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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990PF for instructions and the latest information

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Open to Public Inspection 2017, and ending For calendar year 2017 or tax year beginning Employer identification number The M. Falk Family Foundation 376 East 400 South #120 26-0711933 В Telephone number (see instructions) 801-746-4754 Salt Lake City, UT 84111 C If exemption application is pending, check here. G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Amended return Final return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation H Check type of organization X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here. Ε J Accounting method: X Cash Fair market value of all assets at end of year (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ► Ś 516,497 (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and (b) Net investment (a) Revenue and (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) expenses per books income income for charitable purposes (cash basis only) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► if the foundation is not required to attach Sch. E Interest on savings and temporary cash investments 276 276 276 Dividends and interest from securities 18,022 18,022 18,022 5 a Gross rents b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 141,351 **b** Gross sales price for all assets on line 6a 180,151 724 Capital gain net income (from Part IV, line 2) Net short-term capital gain 138,515 Income modifications 10 a Gross sales less returns and allowances OCT 01 2018 80 80 Total. Add lines I through 1 .59,649 102 156.893 Compensation of officers, directors, to Other employee salaries and wages Pension plans, employee benefits. 16 a Legal fees (attach schedule) b Accounting fees (attach sch) c Other professional fees (attach sch) Interest See Stm 1 18 Taxes (attach schedule)(see instrs) 577 Depreciation (attach schedule) and depletion OGDEN. UT 20 Occupancy 21 Travel, conferences, and meetings Printing and publications 22 23 Other expenses (attach schedule) See Statement 2 16,104. 16,104 24 Total operating and administrative expenses. Add lines 13 through 23 16,681 16,104 Part XV Contributions, gifts, grants paid 19,000 19,000. Total expenses and disbursements. 16,104 19,000. Add lines 24 and 25 35,681 0. Subtract line 26 from line 12: a Excess of revenue over expenses 123,968 2,998. b Net investment income (if negative, enter -0-).

BAA For Paperwork Reduction Act Notice, see instructions.

C Adjusted net income (if negative, enter -0-)

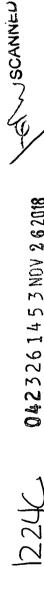
TEEA0504L 08/25/17

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156,893.





Page 2

Par	F 11	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		of year
T all	. 11		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	9			
	2	Savings and tempor	ary cash investments	60,089.	230,710.	230,710.
	3	Accounts receivable				<u> </u>
		Loss, allowance for	doubtful accounts •	827.	 	
	4	Pledges receivable				·
		Less. allowance for	doubtful accounts			
	5	Grants receivable				ļ <u> </u>
	6	Receivables due from offic disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch).]
A S		Less. allowance for	doubtful accounts			
š	8	Inventories for sale	or use			
A S E T	9	Prepaid expenses a	nd deferred charges			
Ś	10a	Investments – US. obligations (attach s	and state government chedule)			
	Ŀ	Investments — corporate	stock (attach schedule)	575,285.	228,902.	231,467.
	(: Investments — corporate	bonds (attach schedule)			
	11	Investments – land, equipment, basis	buildings, and ▶			_
		Less accumulated deprec	ration – – – – – – – – – – – – – – – – – – –			
	12	Investments - mort	gage loans			
	13	Investments - other	(attach schedule)	239,422.	55,062.	54,320.
	14	Land, buildings, and	equipment basis►			
		Less accumulated deprec (attach schedule)	iation -			
	15	Other assets (descri				
	16	see the instructions	completed by all filers — Also, see page 1, item I)	875,623.	514,674.	516,497.
Ļ	17		nd accrued expenses			_
À	18	Grants payable				1
В	19	Deferred revenue.		93.		_
Ļ	20	•	tors, trustees, & other disqualified persons			<u> </u>
Ť	21	* *	s payable (attach schedule)			-
Ţ	22	Other liabilities (des	cribe)			-
E S	23	Total liabilities (add	lines 17 through 22)	93.	0.	
		Foundations that fo and complete lines	llow SFAS 117, check here 24 through 26, and lines 30 and 31.			
NF	24	Unrestricted				
N F E U T N	25	Temporarily restricte	ed			1
Ď	26	Permanently restrict	ed	-	<u>- ·</u>	
A B S A E T A		Foundations that do and complete lines	o not follow SFAS 117, check here X 27 through 31.			
ĔĹ	27		principal, or current funds			
SNC	28		or land, bldg., and equipment fund.			4
O E	29	-	ulated income, endowment, or other funds	875,530.	514,674.	4
RS	30		fund balances (see instructions) net assets/fund balances	875,530.	514,674.	-} i
	3,	(see instructions)	net assets/fully balances	875,623.	514,674.	
Par	t III	Analysis of Chan	ges in Net Assets or Fund Balance	es		
1	Total	net assets or fund be	alances at beginning of year - Part II, colu d on prior year's return)	mn (a), line 30 (must a	gree with	075 520
2		r amount from Part I,			2	875,530. 123,968.
3		r amount from Part I, increases not included in li		3	3	1,823.
3 4		increases not included in it	ne 2 (Itemize) See Statement	·		1,001,321.
5		ases not included in line 2 ((itemize) ► See Statement	Δ	5	486,647.
-			alances at end of year (line 4 minus line 5)			514,674.
	. J.u			· =:: ::; ••:::::::: (b); !		514,074.

