Return of Private Foundation

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

5cm 990-PF Do not enter social security numbers on this form as it may be made public Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection 07/01 , 2016, and ending For calendar year 2016 or tax year beginning 06/30,2017 Name of foundation A Employer identification number KIRK HUMANITARIAN 20-3920671 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 201 SOUTH MAIN STREET, SUITE 1100 (801) 578-6966 City or town, state or province, country, and ZIP or foreign postal code If exemption application pending, check here. SALT LAKE CITY, UT 84111 G Check all that apply: Initial return of a former public charity Initial return 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Name change Address change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation If private foundation status was terminate Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at J Accounting method X Cash If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > 7,512,530. 16) ▶ \$ (Part I, column (d) must be on cash basis) Part I Analysis of Revenue and Expenses (The (d) Disbursements (a) Revenue and total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net for charitable expenses per may not necessarily equal the amounts in income income purposes books column (a) (see instructions)) (cash basis only) 12,193,957. Contributions, gifts, grants, etc., received (attach schedule) . ATCH 1 Check Figure 1 if the foundation is not required to attach Sch B. 2 268 268 268 3 ATCH*2 Interest on savings and temporary cash investments. 289,170, 289,170. 289,170. ATCH 3 Dividends and interest from securities 2.500. 2,500. 2,500. b Net rental income or (loss) 10,137. Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a - F3_%;`∢ 10,137. Capital gain net income (from Part IV, line 2) 900 ... 18 1/2 Net short-term capital gain. . 额 Income modifications : Gross sales less returns and allowances 3 .70 S b Less Cost of goods sold . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) Total. Add lines 1 through 11 12,496,032. 302,075. 291,938. 12 Compensation of officers, directors, trustees, etc. S9 14 15 TEA 16a b 28,516. Legal fees (attach schedule) 28.516 Accounting fees (attach schedule) b Administrative E Interest... 18,246. Taxes (attach schedule) (see instructions). . . 24,694. Depreciation (attach-schedule)-and depletion. 21 Travel, conferences, and meetings Dug 21 Printing and publications 23 24 72,841 10,867. 10,867. 61,974. Other expenses (attach schedule) ATCH .4. . Total operating and administrative expenses. ad 25 144,297 10,867 10,867 Add lines 13 through 23. 90,490. 5,703,573. 5,703,573. Contributions, gifts, grants paid 5,847,870. 10,867 5,794,063 10,867. Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 6,648,162 3 Excess of revenue over expenses and disbursements . . 291,208. b Net investment income (if negative, enter -0-)

JSA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-). .

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281,071.

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lances and complete lines 24 through 26 and lines 30 and 31. 24 Bal 25 26 Fund Foundations that do not follow SFAS 117. check here and complete lines 27 through 31. 5 27 Assets 28 Paid-in or capital surplus, or land, bldg , and equipment fund. 267,033. 6,915,195 29 Retained earnings, accumulated income, endowment, or other funds 267,033. Total net assets or fund balances (see instructions).... 6,915,195 30 Net Total liabilities and net assets/fund balances (see 267,033. 6,918,591

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with

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

6,648,162. 2 3 6,915,195. 4 5 6,915,195.

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267,033.

Part III Analysis of Changes in Net Assets or Fund Balances

3 Other increases not included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize) ▶

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Page 3

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income			, ug u u
		describe the kind(s) of property sold (each warehouse; or common stock, 200	-	(b) How acquired P - Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	SEE PART IV SCHEI	DULE		D - Donation		
b				_		
С					<u> </u>	
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los (e) plus (f) minu	
a_						
b						
С						
<u>d</u>						
Ө	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/21/60			
	Complete only for assets s		- 		Gains (Col (h) ga (k), but not less the	
(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	COI	Losses (from col	
a						
<u>b</u>						· · · · · · · · · · · · · · · · · · ·
<u>C</u>	· <u>-</u> . · · ·					
<u>d</u> e						
2	Capital gain net income		ain, also enter in Part I, line 7	2		10,137.
3	, ,	ain or (loss) as defined in sections	1222(5) and (6):			
		art I, line 8, column (c) (see ins				0.
Par	tV Qualification I	Index Section 4040(a) for Page	duced Tax on Net Investment In	3		0.
Was		·	outable amount of any year in the ba	ase perio	d?	Yes X No
1			ar; see the instructions before maki	ng any er	ntries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution ra (col (b) divided by	tio coi (c))
	2015	2,941,563.	57,361.			1.281585
	2014	749,023.	1,601,598.			0.467672
	2013	907,973.	318,527.			2.850537
	2012	462,139.	137,893.			3.351432
	2011	1,193,667.	19,066.		6	2.607102
2		d)		2	12	0.558328
3	-	o for the 5-year base period - divi indation has been in existence if le	de the total on line 2 by 5, or by the ess than 5 years	3	2	4.111666
4	Enter the net value of ne	oncharitable-use assets for 2016 f	from Part X, line 5	4	6,	234,922.
5	Multiply line 4 by line 3.			5	150,	334,357.
6	Enter 1% of net investment	nent income (1% of Part I, line 27b)		6		2,912.
7	Add lines 5 and 6			7	150,	337,269.
8	Enter qualifying distributed in the state of	tions from Part XII, line 4 greater than line 7, check the box	c in Part VI, line 1b, and complete	8 that par		838,948. x rate. See th

