Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

u Do not enter social security numbers on this form as it may be made public.

u Information about Form 990 and its instructions is at

OMB No. 1545-0047 2016 Open to Public Inspection

A For the 2016 Check if applicable:	calendar year, or tax year beginning , and ending C Name of organization	-	D Employer	Identification number
Address change	THE GRAND CANYON TRUST, INC.	710 314		
-	Doing business as		86-05	12633
Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	
Initial return	2601 N. FORT VALLEY RD		928-1	74-7488
Final return/ terminated	City or town, state or province, country, and ZiP or foreign postal code	14 (0 765 022
Amended return	FLAGSTAFF AZ 86001		G Gross rect	sipts\$ 9,765,033
Application pending	F Name and address of principal officer:	H(a) Is this a gr	oup return for s	subordinates Yes X N
Typhicanoi bailois		H(b) Are all sul	vortinates inch	vtert? Yes N
	2601 N. FORT VALLEY RD FLAGSTAFF AZ 86001	100		(see instructions)
	198	- 3		
Tax-exempt statu	s: X 501(c)(3) 501(c) () t (Insert no.) 4947(a)(1) or 527 WWW . GRANDCANYONTRUST . ORG	H/al Carre and		w11
		Year of formation: 1	· · ·	M State of legal domicie: A
	on: X Corporation Trust Association Other U	rear or formason. 2	903	M State of logal dufficies. 22.
	describe the organization's mission or most significant activities:			
	MISSION OF THE GRAND CANYON TRUST IS TO PROTECT	AND PESTO	DE THE	
THE	MISSION OF THE GRAND CANION TRUST IS TO PROTECT	C DIVERS	CT ESM	8 TD
	ORADO PLATEAU, ITS SPECTACULAR LANDSCAPES, FLOWIN			AIR/
DIV	ERSITY OF PLANTS AND ANIMALS, AND AREAS OF BEAUTY			
	this box u if the organization discontinued its operations or disposed of more tha	in 25% of its nei		0.2
				23
	r of independent voting members of the governing body (Part VI, line 1b)			23
5 Total n	umber of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	54
6 Total n	umber of volunteers (estimate if necessary)			300
7a Total u	nrelated business revenue from Part VIII, column (C), line 12		. 7a	
b Net unr	related business taxable income from Form 990-T, line 34		7b	
	•	Prior Ye		Current Year
8 Contrib	utions and grants (Part VIII, line 1h)	5,369	1, 9TR	5,412,281
9 Program	m service revenue (Part VIII, line 2g)	- 0	700	40.000
	nent income (Part VIII, column (A), lines 3, 4, and 7d)		2,782	-48,020
11 Other n	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,951	40,159
	evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,398		5,404,420
13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)	9:	5,106	54,011
	s paid to or for members (Part IX, column (A), line 4)			0 855 847
g 15 Salaries	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,355	622	2,755,718
16a Profess	sional fundraising fees (Part IX, column (A), line 11e) undraising expenses (Part IX, column (D), line 25) u 429,691			
15 Salaries 16a Profess b Total ft	Indraising expenses (Part IX, column (D), line 25) u 429, 691	TELEFICIAL PROPERTY.	TWEET S	
17 Other e	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,434	1,507,804
18 Total e	xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,162	4,317,533
	ue less expenses. Subtract line 18 from line 12		0,625	1,086,887
		Beginning of Cu		End of Year
i rivid	ssets (Part X, line 16)	17,292		18,641,619
	abilities (Part X, line 26)		7,392	175,169
22 Net as:	sets or fund balances. Subtract line 21 from line 20	17,07	5,234	18,466,450
	Signature Block	max		N 11-
Under penalties	of perjury, I declare that I have examined this return, including accompanying schedules and	statements, and to	the best o	f my knowledge and belief
true, correct, and	d complete. Declaration of preparer (other than officer) is based on all information of which pr	eparer has any ki	nowledge.	
	quille Callier			8-7-17
ign /	Signature of officer		Date	
lere	EVELYN SAWYERS FINAL	NCE DIRE	CTOR	
	Type or print name and title		10.7	
Print/T	ype preparer's name Preparer's signature	Date	Check	H PTIN
aid LORI	B. BAUER, CPA LORI B. BAUER, CPA	08/07	/17 self-em	ployed P01260252
reparer Firm's	THE PROPERTY CHOILE		Firm's EIN }	20-8019714
se Only	10303 E DRY CREEK RD STE 400			real year
1	address } ENGLEWOOD, CO 80112		Phone no.	303-771-012
	cuss this return with the preparer shown above? (see instructions)			X Yes N
	advetter. Act Nation one the generate instructions			Form 990 (20

New Hill Ote Assessment of Dunamous Complete Assessment Hebrenester	Page 2
Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
Briefly describe the organization's mission: THE MISSION OF THE GRAND CANYON TRUST IS TO PROTECT AND RES' COLORADO PLATEAU, ITS SPECTACULAR LANDSCAPES, FLOWING RIVERS DIVERSITY OF PLANTS AND ANIMALS, AND AREAS OF BEAUTY AND SO	TORE THE
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measu expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
A (Code:) (Expenses \$ 1,326,384 including grants of \$ 47,511) (Revenue \$ LAND OUR NORTH RIM RANCHES PROGRAM FOCUSES ON PROTECTING THE ECO CULTURAL AND SCENIC VALUES OF A VAST LANDSCAPE STRETCHING NO GRAND CANYON'S NORTH RIM. WE ACCOMPLISH THIS THROUGH DEVELO IMPLEMENTING SCIENCE-BASED LAND MANAGEMENT PRACTICES FOR ACCOMPLEMENTION AND RESTORATION OBJECTIVES. WITH OUR PARTNERS, COMPLETED SEVERAL HABITAT RESTORATION PROJECTS, AND CONTINU EXPERIMENTS TO CONTROL THE SPREAD OF INVASIVE CHEAT GRASS AS BETTER HOW IMPORTANT NATIVE TREES MAY BE RESILIENT TO LONG- CHANGE IMPACTS.	LOGICAL, ORTH FROM THE PING AND HIEVING IN 2016, WE ED MULTI-YEAR ND TO UNDERSTA
b (Code:) (Expenses \$ 878,110 including grants of \$ 6,500) (Revenue \$ NATIVE AMERICA GCT'S NATIVE AMERICAN PROGRAM FOCUSES ON GIVING NATIVE PEOPL ROLE IN THE PROTECTION OF THE COLORADO PLATEAU. WE DO THIS DIALOGUE AMONG THE ELEVEN NATIVE AMERICAN TRIBES THAT HAVE THIS LANDSCAPE FOR THOUSANDS OF YEARS, AND WHO NOW CONTROL SOME 30,000 SQUARE MILES OF THIS REGION. THE HEART OF THIS INTER-TRIBAL GATHERINGS PROCESS, WHICH BRINGS TOGETHER COLO TRIBES TO COLLABORATE ON ADDRESSING ENVIRONMENTAL CHALLENGE PRESERVATION. GCT HAS FACILITATED FOURTEEN GATHERINGS OVER YEARS. IN RECENT YEARS, PARTICIPANTS HAVE IDENTIFIED CLIMATI OF THE BIGGEST THREATS TO THE NATIVE AMERICAN WAY OF LIFE,	LE A VOICE AND BY FACILITATIN RESIDED ACROSS THE FUTURE OF WORK IS THE RADO PLATEAU S AND CULTURAL THE PAST SEVEN E CHANGE AS ON
c (Code:) (Expenses \$ 637,073 including grants of\$) (Revenue \$ VOLUNTEER PROGRAM CCT S VOLUNTEER PROGRAM IS BUILDING & CONSTITUTION OF ADVOC	
STEWARDS OF PUBLIC AND NATIVE AMERICAN LANDS ON THE COLORAD HANDS-ON RESTORATION AND CONSERVATION WORK BUILDS CONNECTION PEOPLE AND THE LAND, AND INSPIRES LIFELONG COMMITMENTS TO COMPLETE AND THE LAST YEAR, 270 VOLUNTEERS DONATED 13,000 HOURS OF COMPLETED 17 HIGH PRIORITY, HANDS-ON STEWARDSHIP PROJECTS. CONSERVATION PROJECTS INCLUDED: SPRINGS RESTORATION AND MON RIM RANCHES; ASSISTANCE WITH GENETICS-BASED CLIMATE CHANGE WILL HELP SCIENTISTS IDENTIFY WHICH PLANT SPECIES ARE MOST	O PLATEAU. NS BETWEEN CONSERVATION. SERVICE AND HANDS-ON ITORING ON NOT RESEARCH THAT LIKELY TO
GCT'S VOLUNTEER PROGRAM IS BUILDING A CONSTITUENCY OF ADVOCE STEWARDS OF PUBLIC AND NATIVE AMERICAN LANDS ON THE COLORAD HANDS-ON RESTORATION AND CONSERVATION WORK BUILDS CONNECTION PEOPLE AND THE LAND, AND INSPIRES LIFELONG COMMITMENTS TO COVER THE LAST YEAR, 270 VOLUNTEERS DONATED 13,000 HOURS OF COMPLETED 17 HIGH PRIORITY, HANDS-ON STEWARDSHIP PROJECTS. CONSERVATION PROJECTS INCLUDED: SPRINGS RESTORATION AND MONING RIM RANCHES; ASSISTANCE WITH GENETICS-BASED CLIMATE CHANGE WILL HELP SCIENTISTS IDENTIFY WHICH PLANT SPECIES ARE MOST SURVIVE IN THE FACE OF CLIMATE CHANGE AND BE MOST USEFUL IN 18d Other program services (Describe in Schedule O.) (Expenses \$ 634,239 including grants of\$) (Revenue \$	O PLATEAU. NS BETWEEN CONSERVATION. SERVICE AND HANDS-ON ITORING ON NOT RESEARCH THAT LIKELY TO

