

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1 Cash—non-interest-bearing		46,565	54,048		
	2 Savings and temporary cash investments		67,290	172,113		
	3 Accounts receivable ▶ <u>8,569</u>					
	Less allowance for doubtful accounts ▶ _____		8,855	8,569		
	4 Pledges receivable ▶ _____					
	Less allowance for doubtful accounts ▶ _____					
	5 Grants receivable					
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7 Other notes and loans receivable (attach schedule) ▶ _____					
	Less allowance for doubtful accounts ▶ _____					
	8 Inventories for sale or use					
	9 Prepaid expenses and deferred charges			986		
	10a Investments—U S and state government obligations (attach schedule)					
	b Investments—corporate stock (attach schedule)	4,457,385	4,480,728			
	c Investments—corporate bonds (attach schedule)					
	11 Investments—land, buildings, and equipment basis ▶ _____					
Less accumulated depreciation (attach schedule) ▶ _____						
12 Investments—mortgage loans	2,538	670				
13 Investments—other (attach schedule)						
14 Land, buildings, and equipment basis ▶ _____						
Less accumulated depreciation (attach schedule) ▶ _____						
15 Other assets (describe ▶ _____)						
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	4,582,633	4,717,114		0		
Liabilities	17 Accounts payable and accrued expenses	5,700	16,024			
	18 Grants payable					
	19 Deferred revenue					
	20 Loans from officers, directors, trustees, and other disqualified persons					
	21 Mortgages and other notes payable (attach schedule)					
	22 Other liabilities (describe ▶ _____)	1,531	1			
	23 Total liabilities (add lines 17 through 22)	7,231	16,025			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24 Unrestricted	4,508,475	4,613,474			
	25 Temporarily restricted	66,927	87,615			
	26 Permanently restricted					
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.					
	27 Capital stock, trust principal, or current funds					
	28 Paid-in or capital surplus, or land, bldg, and equipment fund					
	29 Retained earnings, accumulated income, endowment, or other funds					
	30 Total net assets or fund balances (see instructions)	4,575,402	4,701,089			
31 Total liabilities and net assets/fund balances (see instructions) .	4,582,633	4,717,114				

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	4,575,402
2 Enter amount from Part I, line 27a	2	-98,289
3 Other increases not included in line 2 (itemize) ▶ _____	3	223,976
4 Add lines 1, 2, and 3	4	4,701,089
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	4,701,089

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a 5000 John Hancock Invs Tr Sh Ben	P	2003-08-15	2017-05-16
b 3000 John Hancock Invs Tr Sh Ben	P	2001-06-15	2017-05-05
c 100000 GNMA Pool 474208	P	2001-01-01	2017-10-05
d K-1 distrib in excess of basis	P	2005-01-01	2017-12-31
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 87,090		108,586	-21,496
b 52,549		55,182	-2,633
c 1,661		2,665	-1,004
d 8,380			8,380
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(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	
a			-21,496
b			-2,633
c			-1,004
d			8,380
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	-16,753
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐

Yes

☒

No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions 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 assets	(d) Distribution ratio (col (b) divided by col (c))
2016	228,386	4,320,206	0 05287
2015	227,066	4,573,851	0 04964
2014	240,234	4,677,077	0 05136
2013	224,086	4,518,603	0 04959
2012	261,659	4,092,320	0 06394

2 Total of line 1, column (d)	2	0 267404
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 053481
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5	4	4,623,632
5 Multiply line 4 by line 3	5	247,276
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	1,575
7 Add lines 5 and 6	7	248,851
8 Enter qualifying distributions from Part XII, line 4	8	230,825

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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 here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	3,149
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.	3	3,149
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	3,149
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	3,240
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	3,240
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	91
11	Enter the amount of line 10 to be Credited to 2018 estimated tax <input type="checkbox"/> 91 Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	No
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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? <i>If "No," attach explanation</i> .	8b	Yes
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 taxable year beginning in 2017 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► http://www.utahmed.org/WCM/Health_Promotion	13	Yes	
14	The books are in care of ► <u>Claudia Rosenlund</u> Telephone no ► <u>(801) 747-3500</u>			

Located at ► 310 E 4500 SOUTH SUITE 500 SALT LAKE CITY UT ZIP+4 ► 841074250

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1b	No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017?		1c	No
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))			
a	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ► 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).		2b	No
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "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	No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	No
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	No

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			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	<input type="checkbox"/>	5b	No
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	No

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000.