1 _A ai	(a) List and describe	the kind(s) of property sold (for example ouse; or common stock, 200 shares	le, real estate,	(b) How acq P — Purch D — Donai	ase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a		· · ·		O Bono			
t							
-							
- (<u> </u>						
-)						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or ((e) plus (f) mi	
							_ .
t	· · · · · · · · · · · · · · · · · · ·						
			 · ··				
						-	
		I	by the foundation on 12/31	/69		(I) Counc (Col	(h)
	(i) FMV as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any					(I) Gains (Col. in minus col (k), bi n -0-) or Losses (fr	ut not less
	······						
t)						
	•			-	—		
	Capital gain net income or (ne	L	enter in Part I, line 7 ter -0- in Part I, line 7	.	2		724.
3	Net short-term capital gain or	(loss) as defined in sections 1222(5	and (6)		ľ		
	ın Part I, line 8	e 8, column (c). See instructions. If	<u> </u>	-	3		138,515.
		r Section 4940(e) for Reduce oundations subject to the section 4940			me	N/A	
Was		this part blank. ction 4942 tax on the distributable a ify under section 4940(e). Do not co	• •	pase period	1?	Yes	No
_1	Enter the appropriate amount in	each column for each year, see the in	structions before making any	entries.		 	
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution ratio (col. (b) divided by col. (c))		
	2016		· · · · · · · · · · · · · · · · · · ·				
_	2015						
	2014						
	2013						
	2012						
_	Takat at has 1 malioned AdV				ا ؞		
	Total of line 1, column (d)			-	2		
3	Average distribution ratio for the number of years the foundation	5-year base period — divide the total on has been in existence if less than	on line 2 by 5 0, or by the 5 years		3		
4	4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5						
5 Multiply line 4 by line 3					5		-
6	Enter 1% of net investment in	come (1% of Part I, line 27b)		ļ	6		
7	Add lines 5 and 6				7		
8	Enter qualifying distributions for	rom Part XII, line 4			8		

8 b X 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

7

Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names

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

8a Enter the states to which the foundation reports or with which it is registered. See instructions.

