Form 990-PF

Return of Private Foundation

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

Form **990-PF** (2017)

			nent of the Treasury Revenue Service	► Go to t	www.irs.g	ov/Form	1990PF for insti	ructions and t	he latest info	ormatic	on .	Open to Public In:	spection
	Fo	ог са	lendar year 2017	or tax year begi	nning			, 2017	, and endi	ng		,	20
	_		of foundation						<u> </u>		Employer iden	tification number	
	J	ROBERT H. & KATHARINE B. GARFF FOUNDATION						20-14128	45				
	_	Number and street (or P O box number if mail is not delivered to street address) Room/suite					В	Telephone nun	nber (see instructions	5)			
		111	EAST BROADW	JAV					900		(801) 2	257-3400	
	_			ce, country, and ZIP or f	oreian post	al code			1 300	-	(301)		
-	- ^	•		•	orangii paol	u. 0000				С	If exemption appl pending, check hi	lication is ere	▶ □
	_		T LAKE CITY,				1						. \square
	G	Che	eck all that apply	Initial retur	n		Initial return Amended re	of a former p turn	oublic chari	ty D	2 Foreign organ	zations, check here izations meeting the ix here and attach	▶ □
	_			Address c			Name chang		<i>f</i> . <i>A</i>	_			
	Η̈́	Check type of organization X Section 501(c)(3) exempt private foundation					· E	If private founda	tion status was terminat	ed 🦳			
	\perp	s	Section 4947(a)(1)	nonexempt charitable			her taxable p			_	•	7(b)(1)(A), check here .	
	I	Fair	market value o	of all assets at			nethod X C	ash Acc	crual	F		is in a 60-month termin	
			of year (from Pa		1	her (sp				_	under section 507	7(b)(1)(B), check here .	▶
	_	_	<u> </u>	605,473.		column (d) must be on ca	ash basis)					
	P	art	total of amounts	venue and Expens in columns (b), (c), a rily equal the amount astructions))	nd (d)		levenue and penses per books	(b) Net inv		(c)	Adjusted net income	(d) Disburse for charit purpose (cash basis	able es
U `	П	1		nts, etc , received (attach sci	hedule) .	:	3,827,818.						
		2	Chack I If th	e foundation is not req	uired to								,
		3		and temporary cash inve			46	-	46.			ATCH 1	1
		4		erest from securities									
		5a	Gross rents		[
		b		(loss)	Г								
	evenue		Net gain or (loss) fro Gross sales price for	m sale of assets not on									
	Š	7	Capital gain net in	come (from Part IV,	line 2)			<u> </u>	0.				
	쮼	8		pital gain									
		٥	'-	ons									
(1)		10 a	Gross sales less returnand allowances	ns	Ī								
SCANNED		ь	Less Cost of goods s					_					
Ź				ss) (attach schedule)									
Z		11	Other income (atta	ach schedule)	[
	\perp	12		through 11		3	3,827,864.		46.				
7		13	Compensation of off	icers, directors, trustees	etc		0.						
	Ses	14		alaries and wages .									
œ	Expense	15	Pension plans, em	nployee benefits	[<u> </u>					
22	Š	16a	Legal fees (attach	schedule)									
ල 	Щ	b	Accounting fees (attach schedule)									
2019	Administrative	c	Other professiona	RECEIVE	E) [2]	¬ _	616.		31.				
ص	Ta	17											
	is	18	101	edule) (see instruction	ns)	۷							
	盲	19	Depreciation (atta	ch sAf@dvile∭iangdopa	ns)	3							
	ğ	20	Occupancy		ĭ.'ĭ . ∤⊈	<u>غ</u> ــــــــــــــــــــــــــــــــــــ							
	وَ	21	Travel, conference			=							.
	and,	22		cations UEN,		1		<u> </u>					
	Operating	23	Other expenses (a	attach schedule)ATC	н.3		727.					_	
	ati	24	•	nd administrative ex			1 242		2.1				
	bei			ıgh 23			1,343.	<u> </u>	31.			1 2 2)
			. •	s, grants paid	ſ		2,225,155.	1	31.				25,155 25,155
	╛	26		bursements Add lines 2	4 and 25		2,226,498.	<u> </u>	31.				23,155
		27	Subtract line 26 fr	rom line 12			1.601.366.						
		-	Evenes of revenue acces		anta I		i nul Shh	1				1	