_ P3	int IVI Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
	complete Schedule A	. 1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
_	candidates for public office? If "Yes," complete Schedule C, Part I	. 3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		v	ł
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4	Х	
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			v
_	Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		x
_	"Yes," complete Schedule D, Part I	. 6	1 77	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.		x	
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	. 7	Α.	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
_	complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not fisted in Part X; or provide credit counseling, debt management, credit repair, or	-		v
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	- 40	v	
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	g100000
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.	120		
a	Did the organization report an amount for land, buildings, and equipment in Part X, fine 10? If "Yes,"	11a	X	
- 6	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	. 110	45	\vdash
D		11b	X_	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			_
G	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c	1.69	х
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	X
4	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			-
ľ	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
42-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128		12a	х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	1100
42	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
44-	Did the organization maintain an office, employees, or agents outside of the United States?			X
14a		. 144	-	
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate		100	11
		14b		x_
4.5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 140		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
4**	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	19		T
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on	17	101	x
45	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. ''		+*
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		X_
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		+*-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	if "Yes," complete Schedule G, Part III		00	0 (2016

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	1/1/	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20		
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		41
		240		
Ç	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	177	
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	117	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			ا ۾ ا
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	10.3	138	(3)
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	1000		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or Indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? if "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			7
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-
٠.	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	ļ	_	-
JE	annulate Schoolule M. Bout II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	1.5	-
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	0.4	v	10
	or IV, and Part V, line 1	34	X	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1 4		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	36		
		38	X	1

DAA

Forn	990 (2016) THE GRAND CANYON TRUST, INC. 86-0512633		Pa	ge 6
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See		
Sec	Check if Schedule O contains a response or note to any line in this Part VI			
9	tion A. Governing Body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23			
	If there are material differences in voting rights among members of the governing body, or			0.00
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	1		137
Ь	Enter the number of voting members included in line 1a, above, who are independent 1b 23		63	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b	*	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	iņg:	190	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			12
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40.	Bill the second office have been been been been been as a Billion Bill	400	Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a		
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	energy.	_
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
C	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	105500 Br	Reside	10,800
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100	835	
а		15a	X	-
ь	All and the second seco	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10000		000000
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a tayable entity during the year?	16a	201	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		=0	250
Ī	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		4.1	
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed u AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: u			
T	HE ORGANIZATION 2601 N. FORT VALLEY RD.			
F	LAGSTAFF AZ 86001 928	-77	4 - 7	488

Form 990 (20	016) THE GRAND CANYON TRUST, INC. 86-0512633	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	40 (5)
1a Complete organization's	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the s tax year.	SE
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount in. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	of
	of the organization's current key employees, if any. See instructions for definition of "key employee."	
 List the 	e organization's five current highest compensated employees (other than an officer, director, trustee, or key employee	4)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an e)	(b) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) STEVE MARTIN		†							NLD I		
CHAIR	0.00	x		x			Т	0	0	ur mar ii u	
(2) JIM ENOTE		1		-			Т			= 75000.0	
	2.00		=			1=1	1		1200	V III	
VICE CHAIR	0.00	X	<u> </u>	X	L		_	0	0		
(3) PAM EATON	2.00						1	L L== XI			
SECRETARY TREASURER	0.00	X		X		\vdash	4	0	0		
(4) TY COBB	0.00										
DIRECTOR	2.00 0.00	x						0	o		
(5) PATRICK VON BAR		1		\vdash		1	\dashv				
	2.00			77		100					
DIRECTOR	0.00	X				Ш		0	0		
(6) BUD MARX								TO THE LOCK OF	1 -0 -11		
	2.00 0.00	١.,									
DIRECTOR (7) JIM BABBITT	0.00	X			Н		+	0	0		
(/) UIM BABBIII	2.00										
DIRECTOR	0.00	x			73			0	O.		
(8) CARTER BALES											
	2.00					21					
DIRECTOR	0.00	X					-	0	0	(
(9) JOHN MILLIKEN	2 00										
DIRECTOR	0.00	x						О	o		
(10) DAVID BONDERMAN		1		1,5		1					
	2.00		-			{- l					
DIRECTOR	0.00	X	$oxed{oxed}$		L			0	0		
11) JENNIFER SPEERS		1						T			
DIDECTOR	2.00			,						,	
DIRECTOR	0.00	X		-				0	0	Form 990 (201	

Part IX Statement of Functional Expenses

		(A) Total expenses	(B) - Program service	(C) Management and	(D) Fundraising
		I otali expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	40.044	40.044	2.5	
	and domestic governments. See Part IV, line 21	49,011	49,011		
2	Grants and other assistance to domestic	F 000	F 000		
	individuals. See Part IV, line 22	5,000	5,000		
3					
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	341,136	266,979	34,538	39,619
6	Compensation not included above, to disqualified				
Ť	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,169,792	1,698,120	219,679	251,993
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	61,725	43,723	8,628	9,374
9	Other employee benefits				
10	Payroll taxes	183,065	143,271	18,534	21,260
11	Fees for services (non-employees):		- 2. 2		
a			5.55.6		
b	Legal	7,818	7,536	282	
C	Accounting		128		
d					
	Professional fundraising services. See Part IV, line 17	10.004		10.004	
f	77.7171111	19,894		19,894	
8		464 202	460 E72	2 050	1 500
4.0	(A) amount, list line 11g expenses on Schedule O.)	464,202 19,117	460,572 18,438	2,050	1,580 679
	Advertising and promotion	133,965	81,688	3,621	48,656
13	Office expenses	133,963	01,000	3,021	40,000
14 15	Information technology				
16	Royalties	45,164	21,362	21,794	2,008
17	Occupancy Travel	422,914	410,119	10,407	2,388
18	Payments of travel or entertainment expenses	122/324	-110/110	20/.07	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	142,412	122,863	11,431	8,118
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	73,024	57,150	7,393	8,481
23		26,360		26,360	
24	Other expenses, Itemize expenses not covered				Street House
	above (List miscellaneous expenses in line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
8		59,874	39,177	6,063	14,634
b		24,933	19,913	2,282	2,738
C		18,188	18,188		
d		12,496		10.000	12,496
6	***************************************	37,443	12,696	19,080	5,667
25		4,317,533	3,475,806	412,036	429,691
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here u if				
	following SOP 98-2 (ASC 958-720)				Form 990 (201

	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	1,734,582	1	3,130,241
2	Savings and temporary cash investments	2,357,128	2	2,360,486
3	Pledges and grants receivable, net	1,160,800	3	1,022,469
4	Accounts receivable, net	(2° - 20 - 07) 37 33 - 1290	4	
5	Loans and other receivables from current and former officers, directors,			OF HEROLES HE ST.
Ë	trustees, key employees, and highest compensated employees.			
-	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section		100	
1.	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a		100	
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
1	organizations (see instructions). Complete Part II of Schedule L	Later and the second	6	
7		1000	7	
8	Inventories for sale or use		8	
"	Prepaid expenses and deferred charges	193,743		74,490
10-	Land, buildings, and equipment: cost or			
'Va	other basis Complete Part VI of Schedule D 10s 1 ASS 023	DelCario -		
h	other basis. Complete Part VI of Schedule D 10a 1,466,023 Less: accumulated depreciation 10b 717,086	811,142	10c	748,93
		7,157,095		7,442,083
11		1,541,400		1,526,72
12	Investments constructed Sec Part IV, line 11	1,541,400	13	2,020,12.
13	Investments—program-related. See Part IV, line 11		14	
14	Intangible assets	2,336,736		2,336,18
15	***************************************	17,292,626		18,641,619
16	Total assets. Add lines 1 through 15 (must equal line 34)	217,392		175,169
17	Accounts payable and accrued expenses	211,392		173,10
18	Grants payable		18	
19	Deferred revenue		19	75.
20			20	
21	***************************************		21	
22	No. in .			
22	trustees, key employees, highest compensated employees, and			
	disqualified persons. Complete Part II of Schedule L		22	
23			23	_
24			24	
25				
1	parties, and other liabilities not included on lines 17-24). Complete Part X		ا ۔۔ ا	
1	of Schedule D	017 300	25	175,16
26	Total liabilities. Add lines 17 through 25	217,392	26	1/3,16
	Organizations that follow SFAS 117 (ASC 958), check here u X and	CALL TOO		
1	complete lines 27 through 29, and lines 33 and 34.	10 615 004		12 405 70
27	Unrestricted net assets	12,615,084		13,405,70
28	Temporarily restricted net assets	2,665,150	28	2,265,74
29	Permanently restricted net assets	1,795,000	29	2,795,00
1	Organizations that do not follow SFAS 117 (ASC 958), check here u and		500	
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	45 055 054	32	10 400 40
33	Total net assets or fund balances	17,075,234		18,466,45
34	Total liabilities and net assets/fund balances	17,292,626	34	18,641,61