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∘Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- see in	structions)
1a	Exempt operating foundations described in section 4940(d)(2), check here	7. 1.14
	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	5,824.
	here And enter 1% of Part I, line 27b.	13,500
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	
_	Part I, line 12, col (b)	**
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2	
3	Add lines 1 and 2.	5,824.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5,824.
6	Credits/Payments	
а	Credits/Payments 2016 estimated tax payments and 2015 overpayment credited to 2016 6a	
b	Exempt foreign organizations - tax withheld at source	
	Tax paid with application for extension of time to file (Form 8868) 6c	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	175.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ATCH 9	17,087.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	
11	Enter the amount of line 10 to be Credited to 2017 estimated tax Refunded 11	
_	t VII-A Statements Regarding Activities	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No
	participate or intervene in any political campaign?	1a X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	
_	Instructions for the definition)?	1b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	1 (i.e.)
	published or distributed by the foundation in connection with the activities	
c	Did the foundation file Form 1120-POL for this year?	1c X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1820
_	(1) On the foundation ▶ \$(2) On foundation managers ▶ \$	
A	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	
	on foundation managers > \$	
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	23 77 7
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b X
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
•	If "Yes," attach the statement required by General Instruction T	/ ds
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
-	By language in the governing instrument, or	100 marks
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	
	conflict with the state law remain in the governing instrument?	6 X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7 X
	Enter the states to which the foundation reports or with which it is registered (see instructions)	
Ju	UT,	* * * * * * * * * * * * * * * * * * * *
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b X 7
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or	, 3
•	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"	
	complete Part XIV	g X
40		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 X
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Par	t VII-A	Statements Regarding Activities (continued)			
11	At any ti	me during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
		section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12		oundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had	advisory privileges? If "Yes," attach statement (see instructions)	12		X
13		oundation comply with the public inspection requirements for its annual returns and exemption application? \lfloor	13	Х	
		dress KIRKHUMANITARIAN.ORG			
14	The books	are in care of ▶ RONALD MOFFIT Telephone no ▶ 801-578-	-696	6	
	Located at	▶ 201 SOUTH MAIN STREET, SUITE 1100 SALT LAKE CITY, UT ZIP+4 ▶ 84111			
15	Section 49	947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		▶	· []
	and enter t	the amount of tax-exempt interest received or accrued during the year			
16	At any tin	me during calendar year 2016, did the foundation have an interest in or a signature or other authority_		Yes	No
		k, securities, or other financial account in a foreign country?	16	888.19-2	X
	See the I	instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
_	the foreign		- an in		
Pai	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required	. g° ₁		
		1 4720 if any item is checked in the "Yes" column, unless an exception applies.	***	Yes	No
1a		year did the foundation (either directly or indirectly)			
		e in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	• •	/ money from, lend money to, or otherwise extend credit to (or accept it from) a			
	• •	in goods, services, or resinites to (or accept them norm) a disquarmos personn			
		miperiodical (c) or pay of reminated the expenses of a dioqualities personal reminated the expenses of		1	
	` '	er any income or assets to a disqualified person (or make any of either available for nefit or use of a disqualified person)?			
		nefit or use of a disqualified person)?			
		ation agreed to make a grant to or to employ the official for a period after	, a		
		ation of government service, if terminating within 90 days)			
b		swer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			\$15. Kg
_		4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		Х
		ons relying on a current notice regarding disaster assistance check here		****	
c	=	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not co	orrected 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			1.4
	operating f	foundation defined in section 4942(j)(3) or 4942(j)(5))			2.3
а	At the en	d of tax year 2016, did the foundation have any undistributed income (lines 6d and		***	
	6e, Part XI	III) for tax year(s) beginning before 2016?			
	If "Yes," lis	st the years	1,		
t		any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			.,
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		- 4	
		sted, answer "No" and attach statement - see instructions)	2b		E4:40
•	If the pro	visions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	1		
_	>				
38		oundation hold more than a 2% direct or indirect interest in any business enterprise e during the year?	. 3	J.W.	
			1		
t		did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or	1		
		d persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the loner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
		oner under section 4943(c)(7)) to dispose or noidings acquired by gift or bequest, or (3) the lapse of 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		n had excess business holdings in 2016)	3b	A CONTRACTOR OF THE PARTY OF TH	X
A-		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	 	X
		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			250
•		purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		Х
				O. DE	(2018