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

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Dont II	Balance Sheets description column should be for end-of-year	Beginning of year		End of year		
Part II	amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value	
1	Cash - non-interest-bearing	1,589.	1,605,4	73.	1,605,473	
	Savings and temporary cash investments					
	Accounts receivable >			_ [
	Less allowance for doubtful accounts ▶			1		
	Pledges receivable ▶					
	Less allowance for doubtful accounts ▶					
5	Grants receivable			\Box		
	Receivables due from officers, directors, trustees, and other					
_	disqualified persons (attach schedule) (see instructions)					
	Other notes and loans receivable (attach schedule)					
	Less allowance for doubtful accounts ►			-		
?	Inventories for sale or use		-	$\overline{}$	··	
	Prepaid expenses and deferred charges			\neg		
	Investments - U S and state government obligations (attach schedule).			\rightarrow		
	Investments - corporate stock (attach schedule)			\rightarrow		
11 ^C	Investments - corporate bonds (attach schedule) Investments - land, buildings,		-	\rightarrow		
'	and equipment basis Less accumulated depreciation	~~ ~~		-		
	(attach schedule)			\rightarrow	_	
12	Investments - mortgage loans		-	\rightarrow		
13	Investments - other (attach schedule)	-		\longrightarrow		
	equipment basis					
	Less accumulated depreciation (attach schedule)					
	Other assets (describe ▶)		****			
16	Total assets (to be completed by all filers - see the					
1	instructions Also, see page 1, item I)	1,589.			1,605,473	
17	Accounts payable and accrued expenses		2,5	18.		
	Grants payable					
3 19	Deferred revenue					
20	Loans from officers, directors, trustees, and other disqualified persons		1			
21	Mortgages and other notes payable (attach schedule)					
Ĭ 22	Other liabilities (describe ▶)					
23	Total liabilities (add lines 17 through 22)	0.	2,5	18.		
	Foundations that follow SFAS 117, check here			$\neg \neg$		
္မ	and complete lines 24 through 26, and lines 30 and 31.	,				
24	Unrestricted					
	Temporarily restricted					
25	Permanently restricted					
20	Foundations that do not follow SFAS 117, check here					
3	and complete lines 27 through 31.					
5	•					
26 27 28 29 30 31	Capital stock, trust principal, or current funds			\dashv		
28	Paid-in or capital surplus, or land, bldg , and equipment fund	1,589.	1,602,9	55		
29	Retained earnings, accumulated income, endowment, or other funds	1,589.	1,602,9		1	
30	Total net assets or fund balances (see instructions)	1,309.	1,002,9	 -	ı	
	Total liabilities and net assets/fund balances (see	1 500	1 605 4	72		
	Instructions)	1,589.	1,605,4	/3.		
	Analysis of Changes in Net Assets or Fund Bala					
	al net assets or fund balances at beginning of year - Part		i i			
	-of-year figure reported on prior year's return)		1	1	1,589	
	er amount from Part I, line 27a			2	1,601,366	
3 Oth	er increases not included in line 2 (itemize) ▶			3	_	
4 Add	lines 1, 2, and 3		[4	1,602,955	
5 Dec	reases not included in line 2 (itemize) ▶			5		
6 Tota	al net assets or fund balances at end of year (line 4 minus	s line 5) - Part II, column (b) line 30	6	1,602,955	