1 5,404,420 2 4,317,533 3 1,086,887 5 304,881 6 7 8 9 -552 equal Part X, line 10 18,466,450 in this Part XII	Form 990 (2016) THE GRAND CANYON TRUST, INC. 86-0512633			Pag	ge 12
1 5,404,420 2 4,317,533 3 1,086,887 5 304,881 6 7 8 9 -552 equal Part X, line 10 18,466,450 in this Part XII	Part XI Reconciliation of Net Assets				
column (A)) 2 4,317,533 3 1,086,887 4 17,075,234 5 304,881 6 7 8 9 -552 equal Part X, line 10 18,466,450 in this Part XII Other cked "Other," explain in ependent accountant? e year were compiled or separate basis extract? e year were audited on a separate basis es responsibility for oversight of an independent accountant? turing the tax year, explain in udit or audits as set forth in 12 4,317,533 1,086,887 4 17,075,234 5 304,881 From the set of the set	Check if Schedule O contains a response or note to any line in this Part XI				
a 1,086,887 4 17,075,234 5 304,881 6 7 8 9 -552 equal Part X, line 10 18,466,450 in this Part XII Other cked "Other," explain in spendent accountant? a year were compiled or separate basis suntant? a year were audited on a separate basis ses responsibility for oversight of an independent accountant? turing the tax year, explain in udit or audits as set forth in nization did not undergo the	1 Total revenue (must equal Part VIII, column (A), line 12)	e 1			
column (A)) 4 17,075,234 5 304,881 6 7 8 9 -552 equal Part X, line 10 18,466,450 In this Part XII Other cked "Other," explain in expendent accountant? e year were compiled or separate basis euntant? e year were audited on a separate basis es responsibility for oversight of an independent accountant? luring the tax year, explain in udit or audits as set forth in Inization did not undergo the	2 Total expenses (must equal Part IX, column (A), line 25)	2			
sequal Part X, line 10 18,466,450 In this Part XII Other cked "Other," explain in sependent accountant? se year were compiled or separate basis suntant? se year were audited on a separate basis ex responsibility for oversight of an independent accountant? luring the tax year, explain in udit or audits as set forth in nization did not undergo the	3 Revenue less expenses, Subtract line 2 from line 1				
equal Part X, line 10 18,466,450 In this Part XII Other cked "Other," explain in expendent accountant? experate basis e	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			
equal Part X, line 10 18,466,450 in this Part XII Other_cked "Other," explain in sepandent accountant? e year were compiled or separate basis suntant? e year were audited on a separate basis es responsibility for oversight of an independent accountant? furing the tax year, explain in udit or audits as set forth in 3a X inization did not undergo the	5 Net unrealized gains (losses) on investments	. 5		04,	881
equal Part X, line 10 18,466,450 in this Part XII Other_cked "Other," explain in sepandent accountant? e year were compiled or separate basis suntant? e year were audited on a separate basis es responsibility for oversight of an independent accountant? furing the tax year, explain in udit or audits as set forth in 3a X inization did not undergo the	6 Donated services and use of facilities	6			
equal Part X, line 10 18,466,450 In this Part XII Other Cked "Other," explain in Expendent accountant? Expendent basis Expe	7 Investment expenses	. 7			
in this Part XII In this Part XII Other cked "Other," explain in expendent accountant? expearate basis	8 Prior period adjustments	W -			
in this Part XII Other cked "Other," explain in spendent accountant? e year were compiled or separate basis suntant? a year were audited on a separate basis es responsibility for oversight of an independent accountant? luring the tax year, explain in udit or audits as set forth in a 18,466,450 Yes No Yes No 2a X A X Experiment Separate S	9 Other changes in net assets or fund balances (explain in Schedule O)	9		-	<u> 552</u>
in this Part XII Other cked "Other," explain in spendent accountant? e year were compiled or separate basis suntant? a year were audited on a separate basis es responsibility for oversight of an independent accountant? luring the tax year, explain in udit or audits as set forth in a year interest XII Yes No Yes No X X Expendent accountant? 2a X Expendent accountant? 2b X Initiation did not undergo the	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				1
Other	33, column (B))	. 10	18,4	<u>66,4</u>	<u>450</u>
Other	Part XII Financial Statements and Reporting				
Other_cked "Other," explain in sependent accountant? se year were compiled or separate basis suntant? se year were audited on a separate basis ses responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X Inization did not undergo the	Check if Schedule O contains a response or note to any line in this Part XII				
cked "Other," explain in sependent accountant? se year were compiled or separate basis suntant? se year were audited on a separate basis ses responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the				Yes	No
sependent accountant? se year were compiled or separate basis suntant? se year were audited on a separate basis ses responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X inization did not undergo the	1 Accounting method used to prepare the Form 990: Cash X Accrual Other	1111111111			1888
separate basis suntant? e year were audited on a separate basis es responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	If the organization changed its method of accounting from a prior year or checked "Other," explain in		9	100	
separate basis suntant? e year were audited on a separate basis es responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	Schedule O.				1000
se year were compiled or separate basis suntant? e year were audited on a separate basis es responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	2a Were the organization's financial statements compiled or reviewed by an independent accountant?		28		X
suntant? be year were audited on a separate basis bes responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1793
suntant? be year were audited on a separate basis bes responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	reviewed on a separate basis, consolidated basis, or both:		1.53		
suntant? be year were audited on a separate basis bes responsibility for oversight of an independent accountant? suring the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	Separate basis Consolidated basis Both consolidated and separate basis				
se year were audited on a separate basis es responsibility for oversight f an independent accountant? service of an independent accountant a	b Were the organization's financial statements audited by an independent accountant?		2t	X	1
separate basis es responsibility for oversight f an independent accountant? curing the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		999	1 14507	
es responsibility for oversight f an independent accountant? during the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	separate basis, consolidated basis, or both:		- 198		100
es responsibility for oversight of an independent accountant? Auring the tax year, explain in audit or audits as set forth in 3a X Inization did not undergo the	Separate basis X Consolidated basis Both consolidated and separate basis		100		53
f an independent accountant? Luring the tax year, explain in udit or audits as set forth in 3a X Inization did not undergo the	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
luring the tax year, explain in udit or audits as set forth in 3a X nization did not undergo the	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		20	Y	
udit or audits as set forth in 3a X nization did not undergo the	If the organization changed either its oversight process or selection process during the tax year, explain in	• • • • • • • • • • • • • • • • • • • •			III COM
nization did not undergo the	Schedule O.			1	
nization did not undergo the					
nization did not undergo the	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				v
	the Single Audit Act and OMB Circular A-133?		38	-	A
IVAN TO LINDOUGO SHICH SHOULD	b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
Form 990 (2015)	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits,				