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Par	t VII-B Statements Regarding Activitie	es for Which Form	4720 May Be Req	uired (continued)	
5a	During the year did the foundation pay or incur any a	mount to		_	
	(1) Carry on propaganda, or otherwise attempt to in	fluence legislation (section	1 4945(e))?	Yes X	10
	(2) Influence the outcome of any specific public	election (see section 4	955), or to carry on		
	directly or indirectly, any voter registration drive?			Yes X	
	(3) Provide a grant to an individual for travel, study,				to The Fig.
	(4) Provide a grant to an organization other than	• •			
	section 4945(d)(4)(A)? (see instructions)				10
	(5) Provide for any purpose other than religious,				
	purposes, or for the prevention of cruelty to child				10 Park 12 18 18
ь	If any answer is "Yes" to 5a(1)-(5), did any of				in 上海 蓝色剂
-	Regulations section 53 4945 or in a current notice re			•	5b X
	Organizations relying on a current notice regarding of	- •			
С					L. 1 (1)
C	If the answer is "Yes" to question 5a(4), does to		•		
	because it maintained expenditure responsibility for t	•	* * * * * * * * * * * *	1631	1 * 1 % 1/2 1
0 -	If "Yes," attach the statement required by Regulations	, ,			
6a	Did the foundation, during the year, receive any	-		[]	
	on a personal benefit contract?				10 "
b	Did the foundation, during the year, pay premiums,	directly or indirectly, on a	personal benefit contra	ict?	•
	If "Yes" to 6b, file Form 8870			<u></u>	
7a	At any time during the tax year, was the foundation		=	. —	, ,
b	If "Yes," did the foundation receive any proceeds or				
Pa	rt VIII Information About Officers, Direct and Contractors	tors, Trustees, Fou	nuation Manager:	s, nighly Palu Ell	ipioyees,
1	List all officers, directors, trustees, foundation				
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account,
CDE	· · · · · · · · · · · · · · · · · · ·	hours per week devoted to position	(If not paid, enter -0-)		`othor alloumnoon
SPE	(a) Name and address	hours per week devoted to position PRESIDENT/DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
	NCER KIRK	hours per week devoted to position PRESIDENT/DIRECTOR	(If not paid, enter -0-)	employee benefit plans	other allowances
	· · · · · · · · · · · · · · · · · · ·	fours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE	(If not paid, enter-0-)	employee benefit plans and deferred compensation 0	other allowances
KRI	NCER KIRK	fours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allowances
KRI	NCER KIRK	fours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR	((f not paid, enter -0-) 0.	employee benefit plans and deferred compensation	other allowances 0.
KRI	NCER KIRK	fours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0	(If not paid, enter-0-)	employee benefit plans and deferred compensation 0	. O.
KRI	NCER KIRK	fours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR	((f not paid, enter -0-) 0.	employee benefit plans and deferred compensation	other allowances 0.
KRI	STEN KIRK SALD MOFFITT	rhours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0.	((f not paid, enter -0-) 0. R 0.	employee benefit plans and deferred compensation 0	. O.
KRI	STEN KIRK ALD MOFFITT Compensation of five highest-paid employer	rhours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0.	((f not paid, enter -0-) 0. R 0.	employee benefit plans and deferred compensation 0	. O.
KRI	STEN KIRK SALD MOFFITT	rhours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than those	((f not paid, enter -0-) 0. R 0.	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to	. O. O O
KRI RON	STEN KIRK ALD MOFFITT Compensation of five highest-paid employer	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter -0-) 0. R 0.	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	. O.
KRI RON	NCER KIRK STEN KIRK ALD MOFFITT Compensation of five highest-paid employe "NONE."	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 0 (d) Contributions to employee benefit	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK ALD MOFFITT Compensation of five highest-paid employe "NONE."	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter
KRI RON	NCER KIRK STEN KIRK (ALD MOFFITT Compensation of five highest-paid employe "NONE.") Name and address of each employee paid more than \$50,000	hours per week devoted to position PRESIDENT/DIRECTOR 0 SECRETARY/TREASURE 0 DIRECTOR 0. es (other than thos 0 (b) Title, and average hours per week	((f not paid, enter-0-) 0. 0. 0. in included on line	employee benefit plans and deferred compensation 0 0 0 (d) Contributions to employee benefit plans and deferred	tions). If none, enter