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

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N/A

Par	t VII-A	Statements	Regardir	ig Activ	ities (co	ontinue	a)				_			
11	At any to within th	ime during the ye se meaning of sec	ar, did the ction 512(b)	foundatio (13)? If "	n, directly Yes,' attac	or indire	ectly, own lule. See in	a controlled er estructions	ntity			11	Yes	No X
12		oundation make a privileges? If 'Ye						oundation or a d	lisqualified pe	erson had		12		х
13	Did the f	foundation comply	y with the p	oublic insp	pection re	quiremer	nts for its a	innual returns	and exempt	ion applica	ation?	13	X	
		address			► N/	/A				-				
14		ks are in care of									801-7	<u>46-4</u>	<u>754</u> _	
		at ► <u>376 EA</u>							_ : ZIP + 4		<u> </u>	77/7		- -
15		4947(a)(1) nonex			-				 check here 	e	1	Ņ/Ą		
	and ente	er the amount of t	tax-exempt	ınterest ı	received o	or accrue	d during th	e year		•	15			N/A
16	At any tii bank, se	me during calendai ecurities, or other	r year 2017, financial a	did the fo ccount in	undation h a foreign	nave an in country?	nterest in or	a signature or	other authorit	ty over a		16_	Yes	No X
		instructions for e name of the foreig		and filing ►	requireme	ents for F	InCEN For	m 114 If 'Yes	,					
Par	t VII-B	Statements	Regardir	ng Activ	ities for	r Which	Form 4	720 May Be	Required					
	File For	m 4720 if any iten	n is checke	ed in the '	Yes' colu	mn, unle	ss an exce	ption applies.	,				Yes	No
1 a	During th	ne year, did the fou	ndation (eitl	her directly	y or indired	ctly)				_	_	1		
	(1) Eng.	age in the sale or	exchange,	, or leasır	ng of prop	erty with	a disqualit	fied person?		Yes	X No			1
		ow money from, lualified person?	lend money	y to, or ot	herwise e	xtend cre	edit to (or a	accept it from)	а	Yes	XNo			
	(3) Furn	nish goods, servic	es, or facili	ities to (o	r accept t	hem from	n) a disqua	lified person?		Yes	XNo			
	(4) Pay	compensation to	, or pay or	reimburse	e the expe	enses of,	a disquali	fied person?		Yes	X No			
	(5) Tranfor t	nsfer any income he benefit or use	or assets to of a disqua	o a disqua alified per	alified per son)?	son (or n	make any d	of either availa	ble	Yes	XNo			
	(6) Agre foun of ge	ee to pay money of dation agreed to movernment service	or property lake a grant e, if termina	to a gove to or to e ating with	ernment o mploy the iin 90 day:	fficial? (I official for s.)	Exception. r a period a	Check 'No' if f fter termination	the	Yes	XNo			
ь		nswer is 'Yes' to 1 ons section 53.49							ns described ee instruction	ın ns.		1 b	N,	/A
	Organiza	ations relying on	a current n	otice rega	arding disa	aster ass	istance, ch	eck here		•	- 📙			t l
c	Did the to that wer	foundation engag e not corrected b	e in a prior efore the fi	year in a	ny of the the tax y	acts des ear begir	cribed in 1 nning in 20	a, other than e 17?	excepted act	S,		1 c		X
2	Taxes or private of	n failure to distrib operating foundati	ute income ion defined	section in section	4942) (do n 4942(j)(oes not a 3) or 494	pply for ye 12(j)(5)).	ars the founda	ition was a					
а	At the e	nd of tax year 20 Part XIII) for tax	17, did the year(s) beg	foundatio Jinning be	n have ar fore 2017	ny undistr '?	ributed inc	ome (lines 6d		Yes	X No			
	If 'Yes,'	list the years ►	20	, 20	, 20	, 20								
b	Are there	e any years listed to incorrect value	I in 2a for v	which the sets) to th	foundatio	n is not :	applying th	ie provisions o e? (If applying	of section 494	42(a)(2) 2(a)(2) to				
		listed, answer 'N								(- / \ - / - -		2b	N,	/A
c	: If the pro	ovisions of section	n 4942(a)(2	2) are be	ng applied	d to any o	of the year	s listed in 2a,	list the years	s here				
	► 20	_ , 20 , 20	, 20 _	_										
3 a		foundation hold m se at any time du			t or indire	ct intere	st in any b	usiness		Yes	X No			
b	or disqui by the C (3) the la	did it have excess alified persons aff commissioner und apse of the 10-, 1	ter May 26, ler section of 5-, or 20-ye	, 1969; (2) 4943(c)(7 ear first p) the lapse)) to dispo hase hold	e of the 5 ose of ho ling perio	5-year period oldings acq od? (Use Se	od (or longer p uired by gift or	period approv r bequest, or	on ved				
	determin	ne if the foundation	n had exce	ess busine	ess noldin	igs in 201	17.)					3 b	N	/A
4 a		foundation invest le purposes?	during the	year any	amount ir	n a manr	ner that wo	uld jeopardize	ıts			4a		Х
b	jeopardiz	foundation make a te its charitable pui year beginning in	rpose that h	nent in a ad not bee	prior year en removed	(but afte d from jed	er December opardy before	er 31, 1969) th re the first day o	nat could of			4 b		X
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Form 990-PF (2017) The M. Falk Family	Foundation	440A W B B	26-0	711933	Р	age 6				
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)										
	5a During the year, did the foundation pay or incur any amount to Yes No									
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	∐ Yes [∑	∐ No						
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	Yes	No							
(3) Provide a grant to an individual for travel,	∐ No									
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions						-				
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes	₹ No						
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53.4945 or in a See instructions	f the transactions fail to current notice regarding c	qualify under the exce disaster assistance?	ptions	5 b	N	 /A				
Organizations relying on a current notice rega	irding disaster assistand	ce, check here	▶ [] [1				
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes] No						
If 'Yes,' attach the statement required by Regi		``		ł						
6 a Did the foundation, during the year, receive at on a personal benefit contract?			∐Yes ∑	X No 6 b						
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	ally, off a personal bene	iii comract:	- 60		<u> </u>				
7 a At any time during the tax year, was the found	dation a party to a prob	ibited tax shelter transa	action? Yes	X No	1 1					
b If 'Yes,' did the foundation receive any process				N/A 7b						
Part VIII Information About Officers, D				,	S,					
and Contractors	, , , , , , , , , , , , , , , , , , , ,		, , ,	. ,	•					
1 List all officers, directors, trustees, and found	dation managers and th	neir compensation. See	instructions.	•						
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation							
Michael B Falk 376 East 400 South Ste 120 Salt Lake City, UT 84111	Director 5.00	0.	0.			0.				
Date hake city, or 04111										
2 Compensation of five highest-paid employees (o	ther than those included	on line 1 – see instructio	ns). If none, enter 'NON	E.'						
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expen	se acce	ount, nces				
None										
					_					
			<u>.</u>	ļ						
Total number of other employees paid over \$50,000)			Farm 000	DE (0	0				