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Form 990 (2016) THE GRANI	CANYON	T	RU	ST	<u>,</u>	INC	<u>.</u>	86-0512 , and Highest Compensa		Page 8
Part VII Section A. Officer (A) Name and title	(B) Average hours per week (ilst any hours for	(do box offi	not d , unle: cer an	Positi heck r	tion nore son i	than or	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustae or director	institutional trustee	Officer	Key employee	fighest compensated employee	former	(W-2/1099-MISC)		organization and related organizations
(20) BILL GRABE	2.00						Ī			CTALES TAIR
DIRECTOR	0.00	X			_	Н	_	0	0	0
(21) TERRY GODDAR	2.00								10	
DIRECTOR	0.00	X				Ш		0	0	0
(22) SARAH KRAKOF	2.00		_						0	0
DIRECTOR (23) HOLLY HOLTZ	0.00	X	_			┝┤	-	0	0	
DIRECTOR	2,00	x						0	0	0
(24) MARK UDALL						П				
DIRECTOR	2,00	x				Ш		0	0	0
(25) REBECCA TSOS	2.00			,						
DIRECTOR	0.00	X						0	0	0
(26) WILLARD L. H	EDDEN JI 40.00 0.00			x				226,558	0	15,101
(27) EVELYN SAWYE		1		^				220,330		13,102
	40.00									10.000
FINANCE DIRECTOR	0.00	Щ	<u> </u>	X	_	Ш		102,690 329,248	0	10,989 26,090
tb Sub-total	eets to Part VI		ctio	1 A			u	329,240		20,030
d Total (add lines 1b and 1c)							u			
2 Total number of individuals (including but no	t lim	ited	to th	ose	liste	da	bove) who received more t	han \$100,000 of	
reportable compensation from	m the organizat	ion t		-		-				Yes No
3 Did the organization list any	former officer,	direc	tor,	or tn	uste	e, ke	у е	mployee, or highest compo	ensated	3
employee on line 1a? If "Yes 4 For any individual listed on li	ine 1a. is the su	ım o	f rep	ortal	ble i	comp	ens	sation and other compensa	tion from the	
organization and related org	anizations great	ter ti	nan	\$150),00	0? Iř	"Ye	s," complete Schedule J fo	r such	4
Individual 5 Did any person listed on line	1a receive or	accn	 Je c	omp	ensa	ation	fror	n any unrelated organization	on or individual	State of the state
for services rendered to the	organization? #	"Ye	s, " c	отр	lete	Sche	dui	le J for such person		5
Section B. Independent Contract 1 Complete this table for your	five highest co	mnei	neate	d in	den	ender	nl c	contractors that received m	ore than \$100,000 of	
compensation from the orga	nization. Report	COT	pen	satio	n fo	or the	ca	<u>lendar year ending with or</u>	within the organization's	tax year.
Name an	d Business address				_		L	Descrip	(B) tion of services	(C) Compensation
				_						
	_						L			
		-								
							-		<u></u>	
2 Total number of independen	nt contractors (in	ndud	ina t	out n	ot I	imited	l to	those listed above) who		
received more than \$100,00	0 of compensa	tion	from	the	org	aniza	tior	וע		Form 990 (201

Pa	rt VII Section A. Office	rs, Directors, T	ruste	185,	Key	En	ıploj	/ees	, and Highest Compense	ted Employees (continu	ad)	
	(A) Name and title	(B) Average hours per week (list any	box	c, unde	as pe	tion more rson	than o is both or/trust	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the	
		hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensation employee	Former	(W-2/1099-MISC)	(10-21 (D33-MIGL)	organization and related organizations	
(28 CON	B) ETHAN AUMAC	40.00	L			_	x		135,014	0	11,	460
						_					BX B5	17 10
			п	_								
				_						il i	- Pro-	
										8 8		
									1119	AND THE STATE OF		
			1113	_						ge 01 "		
										us la Tributa	1 4 1	
1b c	Sub-total							u u	135,014		11,	460
2 2	Total (add lines 1b and 1c Total number of individuals reportable compensation for	(including but no	t lim	ited	to th	ose	liste	u dal	pove) who received more t	han \$100,000 of		
3	Did the organization list any	/ former officer,	direc	tor.	or tn	uste	e, ke	y e	mployee, or highest compe	ensated	Yes	s No
4	employee on line 1a? If "Ye For any individual listed on organization and related or	es," complete Sch line 1a, is the su	edu m o	le J f rep	for s ortal	uch ble (<i>indi</i> comp	<i>ridu.</i> ens	alation and other compensal	tion from the	3	
5	individual									n or individual	4	3 000
Sect	for services rendered to the tion B. Independent Contra		*Ye	s, ~ c	omp.	ete	Sch	eduk	e J for such person		5	
1	Complete this table for you compensation from the org	r five highest cor	nper	sate	ed in	dep	ende	nt c	ontractors that received me	ore than \$100,000 of	tay year	
т		(A) and business address	ÇÜİ	ipen	acuu	11 10	, uic			(B) ion of services	(C) Compen	sation
									72			
									<u> </u>			
_								-				_
2	Total number of independe received more than \$100,0	nt contractors (in	clud	ng t	out n	ot li	mited	d to	those listed above) who	- 1874II		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2016

2016
Open to Public Inspection

Employer Identification number Name of the organization THE GRAND CANYON TRUST, INC. 86-0512633 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(lx) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated, A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type 1, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of (iv) is the organization (v) Amount of monetary (i) Name of supported (III) Type of organization listed in your governing other support (see organization (described on lines 1-10 support (see instructions) document? above (see instructions)) instructions) Nο (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

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	art II Support Schedule for (GRAND CA	Described in	Sections 170	(b)(1)(A)(iv) a	0512633 nd 170(b)(1)(/	Page 2
	(Complete only if you che	ecked the box o	on line 5, 7, or	8 of Part I or	if the organiza	tion failed to q	ualify under
<u></u>	Part III. If the organizatio	n fails to quality	under the tes	sts listed belov	v, please com	plete Part III.)	
	etion A. Public Support	(-) 2042	(b) 2042	(-) 2044	(4) 2016	/a\ 2016	/O Total
Calei	ndar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,754,593	4,421,991	3,644,411	5,369,618	5,412,281	23,602,894
		4,754,555	4,421,331	3,044,411	3,303,010	3,412,202	25,002,034
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		m_4	4			<u> </u>
3	The value of services or facilities furnished by a governmental unit to the organization without charge		- 3- 1		1 1 - 41 -		-10
4	Total, Add lines 1 through 3	4,754,593	4,421,991	3,644,411	5,369,618	5,412,281	23,602,894
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,712,300
6	Public support. Subtract line 5 from line 4.						13,890,594
	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	4,754,593	4,421,991	3,644,411	5,369,618	5,412,281	23,602,894
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	155,767	43,189	218,471	221,066	171,634	810,127
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	35,349	41,686	5,821	50,451	38,659	171,966
11	Total support. Add lines 7 through 10				HI (185 m)		24,584,987
12	Gross receipts from related activities, et	c. (see instructions)			12	
13	First five years. If the Form 990 is for to organization, check this box and stop he	ere			year as a section		▶ □
	ction C. Computation of Public						
14	Public support percentage for 2016 (line			ımn (f))			56.50%
15	Public support percentage from 2015 Sc					15	76.85%
16a	33 1/3% support test—2016. If the orga						► V
	box and stop here. The organization qu			zation	45 to 20 4/00/		▶ 🛚
	33 1/3% support test—2015. If the organization this box and stop here. The organization	n qualifies as a pu	blicly supported o	ganization		****************	▶□
1/a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the	ets the "facts-and-	circumstances" te	st, check this box	and stop here, E	Explain in	
b	organization 10%-facts-and-circumstances test—2	2015, if the organiza	ation did not check	a box on line 13	, 16a, 16b, or 17a	, and line	▶□
	15 is 10% or more, and if the organization Explain in Part VI how the organization	meets the "facts-ar	nd-circumstances"	test. The organiz	ation qualifies as	a publicly	
18	supported organization Private foundation. If the organization	did not check a box	on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see	
	instructions						▶∟
		11 111			Sc	hedule A (Form 99	0 or 990-EZ) 2016

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (a) 2012 (b) 2013 (d) 2015 (e) 2016 Calendar year (or fiscal year beginning in) u (c) 2014 (f) Total Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.") 4,754,593 4,421,991 3,644,411 5,369,618 5,412,281 23,602,894 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 4,754,593 5,369,618 5,412,281 23,602,894 4,421,991 3,644,411 Amounts included on lines 1, 2, and 3 250,000 1,000,000 500,000 500,000 2,750,000 received from disqualified persons 500,000 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 500,000 250,000 1,000,000 500,000 500,000 2,750,000 Public support. (Subtract line 7c from (ine 6.) 20,852,894 Section B. Total Support (e) 2016 (f) Total Calendar year (or fiscal year beginning in) u (a) 2012 (b) 2013 (c) 2014 (d) 2015 Amounts from line 6 23,602,894 3,644,411 5,369,618 5,412,281 4,754,593 4,421,991 Gross income from interest, dividends, payments received on securities loans, rents. royalties and income from similar sources ... 155,767 43,189 218,471 221,066 171,634 810,127 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 155,767 43,189 218,471 221,066 171,634 810,127 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on ... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 41.686 5,821 50,451 38,659 171,966 35,349 Total support. (Add lines 9, 10c, 11, 5,622,574 24,584,987 4,945,709 4,506,866 3,868,703 5,641,135 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 84.82% 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 16 96.55 % Public support percentage from 2015 Schedule A, Part III, line 15. Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 3% Investment Income percentage from 2015 Schedule A, Part III, line 17 3% 18 19a 33 1/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line ▶ |X| b 33 1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and fine 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	100	8	
	documents? If "No," describe in how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	10000	100	
	under section 509(a)(1) or (2)? If "Yes," explain in how the organization determined that the supported	-		STATE OF
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		-	last to the
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	77.5	1	-
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in when and how the			
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	1901	N414	23 50
	purposes? If "Yes," explain in what controls the organization put in place to ensure such use.	Зс	1	
4a			Bu-23	503
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		1	
	supported organization? If "Yes," describe in how the organization had such control and discretion			10
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С		1000	888	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in what controls the organization used	1000		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		E-11	-50/2
	purposes.	4c	-	910
5a		1000	No.	Fine
	answer (b) and (c) below (if applicable). Also, provide detail in including (i) the names and EIN	- 100		S LEEP
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	100		E Billion
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	- 1		
	was accomplished (such as by amendment to the organizing document).	5a		annum annum a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	1000		702
_	designated in the organization's organizing document?	5b		-
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			TO THE
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	100	15 30	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		DESCRIPTION OF THE PARTY OF THE	all the
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	6	Name and Address of the Owner, where the Owner, which is	Name of Street, or other
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		No. of the	
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	183		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	Action to the last of the last	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	20000		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	-	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	10,000	El Van I	1000
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
		On.	20000	
l.	in section 509(a)(1) or (2))? If "Yes," provide detail in	9a	200000	Particus.
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	O.L.	20000000	
	the supporting organization had an interest? If "Yes," provide detail in	9b	200000000	Control Vision
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	90000		-
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in	9c	-	Contract of
10a				1
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40		Billian
	supporting organizations)? If "Yes," answer 10b below.	10a	Section	10.5
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b	40-	