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Pa	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empland Contractors (continued)	
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NC	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
		
_		<u> </u>
_		
Tot	I number of others receiving over \$50,000 for professional services	·
Pa	rt IX-A Summary of Direct Charitable Activities	
L	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc.	f Expenses
1	N/A	
		.
2		
		.
3		
·		-
		
4		-
		<u> </u>
	rt IX-B Summary of Program-Related Investments (see instructions) escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	_
		-
2		
		-
_	Il other program-related investments. See instructions	
3	NONE	-
		-
Tak	al Add Imag 4 through 2	

Form **990-PF** (2016)

Page 8

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	7.11	
	purposes:	***	
а	Average monthly fair market value of securities	1a	6,107,101.
b	Average of monthly cash balances	1b	222,769.
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	6,329,870.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	6,329,870.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	1 . 1	94,948.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,234,922.
6	Minimum investment return. Enter 5% of line 5	6	311,746.
Par			
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2016 from Part VI, line 5 2a		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b		
С		- 2Ĉ	
3	Distributable amount before adjustments. Subtract line 2c from line 1		
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions);		
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	<u>line 1</u>		
Par	t 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		5,794,063.
b			
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes ,	2	44,885.
3	Amounts set aside for specific charitable projects that satisfy the:	'	
а	Suitability test (prior IRS approval required)	. 3a	
b	Cash distribution test (attach the required schedule)	. 3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		5,838,948.
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 (see instructions)		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	5,838,948.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when a	calculating	whether the foundation

Form 990-PF (2016)

Form 990-PF (2016)

Page 9

Pai	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b) Years prior to 2015	(c) 2015	(d) 2016
	Distributable amount for 2016 from Part XI,	Corpus	rears prior to 2015	2013	2010
2	Undistributed income, if any, as of the end of 2016		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
а	Enter amount for 2015 only				
	Total for pnor years 20 14 ,20 13 ,20 12	*	4 1,3040	/ 1	
а	Excess distributions carryover, if any, to 2016. From 2011 $\frac{1,193,667}{462,140}$.				
C	From 2013				
	2 041 563	Šio Šiada Pala		A Second	
	Total of lines 3a through e	6,254,366.			
	Qualifying distributions for 2016 from Part XII, line 4 > \$ 5,838,948.			- MARK - 1 / A	
а	Applied to 2015, but not more than line 2a			8**S4N.N	
b	Applied to undistributed income of prior years (Election required - see instructions),			***************************************	
C	Treated as distributions out of corpus (Election required - see instructions)			١,	
d	Applied to 2016 distributable amount			· · · · · · · · · · · · · · · · · · ·	<u> </u>
е	Remaining amount distributed out of corpus	5,838,948.	ly - : ·		200
5	Excess distributions carryover applied to 2016. (If an amount appears in column (d), the same amount must be shown in column (a))	80/2 - 14h			
	Enter the net total of each column as indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5	12,093,/314.			
	·		***	2.00	
D	Prior years' undistributed income Subtract line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b Taxable amount - see instructions				
е	Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount - see instructions	1 3 1 1 1 1			
f	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017	265			
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)				
8	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions)	1,193,667.	a vigati di	, · ./h. ‡	
9	Excess distributions carryover to 2017. Subtract lines 7 and 8 from line,6a	10,899,647.		V	
10	Analysis of line 9				
а	Excess from 2012				
b	Excess from 2013 907, 973.				
c	Excess from 2014			1	, 1
d	Excess from 2015/. 2,941,563.	1	1		
e	Excess from 2016 5,838,948.	L			
	/				Form 990-PF (2016)