(a) List and o	describe the kind(s) of property sold (for brick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a					
b		-			
С					_
<u>d</u>			ļ		
е		<u> </u>		<u> </u>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) min	
a	<u> </u>	-		_	
b	-				<u> </u>
<u> </u>	-		1		
<u>d</u>		-	-		
Complete only for assets	showing gain in column (h) and owned	d by the foundation on 12/31/69			
Complete only for assets				Gains (Col (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (j), if any		Losses (from co	
<u>a</u>	 		-		
b				·	
<u> </u>	-				
d			 		
<u>e</u>		Don't have 7			
2 Capital gain net incom	le or (net canital loss)	pain, also enter in Part I, line 7 loss), enter -0- in Part I, line 7	2		
	gain or (loss) as defined in sections				
• '	Part I, line 8, column (c) See in:				
	Under Section 4940(e) for Re		3		
f section 4940(d)(2) applies	s, leave this part blank				
	or the section 4942 tax on the distribusion sn't qualify under section 4940(e).		ase perio	d?	Yes X N
	amount in each column for each ye		ing any er	ntries	
(a)			ling arry er	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2016	3,512,147.	1,515.			8.248845
2015	500,000.	1,486.	İ	33	6.473755
2014		1,147.			
2013		2,674.			
2012	168,596.	79,757.	ĺ		2.113871
				•	
2 Total of line 1, column	ı (d)		2	265	6.836471
	atio for the 5-year base period - divid				
	ne foundation has been in existence		3	53	1.367294
•		•			
4 Enter the net value of	noncharitable-use assets for 2017	from Part X, line 5	4		791,478.
5 Multiply line 4 by line	3		5	420,	565,523.
6 Enter 1% of net invest	ment income (1% of Part I, line 27b))	6		
7 Add lines 5 and 6			7	420,	565,523.
	outions from Part XII, line 4		8	2,	225,155.
If line 8 is equal to or	greater than line 7, check the box	x in Part VI, line 1b, and complete			

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1			
	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			0.
	here and enter 1% of Part I, line 27b			
С	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-)			
3	Add lines 1 and 2			0.
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			0.
6	Credits/Payments			1
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a			1
b	Exempt foreign organizations - tax withheld at source			ı
С	Tax paid with application for extension of time to file (Form 8868) 6c			•
d	Backup withholding erroneously withheld		-	_1
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			
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
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 2018 estimated tax ▶ Refunded ▶ 11			
Par	t VII-A Statements Regarding Activities			
1a	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
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			l
	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			
	published or distributed by the foundation in connection with the activities		-	_ :
	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 year			,
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$,
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			٠
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u>X</u>
	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 instrument, articles of	-	-	.,
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			!
	By language in the governing instrument, or			
	• 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	<u> </u>
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		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions 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 ² If "No," attach explanation	8b	Х	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			.;
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes,"			-
	complete Part XIV	9		x Z
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses ATCH 4	10	Х	
	F	om 99	0-PF	(2017)

Par	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		Х
12	Did the foundation 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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
. •	Website address ► N/A			
14	- HOWARD LOWE	3404	1	
	Located at 111 EAST BROADWAY SUITE 900 SALT LAKE CITY, UT ZIP+4 84111		-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
1.5	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, 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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			
Par	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
, eu	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Τ	Yes	No
та	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) = 19-3			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	uisquaimed person			
	(o) I di mon goode, doi mood, di dominio le (oi dood) mismi mem) di disquame paresi.			,
	(4) Fay compensation to, or pay of remindred the expenses of, a disquamed 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			
	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)			
	,,,,,,,,,,,			
р	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	44		
	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			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	4-		
	were not corrected before the first day of the tax year beginning in 2017?	1c	-	
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))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and	ŀ		
	6e, Part XIII) for tax year(s) beginning before 2017?			
	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)	1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	24		
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	·			
3a	। Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	of f "Yes," did it have excess business holdings in 2017 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 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 2017)	3b	 	v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	ļ	X
b	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 2017?	4b		Х

Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any amo	ount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X No			Ī
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or	٦,			{
	directly or indirectly, any voter registration drive?			. Yes X No			}
	(3) Provide a grant to an individual for travel, study, or o			1 17			{
	(4) Provide a grant to an organization other than a				Ì		
	section 4945(d)(4)(A)? See instructions			1 1 11			
	(5) Provide for any purpose other than religious, ch						;
	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						
	Regulations section 53 4945 or in a current notice regar		•		5b		
	Organizations relying on a current notice regarding disas	ster assistance, check	here	▶[
С	If the answer is "Yes" to question 5a(4), does the				_		
_	because it maintained expenditure responsibility for the		•				1
	If "Yes," attach the statement required by Regulations si	-					1
6a	Did the foundation, during the year, receive any fur		ectly, to pay premiur	ms			{
-	on a personal benefit contract?			1 11			1
b	Did the foundation, during the year, pay premiums, dire			. — —	6b		X
_	If "Yes" to 6b, file Form 8870	,,,					1
7a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	Yes X No			1
b	If "Yes," did the foundation receive any proceeds or have				7b		~ x~
Pai	Information About Officers, Directo				loyees,		····
-1	and Contractors List all officers, directors, trustees, foundation r	nanagara and thai	r componentian Sec	instructions			
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	Se accol	unt
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other al		
ATC	H 5		0.	0.			0.
2	Compensation of five highest-paid employees	(other than thos	se included on line	e 1 - see instructio	ns). If n	one,	enter
	"NONE."	0170		(d) Contributions to			
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expension	se accor	unt,
		devoted to position		compensation			
	NONE						
Tota	number of other employees paid over \$50,000						
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3 NONE

All other program-related investments. See instructions

Total. Add lines 1 through 3

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Page	•

Par	 Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.) 	ign fo	undations,
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	
	Average of monthly cash balances	1b	803,531.
	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	803,531.
e	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	803,531.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		*
7	instructions).	4	12,053.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	791,478.
6	Minimum investment return. Enter 5% of line 5	6	39,574.
	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four		
V G	and certain foreign organizations, check here ▶ and do not complete this part)	idatioi	13
1	Minimum investment return from Part X, line 6	1	39,574.
	Tax on investment income for 2017 from Part VI, line 5		
2 a	Income tax for 2017 (This does not include the tax from Part VI.).	1	
	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	39,574.
3 4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	39,574.
	Deduction from distributable amount (see instructions)	6	
6	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
7		7	39,574.
	line 1		33,3,1.
Pai	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	2,225,155.
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	
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	4	2,225,155.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,225,155.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculati	ing whether the foundation
	qualifies for the section 4940(e) reduction of tax in those years		•

Form **990-PF** (2017)

Рa	rt XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
•	line 7				39,574.
2	Undistributed income, if any, as of the end of 2017				•
_	Enter amount for 2016 only.			+ '	
	Total for pnor years 20 15 ,20 14 ,20 13				d d
	Excess distributions carryover, if any, to 2017 164,581.				,
	124				,
_	110111 2010 111111				,
-	400 035				1
-	2 512 071				
-	110/11/2010	4,176,781.			i E
	Total of lines 3a through e	4,176,761.			<u> </u>
4	Qualifying distributions for 2017 from Part XII,				
	line 4 ▶ \$2,225,155.			-4 -4 -4	
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required - see instructions)				I
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2017 distributable amount				39,574.
е	Remaining amount distributed out of corpus	2,185,581.			1
5	Excess distributions carryover applied to 2017				
	(If an amount appears in column (d), the same				
6	amount must be shown in column (a)) Enter the net total of each column as				:
٠	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	6,362,362.			
h	Prior years' undistributed income Subtract				1
-	line 4b from line 2b				
С	Enter the amount of prior years' undistributed	·			
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				4
d	Subtract line 6c from line 6b Taxable				1
_	amount - see instructions				
е	Undistributed income for 2016 Subtract line		.		,
	4a from line 2a Taxable amount - see instructions				
Ť	Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be				
	distributed in 2018				
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				4
	required - see instructions)				
Ω	Excess distributions carryover from 2012 not				
٠	applied on line 5 or line 7 (see instructions)	164,581.			4
a	Excess distributions carryover to 2018.	-			,
٠	Subtract lines 7 and 8 from line 6a	6,197,781.			
0	Analysis of line 9				
	Excess from 2013 134 .				}
	Excess from 2014 60 .				
	Excess from 2015				
	Excess from 2016 3,512,071.				
	Excess from 2017 2,185,581.				ı
Ÿ				I	