Schedule A (Form 990 or 990-EZ) 2016

Schedu	tle A (Form 990 or 990-EZ) 2016 THE GRAND CANYON TRUST, INC. 86-05	12633		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	5 8		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		200
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in	11c		
	on B. Type I Supporting Organizations	1		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			2
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	100	200	100
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	000000		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C4	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
4	those a majority of the appropriation's disputers or tructure during the tay year plan a majority of the disputers	Year	162	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in how control		TANK	
	or management of the supporting organization was vested in the same persons that controlled or managed	(2.252)	LUC X	
	the supported organization(s).	1	-	
Secti	on D. All Type III Supporting Organizations			
-			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	c limit		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	(170)	1000	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		and the same of	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	200		
	significant voice in the organization's investment policies and in directing the use of the organization's	- 100		
	income or assets at all times during the tax year? If "Yes," describe in the role the organization's	10 1		
-	supported organizations played in this regard.	3		
	on E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ().		
a	The organization satisfied the Activities Test. Complete below.			
b	The organization is the parent of each of its supported organizations. Complete below. The organization supported a governmental entity. Describe in how you supported a government entity.	itu (ean instruc	ionel	
C	The organization supported a governmental entity. Describe in how you supported a government ent	ty (soe manact	ionaj.	
2 /	Activities Test.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	175345		
	the supported organization(s) to which the organization was responsive? If "Yes," then in	100	15. 3	1.490
	how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		avoid na	
	that these activities constituted substantially all of its activities.	2a		1-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in the	=-1	11	
	reasons for the organization's position that its supported organization(s) would have engaged in these		NA TON	-
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations.	2	1	==#
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in	3a		
b				
	of its supported organizations? If "Yes," describe in the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Support 1 Check here if the organization satisfied the Integral Part Test as a qualifying t instructions. All other Type III non-functionally integrated supporting organizations.	rust on Nov. 20	, 1970 (explain in Parl	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		5.50
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see Instructions)	6	The second second	
7 Other expenses (see instructions)	7		2
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	2000	ACCUSED BY A SECOND	DE THE PERSON
instructions for short tax year or assets held for part of year):	1000		
a Average monthly value of securities	1a	76	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	ALL PLANTS OF THE PARTY OF THE	
d Total (add lines 1a, 1b, and 1c)	1d		7.00
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			Philippin Statio
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions),	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	or Tone		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		633
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

	V Type III Non-Functionally Integrated 509(a	(3) Supporting Organ	izations (continued)						
	on D - Distributions			Current Year					
_	1 Amounts paid to supported organizations to accomplish exempt purposes								
2	Amounts paid to perform activity that directly furthers exempt pu	irposes of supported	to the second second						
	organizations, in excess of income from activity								
	Administrative expenses paid to accomplish exempt purposes of	r supported organizations							
	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6_	Other distributions (describe in Part VI). See instructions.	<u> </u>							
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the o	irganization is responsive							
	(provide details in Part VI). See instructions.		·						
9	Distributable amount for 2016 from Section C, line 6	<u> </u>							
10	Line 8 amount divided by Line 9 amount	1	4101						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016					
1	Distributable amount for 2016 from Section C, line 6			1					
•	Underdistributions, if any, for years prior to 2016								
2	(reasonable cause required-explain in Part VI). See instructions.		4						
3	Excess distributions carryover, if any, to 2016:		XVIII						
а									
b			Blevice III Ellen						
С	From 2013	HED HASSES HELD							
d	From 2014								
	From 2015								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
_	Applied to 2016 distributable amount								
1	Carryover from 2011 not applied (see instructions)	- ma 20 no. 1							
ī	Remainder, Subtract lines 3g, 3h, and 3i from 3f,								
4	Distributions for 2016 from		HIS THE SHAPE WAS A						
	Section D, line 7:		A CHARLES						
a	Applied to underdistributions of prior years		(3)(1)						
	Applied to 2016 distributable amount	ALL SECTION OF THE SEC	Atlantasedimen						
	Remainder, Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2016, if								
	any. Subtract lines 3g and 4a from line 2. For result			- YE THE F					
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2016, Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in	MAN SHOW THE		Į.					
	Part VI. See instructions,								
7	Excess distributions carryover to 2017. Add lines 3j								
_	and 4c.	Maria Company							
8	Breakdown of line 7:		land 1 and 1 and 1	Carrie and					
a	T 4 0040	The state of the s							
	Excess from 2013			45					
C	Excess from 2014		The second secon						
-	Excess from 2015								

Schedule A (Fo	Supplemental Information III, line 12; Part IV, SB, lines 1 and 2; Part 3a and 3b; Part V, lines	rhe GRAND CANYOR mation. Provide the explanation A, lines 1, 2, 3b, 3 tally, Section C, line 1; Pa talle 1; Part V, Section B, line to complete this part for a	anations required ic, 4b, 4c, 5a, 6, 9 irt IV, Section D, I ne 1e; Part V, Se	by Part II, line 10 9a, 9b, 9c, 11a, 11 lines 2 and 3; Part ction D, lines 5, 6,	Part II, line 17a or b, and 11c; Part IV IV, Section E, lines and 8; and Part V,	, Section s 1c, 2a, 2b,
PART I	III, LINE 12 -	OTHER INCOME D	ETAIL			
MISC.	INCOME		\$ 17	1,966		
•						
• • • • • • • • • • • • • • • • • • • •						

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 6

Department of the Treasury Internal Revenue Service

U Complete if the organization is described below. U Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A, Do not complete Part II-B.

Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization THE GRAND CANYON TRUST, INC. Bentland Complete If the organization is exempt under section 501(c) or is a section 527 organization of "political campaign activities" or political campaign activities in Part IV. (see instructions for definition of "political campaign activities (see instructions) Part IFB Complete If the organization is exempt under section 501(c)(3). Part IFB Complete If the organization is exempt under section 501(c)(3). Part IFB Complete If the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 u s such a way a correction made? 1 If Yes, describe in Part IV. Part IFB Complete If the organization is exempt under section 4955 u s such incurred by organization managers under section 4955 u s such incurred by organization managers under section 4955 u s such in Part IV. Part IFB If Yes, describe in Part IV. Part IFB IfF	 Section 501(c)(3) organizations that have NOT filed if the organization answered "Yes," on Form 990, Pa Tax) (see separate Instructions), then 	Form 5768 (election under section art IV, line 5 (Proxy Tax) (see sep	501(h)): Complet arate instruction	e Part II-B. Do not con is) or Form 990-EZ, P	nplete Part II-A. art V, line 35c (Prox
Name of organization THE GRAND CANYON TRUST, INC. Bent IFA Complete if the organization is exempt under section 501(c) or is a section 527 organization of fine organizations definition of "political campaign activities" (see instructions) Part IFA Political campaign activities (see instructions) Port IFB Complete if the organization is exempt under section 501(c)(3). I Enter the amount of any excise tax incurred by the organization under section 501(c)(3). I Enter the amount of any excise tax incurred by organization under section 4955 I W S I Have organization incurred a section 4955 tax, did it file Form 4720 for this year? I W Was a correction made? I Have organization incurred a section 4955 tax, did it file Form 4720 for this year? I Enter the amount of any excise tax incurred by the filing organization for section 501(c), except section 501(c)(3). I Enter the amount directly expended by the filing organization for section 507 exempt function activities I Complete if the organization's funds contributed to other organizations for section 507 exempt function activities I Complete if the organization's funds contributed to other organizations for section 507 exempt function activities I Complete if the organization's funds contributed to other organizations for section 507 exempt function activities I Complete if the organization funds contributed to other organization for section 507 exempt function activities I Complete if the organization funds contributed to other organization for section 507 exempt function activities I Complete if the organization funds contributed funds for a political organization funds from the filing organization funds. Also enter the amount of political organization funds for funds funds for a political organization funds for funds funds for funds funds for funds funds for	• •	e Part III.			
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955	Name of organization THE GRAND CANYON	TRUST, INC.		86-05126	33
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities") and activities of Political campaign activities (see instructions) 2 Political campaign activities (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4 Was a correction made? 5 If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount of the filing organization is exempt under section 507 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization is funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization is funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate folicial organization is funds. Also enter the amount of political contributions received that were promptly and directly delivered to a	Part I-A Complete if the organization is	exempt under section 50	1(c) or is a se	ection 527 organiz	zatlon.
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- filing organization's funds. Also enter the amount paid from the filing organization's funds. Also enter the amount paid from the filing organization's funds. Also enter the amount paid from the filing organization's funds. Also enter the amount paid from the filing organization's funds. Also enter the amount paid from the filing organization's funds. Also enter the amount paid from the filing organization's funds. Also enter the amount paid from the filing organization's funds. Also enter the amount paid from the filing organization's funds.	definition of "political campaign activities") 2 Political campaign activity expenditures (see instraction is a Volunteer hours for political campaign activities (see instraction is a Part I-B Complete if the organization is a Enter the amount of any excise tax incurred by or a lift the organization incurred a section 4955 tax, did was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is activities	see instructions) s exempt under section 50 e organization under section 4955 ganization managers under section lit file Form 4720 for this year? s exempt under section 50 organization for section 527 exempt	1(c)(3). 4955 1(c), except s	u \$ u \$ u \$ section 501(c)(3).	Yes No
(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0 (1) (2) (3) (4) (5)	2 Enter the amount of the filing organization's funds 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 a line 17b 4 Did the filing organization file Form 1120-POL for Enter the names, addresses and employer identification made payments. For each organization the amount of political contributions received that	contributed to other organizations nd 2. Enter here and on Form 1120 this year? ication number (EIN) of all section to listed, enter the amount paid frowere promptly and directly delivered	O-POL, 527 political organism the filing organid to a separate p	u \$ nizations to which the finization's funds. Also epolitical organization, so	nter ich
(2) (3) (4) (5)			_	(d) Amount paid from filing organization's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(4)	(1)				
(4)	(2)				
(5)	(3)	9			
	(4)				
(6)	(5)				
(0)	(6)	=			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 THE Part II-A Complete if the org	GRAND CANYO	N TRUST, IN	NC . 8 501(c)(3) and file	6-0512633 ed Form 5768 (e	Page 2
section 501(h)).	·			<u> </u>	
A Check u [] if the filing organi					roup member's
	IN, expenses, and s				
	zation checked box				
	obbying Expenditu			(a) Filing ization's totals	(b) Affiliated group totals
(The term "expenditures 1a Total lobbying expenditures to influen				0	Aroch perm
b Total lobbying expenditures to influen	ce public opinion (grass i	oots loodying)		0	BANK THE PARTY OF
c Total lobbying expenditures (add lines	to a legislative body (une	ser loppying)		0	
d Other exempt purpose expenditures	, 14 and 10)		-	0	
e Total exempt purpose expenditures (add lines 1c and 1d)			0	
f Lobbying nontaxable amount, Enter to	ne amount from the follow	ing table in both	2 2 2		
If the amount on line 1e, column (a) or	(b) is: The lobbying nont	exable amount is:			
Not over \$500,000	20% of the amount				
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15%	of the excess over \$500	0,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10%	of the excess over \$1,0	00,000.		
Over \$1,500,000 but not over \$17,000,00	0 \$225,000 plus 5% c	f the excess over \$1,50	0,000.		
Over \$17,000,000 g Grassroots nontaxable amount (enter	\$1,000,000.		551125		
i Subtract line 1f from line 1c. If zero o j If there is an amount other than zero reporting section 4911 tax for this year	on either line 1h or line 1	i, did the organization	file Form 4720		Yes No
(Some organizations that ma			e to complete all	of the five columi	ns below.
	_obbying Expenditure	s During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	326,320	335,820	335,408		997,548
b Lobbying ceiling amount (150% of line 2a, column(e))					1,496,322
c Total lobbying expenditures	20		4 4	0	20
d Grassroots nontaxable amount	81,580	83,955	83,852		249,387
e Grassroots ceiling amount (150% of line 2d, column (e))					374,081
f Grassroots lobbying expenditures	20			0	20

Schedule C (Form 990 or 990-EZ) 2016

Part II-B Complete if the organization is exempt under section 501(c)(3) and has N		2633 led F	
(election under section 501(h)).	(8	a)	(b)
For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes		Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			
d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements?			18
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? j Total. Add fines 1c through 1i			<u> </u>
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912		I I	
c if "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	501(c)	(5), o	r section
 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	501(c) o," Ol	(5), o	r section
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Targets agree of lobbying and political expenditures (see instructions)		4 5	
5 Taxable amount of lobbying and political expenditures (see instructions)		1 3 1	
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list) 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.	; Part I	I-A, line	s 1 and

Schedule C (Form	m 990 or 990-EZ) 2016	THE	GRAND	CANYON	TRUST,	INC.	86-0512633	Page 4
Part IV	m 990 or 990-EZ) 2016 Supplemental	Infor	mation (co	ontinued)			12-1010-0-1-1-1-1-1	
7191-86-			WED					

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Schedule C (Form 990 or 990-EZ) 2016

SCHEDULE D (Form 990)

Supplemental Financial Statements
u Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
u Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at

OMB No. 1545-0047 201 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	Employer Identification number
	86-0512633
Funds or Other Similar Fund on Form 990, Part IV, line 6.	ds or Accounts.
(a) Donor advised funds	(b) Funds and other accounts
	9 = 9
ng that the assets held in donor advise	
s exclusive legal control?	Yes No
ors in writing that grant funds can be u	sed
r donor advisor, or for any other purpo	
	Yes No
on Form 990, Part IV, line 7.	
check all that apply).	
ion) Preservation of a historically	/ important land area
Preservation of a certified h	istoric structure
conservation contribution in the form o	
	Held at the End of the Tax Yes
	2a 4
	2c
	2d
ed, extinguished, or terminated by the	organization during the
c monitoring, inspection, handling of	
ds?	Yes X No
dling of violations, and enforcing conse	rvation easements during the year
of violations, and enforcing conservation	on easements during the year
	PR 17 41 PPR LPT
to the organizations intalicial statement	its triat describes the
Art, Historical Treasures, or on Form 990, Part IV, line 8.	Other Similar Assets.
	ent and balance sheet
ms:	
	u \$
2224 4000	u \$
res, or other similar assets for financial	gain, provide the
	u \$
	u \$
	on Form 990, Part IV, line 6. (a) Donor advised funds (b) Donor advised funds (c) Donor advised funds (d) Donor advised funds (e) Donor advised funds (e) Donor advised funds (fund) Experiments (fund) (fund) (fund) (fund) (fund) (fund) Experiments (fund) (fund) (fund) (fund) (fund) Experiments (fund) (fund) (fund) (fund) (fund) (fund) Experiments (fund) (fun) (fund) (fund) (fund) (fund) (fund) (fund) (fund) (fund) (fund)

Sche	dule D (Form 990) 2016 THE GRANI	CANYON TE	RUST, INC.	86-0	512633	Page 2
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical	Treasures, or O	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	s, check any of the	following that are a s	ignificant use of its	
а	Public exhibition	d 🔲 Lo	oan or exchange pro	grams		
b	Scholarly research	e 🗌 O	ther			
C	Preservation for future generations	_				
4	Provide a description of the organization's	collections and explai	n how they further t	he organization's exe	mpt purpose in Part	
	XIII.					
5	During the year, did the organization solicit assets to be sold to raise funds rather than		•	·		Yes No
Pa	rt IV Escrow and Custodial A					
	Complete if the organizatio 990, Part X, line 21.					ount on Form
1a	Is the organization an agent, trustee, custo					
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XI	III and complete the f	ollowing table:			A
				•		Amount
	Beginning balance				1c	
d	Additions during the year				1d	
0	Distributions during the year				1e	
T -	Ending balance	E 000 D-4 V (I-	. 04 . 6		1f	Ves DNs
	Old the organization include an amount on					Yes No
	If "Yes," explain the arrangement in Part XI rt V Endowment Funds.	II. Check here ii the	explanation has been	ii provideu on Part Ai	II .,,	
га	Complete if the organization	n answered "Ves	" on Form 990	Part IV line 10		
_	Complete if the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
10	Beginning of year balance	824,685	828,290	784,235	703,923	· · · · · · · · · · · · · · · · · · ·
h	Contributions	321,000	320,230	, 0 0 , 100	,,,,,,,,	
-	Net investment earnings, gains, and					
•	losses	37,602	-3,605	44,055	80,312	59,341
d	Grants or scholarships		-,	!		
	Other expenditures for facilities and	77				
	programs	ŀ				HIV all
f	Administrative expenses					
	End of year balance	862,287	824,685	828,290	784,235	703,923
2	Provide the estimated percentage of the cu	irrent year end baland	ce (line 1g, column (a)) held as:		
	Board designated or quasi-endowment u	%				
b	Permanent endowment u 57.99 %					
C	Temporarily restricted endowment u 42 The percentages on lines 2a, 2b, and 2c si					
3a	Are there endowment funds not in the poss	session of the organiz	zation that are held a	and administered for t	he	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(li) X
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requ	uired on Schedule R	?	***************************************	3b
4	Describe in Part XIII the intended uses of		dowment funds.			
Pa	rt VI Land, Buildings, and Equation Complete if the organization		" on Form 990.	Part IV. line 11a.	See Form 990.	Part X. line 10.
	Description of property	(a) Cost or other ba			Accumulated	(d) Book value
		(investment)	(othe	r) de	preciation	
1a	Land		11	19,500		119,500
b	Buildings		79	4,529	369,043	425,486
C	Leasehold improvements			99,123	179,320	119,803
	Equipment		25	2,871	168,723	84,148
е	Other					
Total	l. Add lines 1a through 1e. (Column (d) mus	it equal Form 990, Pa	art X, column (B), lin	e 10c.)	u	748,937