Com COO DE (2017) The M. Felly Engily Equadation	26-0	711022 Page 7
Form 990-PF (2017) The M. Falk Family Foundation Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)		711933 Page 7 I Employees,
3 Five highest-paid independent contractors for professional services	. See instructions. If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None		
-		
Total number of others receiving over \$50,000 for professional services		P 0
Rart IX-A: Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant organizations and other beneficiaries served, conferences convened, research papers produced,	statistical information such as the number of etc.	Expenses
1 N/A		
		· -
2		
		· -
3		
4		
Part IX:Ba Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments (see		Amount
1 <u>N/A</u>	and the ten year on most and a	
201		· -
2		
All other program related investments. See instructions		

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Total. Add lines 1 through 3

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rai	see instructions.)	reign	ioundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
	Average monthly fair market value of securities	1 a	446,592.
	Average of monthly cash balances	1 b	105,704.
	Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	552,296.
•	Reduction claimed for blockage or other factors reported on lines 1a and	[
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	552,296.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	8,284.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	544,012.
6	Minimum investment return. Enter 5% of line 5	6	27,201.
Pai	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera	ting f	oundations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	27,201.
2 8	Tax on investment income for 2017 from Part VI, line 5		
ı	Income tax for 2017. (This does not include the tax from Part VI.).		
•	Add lines 2a and 2b	2 c	60.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,141.
4	Recoveries of amounts treated as qualifying distributions	4	· · · · · · · · · · · · · · · · · · ·
5	Add lines 3 and 4	5	27,141.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	27,141.
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		10.000
	• • • • • • • • • • • • • • • • • • • •	1 a	19,000.
	Program-related investments — total from Part IX-B	1ь	
	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. Suitability test (prior IRS approval required)	3 a	
ı	Cash distribution test (attach the required schedule).	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	19,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	19,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fou	ndation	
	The amount of the coston 4940(a) reduction of tay in these years	idatio	•

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
Distributable amount for 2017 from Part XI, line 7	,			27,141.
2 Undistributed income, if any, as of the end of 2017.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			27,131.
a Enter amount for 2016 only	ad the text by the c		0.	
b Total for prior years. 20, 20, 20	I	0.		
3 Excess distributions carryover, if any, to 2017	ı	,	1.4 (1.4)	
a From 2012 b From 2013	,		,	, r r
			- , t -	*** * * * * * * * * * * * * * * * * *
c From 2014 1, U56. d From 2015 3, 510.	-			
e From 2016 . 7,291.	, 1, 1		,	, · · · , · · ·
f Total of lines 3a through e.	11,857.			
4 Qualifying distributions for 2017 from Part				
XII, line 4 ► \$ 19,000.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.		•	
d Applied to 2017 distributable amount				19,000.
e Remaining amount distributed out of corpus	0.		,	
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the	8,141.			8,141.
same amount must be shown in column (a))				
_				
6 Enter the net total of each column as indicated below:		,	1 1	
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	3,716.		,	
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount — see instructions.		0	l	
		0.		
e Undistributed income for 2016. Subtract line 4a from line 2a Taxable amount — see instructions			0.	
			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2018				0.
7 Amounts treated as distributions out of				d
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election		:		
may be required - see instructions).	0.			
8 Excess distributions carryover from 2012 not	ا ب	= u \ •	' ' '	
applied on line 5 or line 7 (see instructions)	0.			
Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	3,716.			
10 Analysis of line 9.				
a Excess from 2013	1			' * '
b Excess from 2014		,		
C Excess from 2015				
d Excess from 2016. 3,716.				ļ
e Excess from 2017				Form 990 PF (2017)