	000 DE (0047)	DODEDT U	& KATHARINE B	CAPPE FOIDING	PTON	20-141	12945 Page 10
	rt XIV Private Op	erating Foundations					L2845 Page 10 OT APPLICABLE
	If the foundation has			•			<u> </u>
ıa	foundation, and the rulin-	-			7 1		
h	Check box to indicate v	•	_		<u> </u>	4942(j)(3)	or 49,42(j)(5)
Ü	Officer box to maicate t	Tax year	is a private operating	Prior 3 years	Jeethon	1 10 12()(0)	
2 a	Enter the lesser of the ad-	(a) 2017	(b) 2016	(c) 2015	(d) 20	14	(e) Total
	justed net income from Part I or the minimum investment		(5) 2010	(0) 2013	(0/20		/
	return from Part X for each						
	year listed	-			-		
	85% of line 2a					_/	
С	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			/	1		
3	2d from line 2c			/	_		
-	alternative test relied upon						
а	"Assets" afternative test - enter						
	 Value of all assets Value of assets qualifying 			/			
	under section					1	
.	4942(j)(3)(B)(i)						
В	"Endowment" alternative test- enter 2/3 of minimum invest-		/				
	ment return shown in Part X,						
	line 6 for each year listed						
С	"Support" alternative test - enter						
	(1) Total support other than gross investment income						
	(interest, dividends, rents, payments on secunities						
	loans (section 512(a)(5)),						
	or royalties)		<u> </u>		-		
	(2) Support from general public and 5 or more						
	exempt organizations as provided in section 4942						
	(j)(3)(B)(m)						
	(3) Largest amount of sup- port from an exempt						
	organization				-		
ο-	(4) Gross investment income .	-4 lef	 -4- 4		otion had t	F 000 an	:
	any time d	ntary Information ((uring the year - see	instructions.)	only if the found	ation nad \$	5,000 or m	ore in assets at
	Information Regardin						
а	List any managers of before the close of any						by the foundation
	•	tax year (but only if the	icy have contributed i	1101C (11d11 \(\psi_1,000\)) (0	occ occion of	J, (G)(Z) /	
	N/A		400/	f. 16			
D	List any managers of ownership of a partner					an equally la	rge portion of the
	Ownership of a partner	Ship of other entity) of	willon the loundation	illas a 10 % of greate	er interest		
	/-						
	N/A Information Regardin	C4-ib4i C4	Cift I say Cabalanal	-i4- D			
2	رت ا	•					
		he foundation only					
	unsolicited requests for			ants, etc., to individu	iais or organi	zations under	other conditions,
	complete items 2a, b,						
а	The name, address, a	nd telephone number	or email address of ti	ne person to whom ap	oplications sno	uid be addres	sed
	ATCH 6	Landana alianda de la companya de la	handlad d f				
b	The form in which app	lications should be sul	omitted and information	on and materials they	y should includ	oe .	
	ATCH 7						**
С	Any submission deadle	ines					
	ATCH 8				4-1-1- C-11	linear c	
d	Any restrictions or li factors	mitations on awards	, such as by geogr	apnicai areas, chari	table fields,	kinas ot insi	litutions, or other
164	ATCH 9	<u> </u>					000 DE

Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During Recipient Name and address (home or business)	ng the Year or App	oved for F	uture Payment					
Recipient	If recipient is an individual show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	contribution					
a Paid during the year								
ATCH 10								
				İ				
				•				
Total			▶ 3a	2,225,155.				
	<u> </u>			-/				
b Approved for future payment								
				İ				
		•						
	:			1				
•								
		1						
			1					
		-		1				
	L		<u> </u>					
Total				1				

Part XVI-A	Analysis of Income-Prod	ucing Acti	vittes			
Enter gross amou	unts unless otherwise indicated	Unrela (a) Business code	ted business income (b) Amount	(c)	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program servi	ce revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
						
·					<u> </u>	
						
_						
f						
g Fees and co	ontracts from government agencies					
2 Membership o	dues and assessments					
3 Interest on savi	ngs and temporary cash investments -					46.
4 Dividends and	d interest from securities					
	ome or (loss) from real estate					
	ced property					
	inanced property					<u> </u>
	me or (loss) from personal property					
	nent income					
	rom sales of assets other than inventory r (loss) from special events · · ·					
	r (loss) from sales of inventory					
	a					
c						
d				<u> </u>		
e						46.
	columns (b), (d), and (e)					46.
	e 12, columns (b), (d), and (e) n line 13 instructions to verify calc				13	40.
Part XVI-B	Relationship of Activitie		ccomplishment of	Exempt Pur	noses	
	plain below how each activit complishment of the foundation					
						
				.		-
						
	_					
			<u>.</u>			
1						

ROBERT H. & KATHARINE B. GARFF FOUNDATION 20-1412845 Page **13** Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

		Exempt (Organ	iizations											
1 D	id the	organization	directl	y or indirectly	engage	in any of t	he followir	ng with	any othe	r organi	zation	described		Yes	No
ır	sec	tion 501(c)	(other	than section	501(c)	(3) organiz	zations) or	ın se	ction 52	7, relat	ing to	political			
0	rganız	ations?													
аT	ransfe	ers from the re	eporting	g foundation to	a noncl	haritable ex	cempt orga	nızatıon	of						
('	I) Cas	sh											1a(1)		X
(2	2) Oth	er assets											1a(2)		Х
b O	ther t	ransactions													
('	I) Sal	es of assets t	o a nor	ncharitable exe	empt orga	anızatıon							1b(1)	\sqcup	X
				m a noncharit											X
				pment, or othe											X
				ements											X
				s											X
				s or members										 	X
				ent, mailing li										for ~	
		_	-	e above is "Yo assets, or serv		-	_					-			
		-		sharing arran	-	-									
(a) Line		(b) Amount invo	ı			ible exempt org	• • •					tions, and sha			
(4) 50		N/A	5.700	(0) 110.110 01		olo oxompt org	janizanon	N/A		01 110110101	,	A.O. O. C. C. C. C. C. C. C. C. C. C. C. C. C.	mig am		
	-						 -	<u> </u>							
								1							
						•									
													_		
	_							1							
	_							-				<u>.</u>			
	_														
							_								
			•	or indirectly a		•	-			•	•		\Box	es X	٦.,
				(other than se	ection 50	1(c)(3)) or i	n section 5	5277	• • • •			!	Y	es <u> </u>] ио
<u> </u>	res,	complete th (a) Name of org			T	(b) Type of	omanization	·	Т.	(c)	Descript	tion of relation	ehin.		
		(a) Name of org	garrization	<u>'</u>		(b) Type of	organization		+	(0)	Возопр	tion or relation	311112		
									+						
														-	
							-								
						•					_	•			
				re that I have exam							the best	of my knowled	ge and l	oelief, ıt	ış true
Sign	correc	t, and complete Dec	laration of	preparer (other than	taxpayer) is t	based on all info	mation of which	preparer h	as any knowl	eage					
_	K	ATH A RINE	B GAR	RFF		11/15/2	018	DIR	ECTOR			May the IR with the pr			retum below?
Here	Sign	nature of officer or	trustee	_		Date		Title				See Instruction	ns X	Yes	No
	K	tharine	<u>. ھ</u> ب	Saiss		Δ									
Paid	τ	Print/Type prep	arer's nar	ne 0	Prep	arer's signatur	•	1	Date		Ch	· .	PTIN		
		JOANNA J	OHNS			Poarra	16 hrs	tol	ノ 11,	/15/20	18 sel		P009		7
Prepa		Firm's name		O USA, LLI			/			F	ım's EIN	▶13-5	3815	90	
Use C	nly	Firm's address	-	9 S MAIN S	•	T H FLO OR	_	_							
		L	SA	LT LAKE C	TY, U	UT			34111	<u>F</u>	hone no	801 2	69-1	818	