DAA

Schedule D (F	form 990) 2016 THE GRAND CANYON TRUS!	r, inc.	86-0512633	Page 3
Part VII	investments—Other Securities.	Farm 000 Bart IV	line 11h See Form 000	Port V line 12
	Complete if the organization answered "Yes" on	(b) Book value	(c) Method of val	
	(including name of security)	(b) book value	Cost or end-of-year m	
(1) Financial	derivatives			
• •	id equity interests			
(3) Other Pi	ARTNERSHIP	1,526,723	COST	
(A)			-	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) u	1,526,723		
Part VIII	Investments—Program Related.	1_0_/		
	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val	
			Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			Year	
(7)				
(8)				
(9)				1100
	n (b) must equal Form 990, Part X, col. (B) line 13.) u		E-35 (12) V - 15 - 15 - 15 - 15 - 15 - 15 - 15 -	
Part IX	Other Assets.			D-4 V 8 45
	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11a. See Form 990	
	(a) Description			(b) Book value 2,295,000
(1)	CONSERVATION EASEMENTS RENEFICIAL INTEREST IN	MDIICM		41.184
(2)	BENEFICIAL INTEREST IN	TRUST		41,104
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)		U	2,336,184
Part X	Other Liabilities.	******************		
FaitA	Complete if the organization answered "Yes" or	Form 990, Part IV.	line 11e or 11f. See Fo	rm 990, Part X.
	line 25.	. ,		
1.	(a) Description of Bability	(b) Book value		
	income taxes			
(2)	moone and			
(3)				
(4)				
(5)				
(6)	ii ii			
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.) u			
2. Liability for	uncertain tax positions. In Part XIII, provide the text of the fe	potnote to the organization	on's financial statements that r	eports the
organization's	liability for uncertain tax positions under FIN 48 (ASC 740).	Check here if the text of	the footnote has been provide	d in Part XIII X

1 Total revenue, 2 Amounts includ a Net unrealized b Donated service c Recoveries of p d Other (Describe e Add lines 2a the 3 Subtract line 2e 4 Amounts includ a Investment expe b Other (Describe c Add lines 4a and 5 Total revenue,	plete if the organization answered "Yes" or pains, and other support per audited financial statemed on line 1 but not on Form 990, Part VIII, line 12: pains (losses) on investments and use of facilities and use of facilities are repaired to the pains (losses) on investments and use of facilities are repaired to the pains (losses) on investments and use of facilities are repaired to the pains (losses) on investments and use of facilities are paints and use of facilities are paints	n Form 990, Part IV, ents 2a 2b 2c 2d	304,881 504,528 -552	1 2e	6,193,383
1 Total revenue, 2 Amounts includ a Net unrealized b Donated service c Recoveries of p d Other (Describe e Add lines 2a the 3 Subtract line 2e 4 Amounts includ a Investment expe b Other (Describe c Add lines 4a am 5 Total revenue.	pains, and other support per audited financial statemed on line 1 but not on Form 990, Part VIII, line 12: pains (losses) on investments and use of facilities and use of facilities are represented in Part XIII.) Dough 2d from line 1 and on Form 990, Part VIII, line 12, but not on line 1: passes not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	304,881 504,528 -552	1 2e	
2 Amounts includ a Net unrealized b Donated service c Recoveries of p d Other (Describe e Add lines 2a the 3 Subtract line 2e 4 Amounts includ a Investment expense b Other (Describe c Add lines 4a and 5 Total revenue.	d on line 1 but not on Form 990, Part VIII, line 12: gains (losses) on investments s and use of facilities rior year grants in Part XIII.) bugh 2d from line 1 d on Form 990, Part VIII, line 12, but not on line 1: enses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	504,528 -552	2e	
a Net unrealized b Donated service c Recoveries of p d Other (Describe e Add lines 2a the Subtract line 2e Amounts include a Investment expense b Other (Describe c Add lines 4a and Total revenue.	pains (losses) on investments s and use of facilities rior year grants in Part XIII.) bugh 2d from line 1 ad on Form 990, Part VIII, line 12, but not on line 1: enses not included on Form 990, Part VIII, line 7b	2b 2c 2d	504,528 -552	2e	200.000
b Donated service c Recoveries of p d Other (Describe e Add lines 2a the 3 Subtract line 2e 4 Amounts include a Investment expe b Other (Describe c Add lines 4a an Total revenue.	s and use of facilities rior year grants in Part XIII.) ough 2d from line 1 ed on Form 990, Part VIII, line 12, but not on line 1: enses not included on Form 990, Part VIII, line 7b	2b 2c 2d	504,528 -552	2e	000.07
c Recoveries of p d Other (Describe e Add lines 2a thi Subtract line 2a Amounts includ a Investment expi b Other (Describe c Add lines 4a and Total revenue.	in Part XIII.) pugh 2d from line 1 ad on Form 990, Part VIII, line 12, but not on line 1: enses not included on Form 990, Part VIII, line 7b	2c 2d	-552	2e	000.00
d Other (Describe e Add lines 2a thi Subtract line 2e Amounts includ a Investment expi b Other (Describe c Add lines 4a an Total revenue.	in Part XIII.) pugh 2d from line 1 ad on Form 990, Part VIII, line 12, but not on line 1: enses not included on Form 990, Part VIII, line 7b			2e	000 0==
Add lines 2a thi Subtract line 2e Amounts includ Investment exp Other (Describe Add lines 4a and Total revenue.	from line 1			2e	000 0==
Subtract line 2e Amounts includ a Investment exp b Other (Describe c Add lines 4a an i Total revenue.	from line 1				808,857
Amounts include a Investment expense b Other (Describe c Add lines 4a and Total revenue.	ed on Form 990, Part VIII, line 12, but not on line 1: enses not included on Form 990, Part VIII, line 7b	1. T		3	5,384,526
 Other (Describe Add lines 4a and Total revenue. 	enses not included on Form 990, Part VIII, line 7b				
 Other (Describe Add lines 4a and Total revenue. 		4a	19,894	1550	
Total revenue.	in Part XIII.)	4b			
	d 4b Add lines 3 and 4c. <i>(This must equal Form 990, Part</i>			4c	19,894
				5	5,404,420
	nciliation of Expenses per Audited Fin			er Re	turn.
Com	plete if the organization answered "Yes" o	n Form 990, Part IV,	line 12a.	1	4,802,167
Amounts includ	and losses per audited financial statements			partier.	4,602,107
		2a	504,528	19	
b Prior year adjus	s and use of facilities		304,320		
c Other losses	tments	20			
d Other (Describe	in Part XIII.)	2d			
e Add lines 2a thi	ough 2d		3000	2e	504,528
Subtract line 2e	from line 1		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3	4,297,639
Amounts includ	ed on Form 990, Part IX, line 25, but not on line 1:				
a Investment exp	nses not included on Form 990, Part VIII, line 7b	4a	19,894		
b Other (Describe	in Part XIII.)	4b			
c Add lines 4a an	1 4b			4c	19,894
Total expenses	Add lines 3 and 4c. (This must equal Form 990, Pa	rt I, line 18.)		5	4,317,533
PART II, DURING 20 400 ACRES RECEIVING PERPETUIT OTHER THA	d 4b; and Part XII, lines 2d and 4b. Also complete the LINE 9 - ACCOUNTING FOR COUNTINE FOR COUNTINE FOR COUNTINE FOR COUNTINE FOR COUNTINE OF LAND ALONG THE VIRGIN THIS EASEMENT, THE ORGANITY TO ENSURE THAT THE LAND AS SPECIFIED IN THE CONSERVE HABITAT ALONG A TRIBUTANT ALONG A TR	ONSERVATION E VED A CONSER RIVER NEAR S ZATION AGREES RETAINS ITS SERVATION EAS UTARY OF THE RIBUTION REVE	ASEMENTS VATION EASE T. GEORGE, S TO MONITO CHARACTER A EMENT. THI VIRGIN RIVE NUE OF \$1,0	UTAI R TH ND : S E. CR.	H. BY HE LAND IN IS NOT USED ASEMENT WII THE EASEME

Part XIII Supplemental Information (continued)

ACRES OF LAND ALONG THE VIRGIN RIVER NEAR ROCKVILLE, UTAH FOR \$100,000. BY RECEIVING THIS EASEMENT, THE ORGANIZATION AGREES TO MONITOR THE LAND IN PERPETUITY TO ENSURE THAT THE LAND RETAINS ITS CHARACTER AND IS NOT USED OTHER THAN AS SPECIFIED IN THE CONSERVATION EASEMENT. THIS EASEMENT WILL HELP PRESERVE KEY RIPARIAN HABITAT ALONG THE VIRGIN RIVER. THE EASEMENT IS A PERMANENTLY RESTRICTED NET ASSET.