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Pa	TXIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, question	n 9)		
1 a	If the foundation has i	received a ruling or det	termination letter that	it is a private opera			
		g is effective for 2016, ent	-		·	2/2007	
b	Check box to indicate v	whether the foundation is	a private operating f		section X	4942(j)(3)	or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			(e) Total
	justed net income from Part	(a) 2016	(b) 2015	(c) 2014	(d) 201	3	
	I or the minimum investment return from Part X for each	281,071.	2,868.	26,184.	1.0	5,926.	326,049.
	year listed	238,910.	2,438.	22,256.		3,537.	277,141.
b	85% of line 2a	230,910.	2,430.	22,230.		,, 557.	2//,141.
С	Qualifying distributions from Part XII, line 4 for each year listed	5,838,948.	2,941,563.	749,023.	907	7,973.	10,437,507.
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	5,838,948.	2,941,563.	749,023.	907	7,973.	10,437,507.
3	2d from line 2c		_,,				
	alternative test relied upon)		į			
а	"Assets" alternative test - enter	7,512,530.	267,033.	299,943.	957	7,281.	9,036,787.
	(1) Value of all assets (2) Value of assets qualifying under section.						<u> </u>
h	4942(j)(3)(B)(i)						
	"Endowment" alternative test- enter 2/3 of minimum invest-	}				ł	
	ment return shown in Part X,	207,841.	53,941.	25,067.		9,569.	296,418.
_	line 6 for each year listed	207,041.	33,341.	20,007.		7,303.	230,110
C	"Support" alternative test - enter (1) Total support other than	j				j	
	gross investment income						
	(interest, dividends, rents, payments on secunties					1	
	loans (section 512(a)(5)),						
	or royalties)						
	(2) Support from general public and 5 or more						
	exempt organizations as	[1	
	provided in section 4942 (j)(3)(B)(iii)						
	(3) Largest amount of sup-		!				
	port from an exempt organization						
	(4) Gross investment income.	<u> </u>		L			
Pa		ntary Information (C		only if the foundat	ion had \$5	,000 or r	nore in assets a
		uring the year - see i		 	·-·		
1	•	g Foundation Manager					
а	List any managers of	the foundation who h	ave contributed mor	e than 2% of the tota	l contribution	is received	d by the foundation
	before the close of any	y tax year (but only if the	ey nave contributed in	nore man 45,000). (Se	e section 50	(0)(2))	
	SPENCER KIE						
b		the foundation who c				n equally I	arge portion of the
	ownership of a partner	rship or other entity) of	which the foundation	has a 10% or greater	ınterest.		
	N/A						
2	Information Regarding	g Contribution, Grant,	Gift, Loan, Scholarsh	nip, etc., Programs:			
	Check here ▶ if	the foundation only n	nakes contributions	to preselected chari	table organiz	zations and	d does not accep
		or funds. If the founda					
	other conditions, com	plete items 2a, b, c, and	l d.				_
а	The name, address, a	and telephone number of	or e-mail address of t	the person to whom ap	olications shou	uld be addre	essed:
	ATCH 10	•					
b	The form in which app	plications should be sub	mitted and information	on and materials they	should include)	
	WRITTEN						
C	Any submission deadl	lines:					
	N/A						
d		imitations on awards,	such as by geogra	aphical areas, charita	ble fields, k	ınds of in	stitutions, or othe
	N/A						

art XV Supplementary Information 3 Grants and Contributions Paid Duri	ing the Year or Appr	oved for Fut	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of		
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ATCH 11	}	1 1		
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Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	5,703,57
b Approved for future payment		1		
		1		
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)		
	<u> </u>		▶ 3b	