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

Name of the organization ROBERT H. & KATHARINE B. GARFF FOUNDATION 20-1412845 Organization type (check one) Filers of: Section: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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 General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under 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 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number 20-1412845

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1_	GARFF ENTERPRISES, INC. 111 EAST BROADWAY SUITE 900 SALT LAKE CITY, UT 84111	\$965,000.	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	JOHN GARFF 111 EAST BROADWAY SUITE 900 SALT LAKE CITY, UT 84111	\$953,396.	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				
3	MATTHEW GARFF 111 EAST BROADWAY SUITE 900 SALT LAKE CITY, UT 84111	\$871,304.	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				
4	LEUCADIA 535 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	\$325,000.	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				
5	GARCADIA HOLDINGS 111 EAST BROADWAY SUITE 900 SALT LAKE CITY, UT 84111	\$630,442.	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				
6	FOURSIGHT CAPITAL 265 E 100 S #300 SALT LAKE CITY, UT 84111	\$24,877.	Person X Payroll Noncash (Complete Part II for noncash contributions)				

Employer identification number 20-1412845

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TRU CAR 111 EAST BROADWAY SUITE 900 SALT LAKE CITY, UT 84111	\$\$	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
8	RHINEHART OIL COMPANY 585 EAST STATE ROAD AMERICAN FORK, UT 84003	\$\$	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 Payroll 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 Payroll 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization ROBERT H. & KATHARINE B. GARFF FOUNDATION

Employer identification number 20-1412845

		20-14	12645
Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is ne	eded.
(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
		 _ _ \$	
(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
		_	
		i e	1

Employer identification number

				20-1412845						
Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the	e year from any one	e contributor. Con enter the total of ϵ	nplete columns (a) through (e) and exclusively religious, charitable, etc.						
	Use duplicate copies of Part III if addition		nation once. See							
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ıft	(d) Description of how gift is held						
		(a) Transfer of								
		(e) Transfer of	giit							
	Transferee's name, address, and	ZIP + 4	Relationsh	p of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of g	ıft	(d) Description of how gift is held						
Part I										
			-							
		(e) Transfer of	f gift							
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee						
	-									
		·								
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ıft	(d) Description of how gift is held						
			_	-						
		-								
		(e) Transfer o	f gıft							
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee						
(a) No	<u> </u>		····							
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ıft	(d) Description of how gift is held						
				-						
		(a) Transfer -								
	(e) Transfer of gift									
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee							
				·····						

ROBERT H & KATHARINE B GARFF FOUNDATION

2017 FORM 990-PF

20-1412845

ATTACHMENT 1

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

REVENUE

AND

NET
INVESTMENT
INCOME

EXPENSES PER BOOKS

DESCRIPTION INTEREST INCOME

46.

46.

TOTAL

46.

46.

ROBERT	4 H	KATHARINE	В	GARFF	FOUNDATION

PROFESSIONAL FEES

2017 FORM 990-PF

20-1412845

ATTACHMENT 2

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

REVENUE

AND

NET

EXPENSES

INVESTMENT INCOME

<u>DESCRIPTION</u> <u>PER BOOKS</u>

616.

