five highest-paid employees "NONE."	(other than thos	e included on line		ons). If none	, enter
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense ac other allowa	
none						
			-0-	-0-		-0-
Total	number of other employees paid over \$50,000			<u></u> >	NON	
					Form 990-P	F (2016)

3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		NONI
I	the second secon	NONTE
	number of others receiving over \$50,000 for professional services	NONE
Part	X-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1NC	NE	
2		
_		
3		
· —		
4_		
_		
Part		Amount
1NO	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	
1110	WE .	
2		
A11 ~	her program-related investments. See instructions	
3N0	WE	

T OTTE S	01 0230555		1 090
Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundatio	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.] [
а	Average monthly fair market value of securities	1a	313,994
b	Average of monthly cash balances	1 1	5,521
С	Fair market value of all other assets (see instructions)	1c	NON!
d	Total (add lines 1a, b, and c)	1d	319,515
е	Reduction claimed for blockage or other factors reported on lines 1a and		· · · · · · ·
	1c (attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	NON
3	Subtract line 2 from line 1d	3	319,515
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
,	instructions)	4	4,793
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	314,722
6	Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	15,736.
	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun	dations	
	and certain foreign organizations check here ▶ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	15,736.
2a	Tax on investment income for 2016 from Part VI, line 5 2a NONE	 	237730.
Za b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	1 2c	NONE
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	15,736.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	15,736.
-	Deduction from distributable amount (see instructions)	6	NONE
6 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		IVOIVE
,	·	7	15,736.
	line 1		13,130.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	19,816.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	NONE
ь	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	19,816.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		22,020.
•	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4		19,816.
U	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	note: The amount on line 6 will be used in Fart v, column (b), in subsequent years when ca		mei me iouriuatior

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Pa	rt XIII Undistributed Income (see instr	uctions)		· · · · · · · · · · · · · · · · · · ·	
		(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
'	Distributable amount for 2016 from Part XI, line 7			-	15,736.
-	Undistributed income, if any, as of the end of 2016				15,150.
-	Enter amount for 2015 only			11,975.	
	o Total for prior years: 20 14 ,20,20		NONE		
	Excess distributions carryover, if any, to 2016:		110112		
	From 2011 NONE				
	From 2012 NONE				
	MONTH				
	110111 2010				
	MONE				
	1101112070	NONE			
	Total of lines 3a through e	NONE			
4	Qualifying distributions for 2016 from Part XII,				
	line 4 ▶ \$19,816.			11 075	
а	Applied to 2015, but not more than line 2a			11,975.	
Ь	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election	į			
Ī	required - see instructions)	NONE			
d	Applied to 2016 distributable amount				7,841.
е	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2016 .	NONE			NONE
•	(If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as				
	indicated below.	NONIE			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior years' undistributed income. Subtract		NIONIE		
	line 4b from line 2b		NONE		
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)		NONE		
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable		NONE		
	amount - see instructions		NONE		
е	4a from line 2a Taxable amount - see Instructions				
	II. described and a second for 2016. Cultural lines				
ī	Undistributed income for 2016 Subtract lines 4d and 5 from line 1. This amount must be			į	
	distributed in 2017				7,895.
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)	NONE			
8	Excess distributions carryover from 2011 not				
•	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9				
	Excess from 2012 NONE	1			
	Excess from 2013 NONE				
	Excess from 2014 NONE		1		
	Excess from 2015 NONE			-	
	Excess from 2016 NONE				