	90-PF (2016)					Page 12
	XVI-A Analysis of Income-Production		ated business income	Evoluded by	y section 512, 513, or 514	(e)
	gross amounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
	ogram service revenue					(See instructions)
a b				- 		
c						
d						
е						
f					ļ	
g	Fees and contracts from government agencies					
	embership dues and assessments	<u></u>		14	268.	
	terest on savings and temporary cash investments			14	289,170.	
	vidends and interest from securities et rental income or (loss) from real estate	C 20 8	(* ja)	5		- H - H - H - H - H - H - H - H - H - H
	Debt-financed property					
	Not debt-financed property			16	2,500.	
6 Ne	et rental income or (loss) from personal property	<u></u>				
7 0	ther investment income	<u> </u>		10	10 127	·—
8 G	ain or (loss) from sales of assets other than inventory	 	 	18	10,137.	
	et income or (loss) from special events · · ·			- 		
	ross profit or (loss) from sales of inventory ther revenue a					
ь	the revenue a					
c						
d						
е	ubtotal Add columns (b), (d), and (e)	<u> </u>		***	302,075.	
Par	t XVI-B Relationship of Activities No. Explain below how each activity accomplishment of the foundation	ty for whic	h income is reported	ın column (e) of Part XVI-A contribu	
				 		
						
					 	
						
						
						
_						
						5 990-PE (2016

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Form	990-PF (2016)	KIRK HUMAN	NITARIAN		20-3920	0671	Paç	_{9e} 13
Pa	rt XVII Information F Exempt Orga		sfers To and Trans	actions and Relationships V	Vith Non	chari	table)
1	Did the organization direct	tly or indirectly er	ngage in any of the follo	wing with any other organization	described		Yes	No

		Exemple Organ	IIZations								
1	Did the	e organization directl	ly or indirectly er	ngage in any of the	following	with any o	ther organi	zation described		Yes	No
	ın sect	ion 501(c) of the Co	de (other than se	ection 501(c)(3) org	janizations)) or in secti	on 527, re	lating to political	;,	. * .	1 7
	•	zations?							,,,	*	
а	Transfe	ers from the reporting	g foundation to a	noncharitable exer	npt organiz	zation of:				^a	, 1
		sh							1a(1)		X
	(2) Oth	ner assets	. <i></i>						1a(2)		X
b	Other t	transactions.								5a	* }
	(1) Sal	es of assets to a noi	ncharitable exem	pt organization		<i></i>			1b(1)		X
	(2) Pur	rchases of assets fro	om a noncharitabl	le exempt organization	on				1b(2)		X
	(3) Re	ntal of facilities, equi	pment, or other a	ssets					16(3)		X
	` '	ımbursement arrange							1b(4)		X
		ans or loan guarantee							1b(5)		X
		rformance of service									X
		g of facilities, equipm	_		-						Ь
đ		answer to any of the									
		of the goods, other a n any transaction or									
/a) I	inė no	(b) Amount involved		ncharitable exempt organ				s, transactions, and sha			
(a) L		N/A	(c) Name of no	ichantable exempt organ	Zalion	N/A	loit of transier	s, transactions, and sna	ing ana	rigarile	1113
	{-	117711				11,11					
											
											
											
	-										
		 									
											
2a	Is the	foundation directly	or indirectly affil	iated with, or relat	ed to, one	or more to	ax-exempt	organizations			
		bed in section 501(c)	•	•			-	-	Y6	s X	No [
b		," complete the follo									
		(a) Name of organization	n	(b) Type of org	antzation		(c	Description of relations	ship		
											
				·							
	100.0			 							
		r penalties of penjury, I declar ct, and complete Declaration of						the best of my knowledg	ge and c	eler, it	is true,
Sig	n 📐	MAN	Duna .	hu -> 60	100	7		May the IRS	discus	s this	return
Hei	re L		AM, Direc	101 2/1	118		cetor		eparer	п г	below
	Sig	nature of officer or trustee		Date		Title		(see instruction	s)? [X	Yes	No
		Deut/Type accepted		Drop profe size street		1.	Data		TIN		
Pai	d	Print/Type preparer's nar		Preparer's signature	Ende To		Date	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	POO 6	2200	
	parer	STAN VANDERTO			more /a	- Eu	02/26/20	12 4	P006		14
	•	0.0	RICEWATERHOU	SECOOPERS LLP N STREET, STE	900			Firm's EIN > 13-4	20034		
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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 www.irs.gov/form990