31.

TOTALS

616.

31.

DESCRIPTION

BANK CHARGES

20-1412845

ATTACHMENT 3

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES

PER BOOKS

727.

TOTALS

727.

ROBERT H & KATHARINE B GARFF FOUNDATION

2017 FORM 990-PF

20-1412845

FORM 990PF, PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

ATTACHMENT 4

NAME AND ADDRESS

LEUCADIA 535 E SOUTH TEMPLE SALT LAKE CITY, UT 84102

GARCADIA HOLDINGS 111 EAST BROADWAY SUITE 900 SALT LAKE CITY, UT 84111

SALT LAKE CITY, UT 84111

20-1412845

ATTACHMENT 5

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

					_
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER	
JENNIFER G FOLKERSON 111 EAST BROADWAY 900 SALT LAKE CITY, UT 84111	DIRECTOR 1 00	0			
RICHARD FOLKERSON 111 EAST BROADWAY 900 SALT LAKE CITY, UT 84111	SECRETARY 1 00	0			
ROBERT H GARFF 111 EAST BROADWAY 900 SALT LAKE CITY, UT 84111	DIRECTOR 1 00	0.			
KATHERINE B GARFF 111 EAST BROADWAY 900 SALT LAKE CITY, UT 84111	DIRECTOR 1 00	0		~	
MATTHEW B GARFF 111 EAST BROADWAY 900	PRESIDENT 1 00	0			

20-1412845

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

ATTACHMENT 5 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JOHN K GARFF 111 EAST BROADWAY 900 SALT LAKE CITY, UT 84111	VICE PRESIDENT 1 00	0	•	
MARY MENLOVE 111 EAST BROADWAY 900 SALT LAKE CITY, UT 84111	TREASURER 1 00	0		
MELISSA G BALLARD 111 EAST BROADWAY 900 SALT LAKE CITY, UT 84111	VICE PRESIDENT , 1 00	0		
	GRAND TOTALS	0	0	0

20-1412845

ATTACHMENT 6

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

MATTHEW B GARFF 111 EAST BROADWAY, SUITE 900 SALT LAKE CITY, UT 84111 801-257-3400

ATTACHMENT 7

990PF, PART XV - FORM AND CONTENTS OF SUBMITTED APPLICATIONS

MATTHEW B GARFF BY WRITTEN REQUEST

ATTACHMENT 8

990PF, PART XV - SUBMISSION DEADLINES

MATTHEW B GARFF NONE

ATTACHMENT 9

990PF, PART`XV - RESTRICTIONS OR LIMITATIONS ON AWARDS

MATTHEW B GARFF NONE

ROBERT H & KATHARINE B GARFF FOUNDATION 2017 FORM 990-PF

20-1412845

DODM GOADE	DADT VV -	CDANTS	TIMA	CONTRIBUTIONS	DATD	DIDLING .	THE VEND	

FORM 990PF, PART XV - GRANTS AND CONTRIBUTE	ONS PAID DURING THE YEAR		
		ATTA	CHMENT 10
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	THUOMA
HARVEY RELIEF FUND		PROVIDE HURRICANE RELIEF	1,370,155
515 POST OAK BLVD			
HOUSTON, TX 77027			
CODE TO SUCCESS		TO FUND CODE TO SUCCESS CAMPS	50,000
111 BROADWAY			
SALT LAKE CITY, UT 84111			
ECCLES THEATER		CONSTRUCTION OF THE ECCLES THEATER	800,000
131 MAIN STREET			
SALT LAKE CITY, UT 84111			
UTAH FOOD BANK		TO AID IN SYKLINE HIGH SCHOOL FOOD DRIVE	5,000
3150 S 900 W			
SOUTH SALT LAKE, UT 84119			
		TOTAL CONTRIBUTIONS PAID	2,225,155