	100011 (2010)				323033	1080 70			
Pa	rt XIV Private Op	erating Foundation	s (see instructions a	and Part VII-A, questi	on 9)	NOT APPLICABLE			
1 a	1a If the foundation has received a ruling or determination letter that it is a private operating								
	foundation, and the ruling is effective for 2016, enter the date of the ruling								
Ь	Check box to indicate	whether the foundation	is a private operating	foundation described in	section 4942	(j)(3) or 4942(j)(5)			
_		Tax year		Prior 3 years		(a) Total			
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total			
	or the minimum investment								
	return from Part X for each								
	year listed					 			
Ь	85% of line 2a				-				
C	Qualifying distributions from Part								
	XII, line 4 for each year listed .								
d	Amounts included in line 2c not used directly for active conduct								
	of exempt activities								
е	Qualifying distributions made								
	directly for active conduct of								
	exempt activities Subtract line 2d from line 2c								
3	Complete 3a, b, or c for the			•					
	alternative test relied upon					1			
В	"Assets" alternative test - enter								
	(1) Value of all assets								
	(2) Value of assets qualifying under section								
	4942(j)(3)(B)(i)								
Ь	"Endowment" alternative test-								
	enter 2/3 of minimum invest- ment return shown in Part X,								
	line 6 for each year listed				<u> </u>				
C	"Support" alternative test - enter					1			
	(1) Total support other than								
	gross investment income (interest, dividends, rents,					1			
	payments on securities								
	loans (section 512(a)(5)),								
	or royalties)	- · ·							
	public and 5 or more								
	exempt organizations as provided in section 4942								
	(j)(3)(B)(ni)				<u></u>				
	(3) Largest amount of sup- port from an exempt								
	organization	`							
	(4) Gross investment income.								
Par				only if the foundat	ion had \$5,000 o	r more in assets at			
	any time du	ring the year - see	instructions.)						
1	Information Regarding	Foundation Manager	s:						
а	List any managers of					ved by the foundation			
	before the close of any	tax year (but only if th	ey have contributed in	nore than \$5,000). (Se	e section 507(d)(2).)				
	N/A								
ь	List any managers of	the foundation who	own 10% or more of	f the stock of a corpo	ration (or an equal)	y large portion of the			
	ownership of a partners					, , ,			
				_					
	N/A								
	Information Regarding	Contribution Grant	Gift Loan Scholarchi	n etc Programs:					
2				=					
	Check here ► X If the things of the things of the X III	ne foundation only i	makes contributions	to preselected charit	able organizations	and does not accept			
	unsolicited requests for			ints, etc. (see instructi	ions) to individuals (or organizations under			
	other conditions, comp								
а	The name, address, and	d telephone number o	r e-mail address of the	person to whom appli	ications should be ad	dressed			
b	The form in which appl	ications should be sub	mitted and information	on and materials they s	hould include.				
C	Any submission deadling	nes'				 			
-	, ==== 								
	Any restrictions or lii	mitations on awards	such as hy decore	inhical areas charital	ole fields kinds of	institutions or other			
u	factors	anono on awaius,	addir as by geogra	ipinoui aicas, Unaillal	one menus, kinus Ul	manitudina, or other			

Part XV Supplementary Information				
3 Grants and Contributions Paid Durir	If recipient is an individual,			
Recipient	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	COMMODITION	
a Paid during the year		ļ		
AMERICAN HEART ASSOCIATION ATTN : KATY CHENTG			SUPPORT OF CHARITABLE	
1710 GILBRETH ROAD BURLINGAME CA 94010	NONE	PC	ACTIVITIES	2 000
1710 GIBBASIN KOAD BOKBINGARB CA 54010	HONE	IFC	RCITVITIES	3,000.
UTAH ARTHRITIS FOUNDATION			SUPPORT OF CHARITABLE	
4424 SOUTH 700 EAST SUITE 180 SALT LAKE CITY	NONE	PC	ACTIVITIES	3,000.
				3,000,
HALE CENTER THEATRE		1	SUPPORT OF CHARTIABLE	
3333 SO DECKER LAKE DRIVE WEST VALLEY CITY U	NONE	PC	ACTIVITIES	3,000.
UNIVERSITY HOSPITAL FOUNDATION			SUPPORT OF CHARTIABLE	
540 ARAPEEN DRIVE, SUITE 130 SALT LAKE CITY	NONE	PC	ACTIVITIES	3,000.
PRIMARY CHILDREN'S MEDICAL CENTER			SUPPORT OF CHARTIABLE	
100 NO MEDICAL DRIVE SALT LAKE CITY UT 84158	NONE	PC	ACTIVITIES	3,000.
HUNTSMAN CANCER FOUNDATION ATTN: THOMAS E MU	NONE	20	SUPPORT OF CHARITABLE	
500 HUNTSMAN WAY SALT LAKE CITY UT 84108	NONE	PC	ACTIVITIES	3,000.
				_
Total			▶ 3a	18,000.
b Approved for future payment	<u> </u>		30	10,000.
, ,				
SEE STATEMENT 5				18,000.
		ŀ		
ļ				
		l		
Total			▶ 3b	18,000.
				Form 990-PF (2015)

Part XVI-A	Analysis of Income-Produ	ucing Act	ivities				
	nts unless otherwise indicated				section 512, 513, or 514	512, 513, or 514 (e)	
1 Program servi	co revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)	
-						(DOC MINICOCIONO)	
f							
g Fees and co	ontracts from government agencies						
2 Membership d	lues and assessments					·	
-	igs and temporary cash investments ·						
	interest from securities			14	3,804.		
5 Net rental inco	ome or (loss) from real estate						
a Debt-financ	ed property		· · · · · · · · · · · · · · · · · · ·				
b Not debt-fir	nanced property					<u></u>	
6 Net rental incom	ie or (loss) from personal property-					 	
7 Other investme	ent income						
8 Gain or (loss) fro	m sales of assets other than inventory			18	-5,885.		
9 Net income or	(loss) from special events · · ·						
•	(loss) from sales of inventory						
11 Other revenue							
•	AX REFUND			1	79.		
d				[- -			
е					2 002	 	
	columns (b), (d), and (e)				-2,002.	-2,002.	
	e 12, columns (b), (d), and (e)				13	-2,002.	
Part XVI-B	Relationship of Activities		complishment of Ev	empt Purr	2020		
	plain below how each activity complishment of the foundation						
			-	·			
			NOT APPLICABLE	<u> </u>			
				<u> </u>			