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.

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 PROVIDED GRANTS TO 32 ORGANIZATIONS TO PROVIDE DIRECT, ONGOING HEALTHCARE SERVICES TO INDIVIDUALS. THESE INCLUDE OPERATIONAL GRANTS FOR LOW INCOME CLINICS, SUPPORT SERVICES FOR YOUTHS IN ABUSIVE SITUATIONS, GRIEF SUPPORT AND COUNSELING, AND EQUIPMENT FOR INDIVIDUALS IN REHABILITATION, AMONG OTHER THINGS.	197,000
2 INFORMATION-RELATED. PROVIDED AN \$8,000 GRANT TO A LOCAL PBS STATION TO FUND HEALTH-RELATED COMMUNITY OUTREACH PROGRAMMING. PROVIDED A \$2,000 GRANT TO A TECHNICAL COLLEGE TO PURCHASE A MANNEQUIN FOR THEIR RN PROGRAM. PROVIDED A \$4,000 GRANT FOR IMPLEMENTATION OF AN ELECTRONIC MEDICAL RECORDS SYSTEM. PROVIDED A \$3,000 GRANT TO EDUCATE PARENTS ABOUT CHILD ABUSE. PROVIDED ANOTHER \$5,000 GRANT TO FUND AN ANTI-BULLYING EDUCATION PROGRAM, AND A \$1,250 GRANT TO FUND A SURGICAL-MEDICAL CONFERENCE PRESENTATION.	23,250
3 SCHOLARSHIPS. PROVIDED A GRANT TO A COLLEGE TO HELP FUND SCHOLARSHIPS TO STUDENTS IN HEALTHCARE FIELDS.	5,000
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3.

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	4,466,131
b	Average of monthly cash balances.	1b	227,912
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,694,043
e	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	
3	Subtract line 2 from line 1d.	3	4,694,043
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	70,411
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	4,623,632
6	Minimum investment return. Enter 5% of line 5.	6	231,182

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	231,182
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	3,149
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,149
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	228,033
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	228,033
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	228,033

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	230,825
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		
a	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	230,825
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	230,825

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				228,033
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017				
a From 2012.	10,093			
b From 2013.	2,850			
c From 2014.	13,732			
d From 2015.	2,301			
e From 2016.	18,854			
f Total of lines 3a through e.	47,830			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ 230,825				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2017 distributable amount.				228,033
e Remaining amount distributed out of corpus	2,792			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	50,622			
b Prior years' undistributed income Subtract line 4b from line 2b				
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.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions				
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 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 2012 not applied on line 5 or line 7 (see instructions).	10,093			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	40,529			
10 Analysis of line 9				
a Excess from 2013.	2,850			
b Excess from 2014.	13,732			
c Excess from 2015.	2,301			
d Excess from 2016.	18,854			
e Excess from 2017.	2,792			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . .					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest	
2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:	
Check here <input type="checkbox"/> if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d	
a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed Michelle McOmber 310 E 4500 South Suite 500 Salt Lake City, UT 84107 (801) 747-3500 michelle@utahmed.org	
b The form in which applications should be submitted and information and materials they should include Application, IRS exemption letter, tax return, project budget	
c Any submission deadlines April 15, October 15	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors Must be to improve and support public health projects, facilities, education, etc	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	225,250
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a <u>Cont Medical Ed Income</u>					61,260
b <u>Opioid Guidlines Grant</u>					30,676
c <u>Physician Leadership Gran</u>					67,500
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	182,352	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	1,137	
8 Gain or (loss) from sales of assets other than inventory					-16,753
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). . .				181,215	142,683
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		323,898

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 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?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)	Yes	
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c	Yes	
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received				

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☒ Yes ☐ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
Utah Medical Association	501(c)(6)	Sponsoring organization. Members of UMA sometimes make contributions to the Foundation. Foundation shares facilities and equipment with the UMA and pays an administrative fee in return.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2018-05-14	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.)? ☒ **Yes** ☐ **No**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00514776
	JERRY SELBO				
	Firm's name ► SMITH POWELL & COMPANY LLC CPAS				Firm's EIN ► 84-1411876
	Firm's address ► 68 SO MAIN 3RD FLOOR SALT LAKE CITY, UT 84101				Phone no (801) 359-2056