Form	`990-PF			ly Foundation			26-071193	3 Page 10
	XIV			<u> </u>		t VII-A, question		N/A
	is effect	ive for 2017, enter	the date of the	ruling		ting foundation, and th	_	
					rating foundation (described in section	4942(J)(3) or	4942(1)(5)
Za	Enter th	e lesser of the adju from Part I or the r	ustea net Minimum	Tax year	45 201 <i>6</i>	Prior 3 years	(d) 2014	(e) Total
		ent return from Pai ar listed	rt X for	(a) 2017	(b) 2016	(c) 2015	(a) 2014	
	85% of					 		
		ng distributions froi or each year listed	m Part XII,					
	for active	ncluded in line 2c not us conduct of exempt activi	zeit.					
	for activ	ng distributions ma re conduct of exem t line 2d from line 2	pt activities.					
	alternat	te 3a, b, or c for the ive test relied upon	l					
		alternative test —	enter					
	• •	ue of all assets	una undor		/	1		
	sec	ue of assets qualify tion 4942(j)(3)(B)(i) int' alternative test — en						
-	minimum	investment return showi each year listed						
		t' alternative test –						
	dividence on s	al support other that estment income (int dends, rents, paym securities loans (se	terest, ents ction					
		(a)(5)), or royalties	•			-		
	more	ort from general public a exempt organizations a ction 4942(j)(3)(B)(iii)	and 5 or s provided					
	an e	gest amount of sup exempt organization	n					, , , , , ,
	· ·	ss investment incor					45.000	
Part	XV	Supplementary	Information	(Complete this ie year – see in	part only if the	foundation had	\$5,000 or more	e in
1		tion Regarding Fo		<u> </u>	311 40110113.)			
а	List anv	managers of the fou	ndation who have	e contributed more th	an 2% of the total of	contributions received	by the foundation bef	ore the
	None	any tax year (but o	only if they have	e contributed more	than \$5,000). (See	e section 507(d)(2).)		
ь	List any	managers of the fou	ndation who own	10% or more of the	stock of a corporati	on (or an equally large	portion of the owner	rship of
	a partne None	ership or other entit	ty) of which the	foundation has a 1	0% or greater inter	rest.		
								
	Check h	ere 🏲 🛛 If the fol	undation only ma		preselected charitat	ole organizations and organizations under o		
	2a, b, c	, and d. See instruc	ctions.	s giits, grants, etc.	to individuals or o	rganizations under o	uner conditions, con	inplete items
а	The nam	ne, address, and tele	phone number o	r email address of the	e person to whom a	pplications should be	addressed [.]	
b	The forr	n in which applicat	ions should be	submitted and infor	mation and materi	als they should inclu	de	
C	Any sub	mission deadlines						
d	Any res	trictions or limitatio	ns on awards,	such as by geograp	hical areas, charita	able fields, kinds of i	nstitutions, or other	factors.
BAA				TEI	EA0310L 09/14/17		F	orm 990-PF (2017)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor oundation Recipient Purpose of grant or contribution status of **Amount** recipient Name and address (home or business) a Paid during the year See Statement 5 3 a 19,000. Total b Approved for future payment

Total

► 3b

	I-A Analysis of income-producing		l h	Custoded by		_
-	s amounts unless otherwise indicated. ram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
a						
ъ́		+				
~	· · · · · · · · · · · · · · · · · · ·	 				
ď		 		 		
e						_
,—-		 		 		
o Fees	and contracts from government agencies	 		 		
-	bership dues and assessments					
	st on savings and temporary cash investments			1 1 1	276	
	lends and interest from securities			14	276.	
	rental income or (loss) from real estate.	 		14	18,022.	= -
	-financed property			 		- "
	debt-financed property			 		— — — — — — — — — — — — — — — — —
	intal income or (loss) from personal property			 		
	r investment income					
						140 600
	or (loss) from sales of assets other than inventory ncome or (loss) from special events	-		14	724.	140,627.
				 		