OMB No 1545-0047

2016

Name of the organization		Employer identification number
KIRK HUMANITARIAN		20-3920671
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	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 priva	ite foundation
	501(c)(3) taxable private foundation	
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General R	ule and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the yea y or property) from any one contributor. Complete Parts I and II Se I contributions	_
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that me sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (and that received from any one contributor, during the year, total co of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ	Form 990 or 990-EZ), Part II, line ntributions of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, total contributions of more than \$1,000 exclusively for retional purposes, or for the prevention of cruelty to children or animal	ligious, charitable, scientific,
contributor, during contributions total during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990 g the year, contributions exclusively for religious, charitable, etc., pulled more than \$1,000. If this box is checked, enter here the total coor an exclusively religious, charitable, etc., purpose Don't complete a files to this organization because it received nonexclusively religious, or more during the year	rposes, but no such ntributions that were received any of the parts unless the charitable, etc., contributions
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Special Rules does oust answer "No" on Part IV, line 2, of its Form 990; or check the bo to certify that it doesn't meet the filing requirements of Schedule B	ox on line H of its Form 990-EZ or on its
For Paperwork Reduction Act No	tice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (20

Name of organization KIRK HUMANITARIAN

Employer identification number 20-3920671

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KRISPEN CHARITABLE TRUST	\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SPENCER KIRK 2412 HAVEN LANE HOLLADAY, UT 84117	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SPENCER KIRK 2412 HAVEN LANE HOLLADAY, UT 84117	\$\$.	Person Payroll Noncash (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 Noncash (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)

Name of organization KIRK HUMANITARIAN

Employer identification number

20-3920671

Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (c) (a) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions) EXTRA SPACE STORAGE STOCK - 145,000 2 SHARES 11/29/2016 10,377,650. (c) (a) No. (b) (d) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I (c) (a) No. (d) FMV (or estimate) from Date received Description of noncash property given Part I (See instructions) (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given Part I (See instructions) (a) No. (c) (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions) Part I (a) No. (c) (d) from FMV (or estimate) **Date received** Description of noncash property given Part I (See Instructions)

Name of organization KIRK HUMANITARIAN

Employer identification number 20-3920671

Part III	Exclusively religious, charitable, etc.,	contributions to o	rganizations des	cribed in section 501(c)(7), (8), or	
	(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and				
	the following line entry. For organization	ons completing Par	lll, enter the tota	of exclusively religious, charitable, etc.,	
	contributions of \$1,000 or less for the				
	Use duplicate copies of Part III if addition			,	
(a) No.					
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
					
					
		(e) Transf	er of aift	<u> </u>	
		(e) Transi	er or girt		
	Transferee's name, address, an	d 7IP + 4	Rolati	onship of transferor to transferee	
	Transferee 3 manie, address, an	ч ди т	IVEIGU	onsinp of transferor to transferee	
(a) No.			<u> </u>		
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
Part I			·	<u> </u>	
		4.5 =			
		(e) Transi	er of gift		
	.	. 200			
	Transferee's name, address, an	10 ZIP + 4	Kelati	onship of transferor to transferee	
(a) No.	 		L		
from	(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, an	id ZIP + 4	Relati	onship of transferor to transferee	
	·				
			<u>.</u>		
(a) No. from	(b) Purpose of gift	(c) Use	of arft	(d) Description of how gift is held	
Part I	(c) / a. poss o. g			(a) boompion of now girl to help	
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relati	onship of transferor to transferee	
		· · · · · · · · · · · · · · · · · · ·			

FORM 990PF, PART I - CONTRIBUTIONS, GIFTS AND GRANTS RECEIVED

KIRK HUMANITARIAN

NAME AND ADDRESS	DATE	DIRECT PUBLIC SUPPORT
KRISPEN CHARITABLE TRUST	11/17/2016	15,307.
HARRIS H SIMMONS	06/07/2017	1,000.
SPENCER KIRK 2412 HAVEN LANE HOLLADAY, UT 84117	11/29/2016	10,377,650,
SPENCER KIRK 2412 HAVEN LANE HOLLADAY, UT 84117	02/19/2017	1,800,000.
TOTAL	TOTAL CONTRIBUTION AMOUNTS	12, 193, 957.