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Brian Zehnder MD	Director 0 00	0		
6108 Oak Canyon Dr Salt Lake City, UT 84121				
Michelle McOmber MBA	Sec/Treas 0 00	0		
310 E 4500 South Ste 500 Salt Lake City, UT 84107				
David F Cole MD	Director 0 00	0		
3460 S 4155 West Salt Lake City, UT 84120				
Heather D Sojourner	Director 0 00	0		
1868 W 9800 South 100 So Jordan, UT 84095				
F James Cowan	Director 0 00	0		
103 Centerville Commons Way Centerville, UT 84014				
Brian C Hales MD	Chairman 0 00	0		
1600 W Antelope Dr Layton, UT 84041				
Steven K Miller MD	Director 0 00	0		
22 S 900 East Salt Lake City, UT 84102				
Stephanie M Singer DO	Director 0 00	0		
1441 W Ute Blvd 160 Park City, UT 84098				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
Alliance House Inc1724 S Main St Salt Lake City, UT 84115			To fund services for low-income individuals	2,500
Maliheh Free Clinic415 E 3900 South Salt Lake City, UT 84107			To fund routine medical services for low-income and uninsured	15,000
South Valley SanctuaryPO Box 1028 West Jordan, UT 84084			New Kids club and Mom's empowerment program	7,500
Utah Partners for Health 8446 S Harrison St Salt Lake City, UT 84047			To fund primary healthcare services for low-income uninsured individuals	7,000
Junior League of Salt Lake City 526 E 300 South Salt Lake City, UT 84102			To fund a two-day free health clinic for uninsured and underinsured families	7,000
Total ▶ 3a				225,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KUED TV101 Wasatch Dr Room 215 Salt Lake City, UT 84112			To fund "Health Matters", an ongoing program on public TV, and to fund an upcoming documentary production	8,000
Ogden-Weber Applied Tech College 200 N Washington Blvd Ogden, UT 84404			To fund scholarships for students in healthcare fields	5,000
The Road Home210 S Rio Grande St Salt Lake City, UT 84101			To fund medical beds program for ill homeless persons	4,000
Prevent Child Abuse Utah 2955 Harrison Blvd Suite 104 Ogden, UT 84403			To fund parent and teacher child abuse prevention	3,000
The Haven974 E South Temple Salt Lake City, UT 84102			To fund copay and primary healthcare for individuals in addiction recovery	2,500
Total ▶ 3a				225,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
The Sharing Place1695 E 3300 South Salt Lake City, UT 84106			To fund grief support services for children	5,000
Moab Free Health Clinic 350 South 400 East Moab, UT 84532			To fund the CARE coordination program	10,000
Intermountain Therapy Animals 4050 S 2700 East Salt Lake City, UT 84124			To fund ITA animal assisted therapy volunteer training	1,500
Ogden Surgical Medical Society 5093 Skyline Dr Ogden, UT 84403			To fund the residents' presentation at 2017 OSMS Conference held at Weber State University	1,250
Peoples Health Clinic 650 Round Valley Dr Park City, UT 84068			To fund primary healthcare and treatment of chronic illness	13,000
Total ► 3a				225,250


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Rape Recovery Center2035 S 1300 East Salt Lake City, UT 84105			To fund support healing services for victims of sexual violence	7,000
West Ridge Academy 5500 W Bagley Park Rd West Jordan, UT 84081			To fund the purchase of testing instrument for clinical assessment & treatment planning	3,500
Community Health Connect 591 S State St Provo, UT 84606			Specialized case management services for uninsured	15,000
Utah Anti-Bullying Coalition 35 E 9270 South Salt Lake City, UT 84070			To fund Stand4Kind program curriculum and training	5,000
The Children's Center350 S 400 East Salt Lake City, UT 84111			To help fund playground equipment for a preschool	5,000
Total ▶ 3a				225,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment


Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
The INN Between5554 S Walden Glen Dr Murray, UT 84123			To help fund Utah's first hospice house for the homeless	3,000
The Utah AIDS Foundation 1408 S 100 East Salt Lake City, UT 84105			To fund free Chlamydia and Syphilis testing	4,000
Davis Applied Technology College 550 E 300 S Kaysville, UT 84037			To purchase a mannequin for the RN program	2,000
Doctor's Volunteer Clinic 1036 E Riverside Dr St George, UT 84790			To fund doctors' chronic disease clinic	15,000
Wasatch Forensic Nurses 1565 E 33000 South Salt Lake City, UT 84106			To help fund purchase and implementation of electronic medical records to share forensic records with justice system	4,000
Total 3a				225,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Arthritis Foundation 90 W Albion Village Way Sandy, UT 84070			To fund FY 2017 annual evening of honors dinner	10,000
Planned Parenthood654 S 900 E Salt Lake City, UT 84102			To fund special clinic program to detect and treat cervical cancer	5,000
Polizzi Clinic515 E 4500 S Ste G220 Salt Lake City, UT 84107			To fund no-cost mental health services	10,000
Senior Charity Care Foundation PO Box 744 Kaysville, UT 84037			To fund mobile dental clinic for seniors	2,500
Envision Utah2459 W 300 North Provo, UT 84601			Pilot projects to educate caregivers	2,000
Total 				225,250
3a				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Friends of the Coalition 1275 W 2320 South West Valley, UT 84120			To fund homeless services, including counseling, case management, access to health services, etc	3,000
Fit to Recover789 W 1390 South Salt Lake City, UT 84104			To fund 6-week nutrition education program	10,000
Moab Valley Multicultural Ctr 156 N 100 West Moab, UT 84532			To fund staff training and licensing for providing medical services	4,000
Community Nursing Services 2830 S Redwood Rd Ste A West Valley City, UT 84119			To fund children's immunization program	5,000
Volunteers of America435 W Bearcat Dr Salt Lake City, UT 84115			To fund prescription drug assistance program	3,000
Total ▶ 3a				225,250

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Ability Foundation 2324 S Constitution Blvd West Valley City, UT 84119			To fund professional service program	7,500
Rocky Mtn Care Foundation 855 E 4800 S Ste 100 Salt Lake City, UT 84107			Charitable Care initiative program	3,000
Salt Lake Mission 1151 S Redwood Rd Ste 106 Salt Lake City, UT 84110			To fund "Season of Hope", a series of events that help local families with basic needs over the holidays	2,500
Utah Infertility Resource Center 1565 E 3300 South Salt Lake City, UT 84106			Direct support programs	2,000
Total 				225,250
3a				

TY 2017 Accounting Fees Schedule**Name:** UTAH MEDICAL ASSOCIATION FOUNDATION**EIN:** 87-6122299**Software ID:** 17005038**Software Version:** 2017v2.2**Accounting Fees Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting fees	5,060	0	5,060	0

TY 2017 Other Expenses Schedule**Name:** UTAH MEDICAL ASSOCIATION FOUNDATION**EIN:** 87-6122299**Software ID:** 17005038**Software Version:** 2017v2.2**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Bank Charges & Credit Card Fees	1,012		1,012	
Board & misc business expenses	957		957	
Charitable Permit	75			75
CME Expenses	34,872		34,872	
Expenditures for grant	106,948		106,948	

TY 2017 Other Income Schedule

Name: UTAH MEDICAL ASSOCIATION FOUNDATION

EIN: 87-6122299

Software ID: 17005038

Software Version: 2017v2.2

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Cont Medical Ed Income	61,260		
Opioid Guidlines Grant	30,676		
Other Investment Income	-1,137	-1,137	-1,137
Physician Leadership Gran	67,500		

TY 2017 Other Professional Fees Schedule**Name:** UTAH MEDICAL ASSOCIATION FOUNDATION**EIN:** 87-6122299**Software ID:** 17005038**Software Version:** 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accreditation Fees	500	0	0	500
Admin Fee to Utah Medical Assn	22,000	0	17,000	5,000
Investment Management Fees	23,764	23,764	23,764	0

TY 2017 Taxes Schedule**Name:** UTAH MEDICAL ASSOCIATION FOUNDATION**EIN:** 87-6122299**Software ID:** 17005038**Software Version:** 2017v2.2

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Tax on net investment income	3,149		3,149	