	s profit or (loss) from sales of inventory			 		
	r revenue					
a						
b		 				
Ğ				+ +		
d		.		1		
12 C	42.43			 		
	otal. Add columns (b), (d), and (e)	LL			19,022.	140,627.
	I. Add line 12, columns (b), (d), and (e)				13	159,649.
	sheet in line 13 instructions to verify calculation		1			
	-B Relationship of Activities to the	•		•		
Line No. ▼	Explain below how each activity for which in accomplishment of the foundation's exempt	ncome is repor purposes (oth	ted in column (e) of her than by providing	Part XVI-A co funds for suc	ontributed importantl th purposes). (See in	y to the istructions.)
N/A						
						i
				•		
						
						
				· ·		
						
	<u> </u>					
	J ., .					

No

Yes

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of

(I) C	ash						1 a (1)		_X_
(2) C	Other assets						1 a (2)		Х
b Other	r transactions:								
(1) S	Sales of assets to a nor	ncharitable exempt	organization				1 b (1)		X
(2) P	Purchases of assets fro	m a noncharitable ε	exempt organization				1 b (2)		X
(3) R	Rental of facilities, equi	pment, or other ass	ets				1 b (3)		X
(4) R	Reimbursement arrange	ements					1 b (4)		<u>x</u>
(5) L	oans or loan guarantee	es.					1 b (5)	İ	X
	•		fundraising solicitations				1 b (6)		X
		•	ther assets, or paid emplo	ovees			1 c		X
d If the the go any tr	answer to any of the a cods, other assets, or se ransaction or sharing a	arrangement, show i	plete the following schedu eporting foundation. If the fo in column (d) the value of charitable exempt organization	the goods, oth	ner assets, or	s show the fair in market value in services receives, transactions, and	ed		
	(b) Amount involved	(C) Name or none	maritable exempt organization	(a) vesc	ripuon or uansien	s, transactions, and	Sharing arrang	gement	
N/A									
		ļ	 						
_									
	_								
		<u> </u>							
				1					
	,	 			· · · · · · · · · · · · · · · · · · ·				
				1					
	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
descri	foundation directly or in- ibed in section 501(c) of s,' complete the following	of the Code (other t	, or related to, one or more han section 501(c)(3)) or	in section 527	anizations ?		Yes	X	No
	(a) Name of organizati		(b) Type of organization	n I	(c) D	escription of rela	ationship		
N/A	(a) Hame or organizati	-	(b) Type of organization	-	(6) 5.	company or rea	attoristing		
N/A									
. <u> </u>									
									
Corre	er penalties of perjury, I declar ect, and complete. Declaration	e that I have examined the of preparer (other than ta	is return, including accompanying xpayer) is based on all information	schedules and state 1 of which preparer	ments, and to the has any knowledge	best of my knowledg	e and belief, it	ıs true,	
Sign	11 11	•					May the IR		
Here 🕨	10 14		111-6-14	Trus	atoo		this return preparer s	hown be	e elow?
Sto	gnature of officer or trustee		Date	Title	stee		_ Seè instrui		¬ l
	Print/Type preparer's nar	me	Preparer's signature	Date		<u> </u>	PTIN	es	No
			1 '	<u> </u>	•	Checkif			
Paid	Daniel G Smi		Daniel G Smith	CPA _	 -	self-employed	P00559	149	
Preparer	_		th, CPA		Fire	n's EIN > 87-0	<u>560006</u>		
Jse Only		930 W 10400							
	T	remonton, UT	84337		Pho	ne no 435	279-608	5 *	
BAA							Form 990	-PF (2	2017)
								•	•