." '

ATTACHMENT 1 PAGE 23

20-3920671

ATTACHMENT 2

ADJUSTED NET INCOME	268.	268.
NET INVESTMENT INCOME	268.	268.
REVENUE AND EXPENSES PER BOOKS	268.	268.
		TOTAL
DESCRIPTION	RAYMOND JAMES	

20-3920671

٠,

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

ADJUSTED NET INCOME	286,364. 2,806.	289,170.
NET INVESTMENT INCOME	286,364. 2,806.	289,170.
REVENUE AND EXPENSES PER BOOKS	286,364.	289,170.
		TOTAL
DESCRIPTION	ESS STOCK VANGUARD SCOTTSDALE FUND	

20-3920671

ATTACHMENT 4

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES	8,981. 7,505. 1,075. 1,787. 13,806.	385. 1,413. 6,750. 2,267. 3,275. 9,820. 1,637. 2,547.	61,974.
ADJUSTED NET INCOME 32.	10,835.		10,867.
NET INVESTMENT INCOME 32.	10,835.		10,867.
REVENUE AND EXPENSES PER BOOKS	10,835. 8,981. 7,505. 1,075. 1,787. 13,806.	1,413. 6,750. 2,267. 3,275. 9,820. 1,637. 2,547.	72,841.
DESCRIPTION BANK FEE	CONSULTING FEES TRAVEL SHIPPING SUPPLIES REPAIRS AND MAINTENANCE LABEL DESIGN & TRANSLATION STORAGE	WEB SITE MAINTENANCE WEB SITE AMORTIZATION RESEARCH AND FEASIBILITY STUDY PRINTING MOVE IN EXPENSES OFFICE LEASE COMMUNICATION EQUIPMENT LEASE INSURANCE	TOTALS

KIRK HUMANITARIAN

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	ENDING FMV	7,204,860.	7,259,860.
	ENDING BOOK VALUE	6,610,921. 55,000.	6,665,921.
FORM 990PF, PART II - CORPORATE STOCK	DESCRIPTION	EXTRA SPACE INC. TRUVIAN SCIENCES, INC.	TOTALS

ATTACHMENT 6

PART II - OTHER INVESTMENTS FORM 990PE,

DESCRIPTION

VANGUARD SCOTTSDALE FUNDS

TOTALS

ENDING BOOK VALUE

76468K 3667 2/26/2018 3:20:29 PM V 16-7.16

ATTACHMENT 6 PAGE 28

ATTACHMENT

ATTACHMENT 7 PAGE 29

- OTHER ASSETS FORM 990PF, PART II

DESCRIPTION

WEBSITE

ACCUMULATED AMORTIZATION HGREIT II SECURITY DEPOSIT

TOTALS

ENDING <u>FMV</u>	28,937. -28,583. 7,672.	8,026.
ENDING 300K VALUE	28,937. -28,583. 7,672.	8,026.

2016 FORM 990-PF KIRK HUMANITARIAN

20-3920671

ATTACHMENT 8

FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION

** *** ***

ENDING BOOK VALUE

ZIONS CC SFK #8851

398.

TOTALS

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398.

** 10

20-3920671

ATTACHMENT 9

FORM 990PF - COMPUTATION OF PENALTIES AND INTEREST

END OF FISCAL/CALENDAR YEAR	06/30/2017
DATE RETURN IS DUE IF ON EXTENSION	
NUMBER OF DAYS RETURN IS LATE	
LATE FILING PENALTY LATE PAYMENT PENALTY	10,700.
INTEREST	388.
TOTAL PENALTIES AND INTEREST	11,088.

2016	FORM	990-PF

44 (1

KIRK HUMANITARIAN

20-3920671

ATTACHMENT 10

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

SPENCER KIRK SKIRK@KIRKHUMANITARIAN.ORG

ARIAN	
HUMANIT	
KIRK	

2016 FORM 990-PF

20-3920671

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300,000 1,636,844 AMOUNT ATTACHMENT 11 TO MEET THE BYLAWS OF THE FOUNDATION TO MEET THE BYLAWS OF THE FOUNDATION TO MEET THE BYLAWS OF THE FOUNDATION PURPOSE OF GRANT OR CONTRIBUTION RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR NONE NONE NONE RECIPIENT NAME AND ADDRESS MORE GOOD FOUNDATION MAGNO HUMPHRIES

3,766,729.

LDS CHURCH

TOTAL CONTRIBUTIONS PAID

5,703,573

ATTACHMENT 11 PAGE 33

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FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME										
Kind of P	roperty	Description				OT D	Date acquired	Date sold		
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)			
			CAL GAIN DIS				11,884.			
			ORT TERM CO	RPORATE BONE	INDEX	D	11/07/2014	01/20/201		
222,133.		223,880.	TE. BECORT	163			-1,747.			
TOTAL GAIN(L	oss)						10,137.			
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