Form 99	0-PF (2	016)				87-62369	955		Page 13
Part >	KVII	Information F Exempt Orga		nsfers To and Tr	ansactio	ns and Relation	nships With Non	charita	ble
in	sect	_	•	engage in any of the section 501(c)(3) org		· -		V	res No
	-		g foundation to a	noncharitable exem	pt organiza	ition of:			
(1	I) Cas	sh						1a(1)	X
	•	ransactions	• • • • • • • • •	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • •	1a(2)	Х
			charitable exemi	ot organization				1b(1)	X
(2) Purchases of assets from a noncharit									X
									X
(4) Reimbursement arrangements									X
									X
									$\frac{x}{X}$
							should always show		
Va	alue c	of the goods, other	assets, or service	es given by the repo	orting foun	dation. If the found	dation received less	than fai	r market
Va (a) Line	-	(b) Amount involved		ment, show in colur			s, other assets, or so fers, transactions, and shar		
(a) Lille		(b) Amount myorved	(c) Name of no	nonantable exempt organiz	20011	(a) Description of trans	iers, transactions, and sital	nig arrang	
	-								
	+-								
							· · · · · · · · · · · · · · · · · · ·		
<u> </u>									
	 -								
	-	11.11							
							······································		
									
0 1							A	-	
				iated with, or related er than section 501(d		· ·	-	Yes	X No
		complete the follow							
(a) Name of organization			(b) Type of organization			(c) Description of relationship			
				d this return, including accompayer) is based on all information			to the best of my knowledge	and belief	, it is true,
Sign	M),	bond of Olif	05/11/2017		May the IRS				
Here	Signature of officer or trustee				with the pre itle (see instructions			ns Delow	
	TRUSTEE								
 Paid		Print/Type preparer's nar	me	Parti Depart	1	Date	Clieck [] "	ΓIN	
		KELLY KOWALCZYK		Jew C	vezy	05/11/2		01387	
Prepai Use O			NST & YOUNG				Firm's EIN > 34-6	<u> 56559</u>	6
use U	rily		5 N. WACKER ICAGO, IL		6060	6	Phone no 312-87	9-200	ın
		CII				<u> </u>			F (2016)

STATEMENT 1

SECURITIES
FROM
INTEREST
AND
DIVIDENDS AND
PART I
990PF,
FORM

	NET INVESTMENT INCOME	3,695.
	REVENUE AND EXPENSES PER BOOKS	3,804. 3,804.
		TOTAL
	DESCRIPTION	DIVIDENDS & INTEREST

FORM	990PF,	PART	I -	OTHER	INCOME
=====	======	=====	===	======	======

REVENUE AND EXPENSES PER BOOKS 79.

79.

DESCRIPTION

EXCISE TAX REFUND

TOTALS

STATEMENT 2

87-6236955

FORM 990PF, PART I - TAXES

REVENUE AND	EXPENSES	PER BOOKS	
		DESCRIPTION	

NET INVESTMENT INCOME

1 1 1 1	11.	14.
	11.	14.

FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED

TOTALS

ᡢ

STATEMENT

5607327

· MELBA MCKENZIE CHARITABLE TRUST 5607327 87-6236955 FORM 990PF, PART XV, LINE 3b - CONTRIBUTIONS, GIFTS, GRANTS APPROVED RECIPIENT NAME: ATTN: KATHY CHENTG ADDRESS: 1710 GILBRETH RD BURLINGAME, CA 94010 AMOUNT APPROVED FOR FUTURE PAYMENT: 3,000. RECIPIENT NAME: UTAM ARTHRITIS FOUNDATION ADDRESS: 4424 SOUTH 700 EAST SALT LAKE CITY, UT AMOUNT APPROVED FOR FUTURE PAYMENT: 3,000. RECIPIENT NAME: HALE CENTER THEATRE ADDRESS: 3333 SO DECKER LAKE WEST VALLEY CITY, UT AMOUNT APPROVED FOR FUTURE PAYMENT: 3,000. RECIPIENT NAME: UNIVERSITY HOSPITAL FOUNDATION ADDRESS: 540 ARAPEEN DR STE 1 SALT LAKE CITY, UT AMOUNT APPROVED FOR FUTURE PAYMENT: 3,000. RECIPIENT NAME: PRIMARY CHILDREN'S MEDICAL CENTER ADDRESS: 100 NO MEDICAL DRIVE SALT LAKE CITY, UT 84158 AMOUNT APPROVED FOR FUTURE PAYMENT: 3,000.

·MELBA MCKENZIE CHARITABLE TRUST 5607327 87-6236955 FORM 990PF, PART XV, LINE 3b - CONTRIBUTIONS, GIFTS, GRANTS APPROVED ______

RECIPIENT NAME:

ATTN : THOMAS E MUIR

ADDRESS:

500 HUNTSMAN WAY

SALT LAKE CITY, UT 84108

AMOUNT APPROVED FOR FUTURE PAYMENT: 3,000.

TOTAL GRANTS APPROVED FOR FUTURE PAYMENT:

18,000.