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

2017

Name of the organization		Employer identification number
The M. Falk Family For	undation	26-0711933
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organizatio	n
	4947(a)(1) nonexempt charitable trust not	treated as a private foundation
	527 political organization	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust trea	ited as a private foundation
	=	ned as a private roundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by	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		
	990, 990-EZ, or 990-PF that received, during the year, conf	tributions totaling \$5,000 or more (in money or
property) from any one contribu	utor. Complete Parts I and II. See instructions for determinit	ng a contributor's total contributions.
Special Rules		
For an organization described in	in section 501(c)(3) filing Form 990 or 990-EZ that met the 3	33-1/3% support test of the regulations
received from any one contribu	(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Pator, during the year, total contributions of the greater of (1) (ii) Form 990-EZ, line 1. Complete Parts I and II.	\$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 i	ın section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tl	hat received from any one contributor.
during the year, total contribution	in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ the sof more than \$1,000 <i>exclusively</i> for religious, charitable of cruelty to children or animals. Complete Parts I, II, and	, scientific, literary, or educational
purposes, or for the prevention	of cruenty to children or animals. Complete Parts 1, 11, and	111.
For an arganization described	in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ tl	hat recoved from any one contributor
	exclusively for religious, charitable, etc., purposes, but no su	
\$1,000. If this box is checked,	enter here the total contributions that were received during	the year for an <i>exclusively</i> religious,
	t complete any of the parts unless the General Rule applies	
it received nonexclusively religi	ious, charitable, etc., contributions totaling \$5,000 or more c	during the year
Caution. An organization that isn't	covered by the General Rule and/or the Special Rules does	n't file Schedule B (Form 990, 990-EZ, or
990-PF), but it must answer 'No' or	on Part IV, line 2, of its Form 990, or check the box on line Fin't meet the filing requirements of Schedule B (Form 990, 9	I of its Form 990-EZ or on its Form 990-PF.
		<u> </u>
BAA For Paperwork Reduction Act Notice	e, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	B (Form 990, 990-EZ, or 990-PF) (2017)	Page	1 of 1 of Part
Name of org	anization . Falk Family Foundation	1	r identification number 711933
			711933
	Contributors (see instructions) Use duplicate copies of Part I if additional space		
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Michael Falk		Person X Payroll
	383 Primrose Court	\$32,061.	Noncash
	Farmington, UT 84025		(Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II for noncash contributions.)
BΔΔ	TEF 407/021 08/09/17	Schedule R (Form 99	0. 990-F7. or 990-PF) (2017)

Page

1 to

1 of Part II

The M. Falk Family Foundation

26-0711933

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A		 s	
(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	FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given ,	FMV (cr) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	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
		 s	

01 ⁷ 7	. Fe	deral Stat	ements			Page	
	The M. Falk Family Foundation					26-071193	
Statement 1 Form 990-PF, Part I, Line 18 Taxes							
		(a) Expenses per Books		ment Adjust		(d) haritable Purposes	
FOREIGN TAXES PAID	Total	\$ 57	7.	0. \$	0. \$	0.	
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses							
		(a) Expenses <u>per Book</u>	Invest	Net (c ment Adjust	ed ((d) Charitable Purposes	
Brinker Account Fees FCV Management Fee Raymond James Account Fees	Total	\$ 1,22° 10,92° 3,94° \$ 16,10°	9. 10 33	,227. ,929. ,948. ,104.	<u>0.</u> \$	0.	
Statement 3 Form 990-PF, Part III, Line 3 Other Increases	-						
Net Unrealized Gains on Inve	estment	s		Tot	al <u>\$</u>	1,823. 1,823.	
Statement 4 Form 990-PF, Part III, Line 5 Other Decreases				· · · · · · · · · · · · · · · · · · ·			
Split assets into two charit Timing Differences	able f	oundations		Tota	\$ al <u>\$</u>	442,112. 44,535. 486,647.	
Statement 5 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year		•					
Name and Address		Donee ationship	Found- ation Status	Purpose o Grant	of	Amount	
LOGAN SCHOOLS FOUNDATION 10 WEST CENTER LOGAN UT 84321	CHARI'		<u> Deacus</u>	LOGAN HIGH BASKETBALL	\$		

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2017	Federal Stat	ements			Page 2	
	The M. Falk Family Foundation				26-0711933	
Statement 5 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year						
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant		Amount	
CALVARY COMMUNITY CHURCH 5495 VIA ROCAS WESTLAKE VILLAGE CA 91362	CHARITY		CHARITY	\$	1,000.	
TEAM MASON FOUNDATION 748 HERITAGE PRK BLVD STE 204 LAYTON UT 84041	CHARITY		CHARITY		2,000.	
Bear Lake Watch Inc. PO Box 205 St. Charles ID 83272	CHARITY		CHARITY		1,000.	
SIOR FOUNDATION 12001 NEW YORK AVE NW, SUITE 350 WASHINGTON DC 20005	CHARITY		CHARITY		10,000.	
Utah Food Bank 3150 S 900 W South Salt Lake UT 84119	CHARITY		Charity		2,500.	
			Tota	al <u>\$</u>	19,000.	

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