DURING 2002, THE ORGANIZATION RECEIVED A CONSERVATION EASEMENT ON 176

ACRES OF LAND ADJACENT TO ZION NATIONAL PARK IN UTAH. BY RECEIVING THIS

EASEMENT, THE ORGANIZATION AGREES TO MONITOR THE LAND IN PERPETUITY TO

ENSURE THAT THE LAND RETAINS ITS CHARACTER AND IS NOT USED OTHER THAN AS

SPECIFIED IN THE CONSERVATION EASEMENT. THIS EASEMENT WILL HELP PROTECT

ZION NATIONAL PARK FROM ENCROACHING DEVELOPMENT. THE EASEMENT WAS VALUED

AT \$195,000, AND CONTRIBUTION REVENUE OF \$195,000 WAS RECOGNIZED IN THE

YEAR AND A PERMANENTLY RESTRICTED NET ASSET WAS ESTABLISHED.

DURING 2015, THE ORGANIZATION PURCHASED A CONSERVATION EASEMENT ON 800

ACRES OF LAND WITHIN THE GRAND STAIRCASE-ESCALANTE NATIONAL MONUMENT KNOWN
AS THE JOHNSON LAKES CANYON PROPERTY (THE "PROPERTY") NEAR KANAB, UTAH FOR
\$1,000,000. BY RECEIVING THIS EASEMENT, THE ORGANIZATION AGREES TO MONITOR
THE LAND IN PERPETUITY TO ENSURE THAT THE LAND RETAINS ITS CHARACTER AND IS
NOT USED OTHER THAN AS SPECIFIED IN THE CONSERVATION EASEMENT. THIS
EASEMENT WILL HELP PRESERVE THE HABITAT AND OPEN SPACE WITHIN THE PROPERTY.
THE EASEMENT IS A PERMANENTLY RESTRICTED NET ASSET.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

IT HAS NOT BEEN DETERMINED HOW THE ORGANIZATION WILL USE THE ENDOWMENT

funds.	LETTURE 8	BAR TOTAL			
	ii Gef karitriw is				
PART X - FIN 48 FO	OTNOTE				
THE ORGANIZATION FO	OLLOWS ACCOUNT	ING FOR U	NCERTAINTY I	N INCOME TA	ES WHICH
REQUIRES THEM TO D	ETERMINE WHET	HER A TAX	POSITION (A	ND THE RELA	TED TAX
BENEFIT) IS MORE L	ikely than no	TO BE SU	STAINED UPON	EXAMINATION	BY THE
APPLICABLE TAXING A	AUTHORITY, BAS	ED SOLELY	ON THE TECH	NICAL MERITS	OF THE
POSITION. THE TAX 1	BENEFIT TO BE	RECOGNIZE	D IS MEASURE	D AS THE LA	RGEST
AMOUNT OF BENEFIT !	THAT IS GREATI	ER THAN FI	FTY PERCENT	LIKELY OF B	EING
REALIZED UPON SETTI	LEMENT, PRESUM	ING THAT	THE TAX POSI	TION IS EXA	MINED BY
THE APPROPRIATE TAX	KING AUTHORITY	THAT HAS	FULL KNOWLE	DGE OF ALL	RELEVANT
INFORMATION. DURING	THE YEARS EN	NDED DECEM	BER 31, 2016	AND 2015,	THE
ORGANIZATION'S MANA	AGEMENT EVALUA	TED ITS T	AX POSITIONS	TO DETERMIN	VE THE
EXISTENCE OF UNCERT	FAINTIES, AND	DID NOT N	OTE ANY MATT	TERS THAT WO	ULD REQUIR
RECOGNITION OR WHIC	CH MAY HAVE A	n effect o	N ITS TAX-EX	CEMPT STATUS	
PART XI, LINE 2D -	REVENUE AMOU	NTS INCLUD	ED IN FINANC	CIALS - OTHE	R
CHANGE IN VALUE OF	BENEFICIAL T	RUST		\$	-552
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Schedule 1 (Form 990) (2016) Open to Public BEAR'S EAR MONUMENT Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form OMB No. 1545-0047 2016 Inspection (h) Purpose of grant or assistance Employer identification number X Yes 86-0512633 9 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of noncash assistance u Information about Schedule I (Form 990) and its instructions is at u Attach to Form 990. Describe in Part IV the organization's procedures for monitoring the Use of grant funds in the United States. (d) Amount of cash 45,511 grant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 84-0611876 501C3 INC General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. (P) EIN 3 Enter total number of other organizations listed in the line 1 table THE GRAND CANYON TRUST, the selection criteria used to award the grants or assistance? CO 80302 (1) NATIVE AMERICAN RIGHTS FUNDS (a) Name and address of organization or government 1506 BROADWAY Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE I (Form 990) BOULDER Part II Part ල 9 6 3 £ 3 E 9

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Schedule I (Form 990) (2016) THE GRAND CANYON TRUST, INC. 80-UDIZABLE Schedule I (Form 990) (2016) THE GRAND CANYON TRUST, INC.	ANYON TRUST,	LINC.	86-USIZ633	"Ver" on Form 000	Page 4
Part III can be duplicated if additional space is needed.	ditional space is need	ddais. Complete II led.			, I alt IV, IIIG 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
			:		
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9			1		
7		1			
Part IV Supplemental Information. Provide the		required in Part I,	line 2; Part III, colun	information required in Part I, line 2; Part III, column (b); and any other additional information.	itional information.
PART I, LINE 2 - PROCEDURES IN THE GRANT AGREEMENT IT'S	FOR	TE	GRANT	FUNDS	

	4 7 8 4 7 4 7 4 7 4 7 7 4 7 7 8 8 8 8 8				
					Schedule I (Form 990) (2016)
DAA					

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

u Attach to Form 990. u Information about Schedule J (Form 990) and its instructions is at

Open to Public Inspection

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service Name of the organization

THE GRAND CANYON TRUST, INC

Employer identification number 86-0512633

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form \$90, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	Pa	Questions Regarding Compensation	Ţ.	Yes	No
Section A, line 1s, Complete Part III to provide any retend information regarding these Items.	10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			RET I
First-class or charter travel Travel for companions Tax indemnification and gross-up payments Payments for business use of personal residence Health or social club dues or initiation fees Payments for Dusiness use of personal residence Health or social club dues or initiation fees Payments for Dusiness use of personal residence Health or social club dues or initiation fees Parsonal services (such as, mald, chauffeur, cheft)	1 52	DOC Dat VIII Section A line to Complete Part III to anytide any relevant information regarding these items			- 1
Travel for companions Tax indemnification and gross-up payments Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as, mald, chauffeur, chel) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part III to sxplain		990, Part VII., Section 7, little 1a. Complete Fart III to provide any following and account minimates registering for negronal use	3		
Tax indemnification and gross-up payments Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 bid the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filling organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, United the Ceoling of the Ce					
Discretionary spending account				911	
b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Written employment contract Compensation or related organizations X Approval by the board or compensation committee Porm 990 of other organizations X Approval by the board or compensation committee X Approval by the board or compensation committee Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4a				MUL.	
or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization committee Compensation committee		Discretionary spending account Personal services (such as, maid, chauneur, cher)			
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			6
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a7		or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1 1	31	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization committee Compensation committee		explain	1b		
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Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee			2		
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee				Ø S	18
organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	3	Indicate which, if any, of the following the filing organization used to establish the compensation of the	X		
related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee		organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
Compensation committee Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensations Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, an equity-based compensation arrangement? c Participate in, or receive payment from, an equity-based compensation arrangement? d Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization on the net earnings of: a The organization contingent on the net earnings of: a The organization on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III		related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III					1
Form 990 of other organizations X Approval by the board or compensation committee					
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: 8 Receive a severance payment or change-of-control payment? 4 Participate in, or receive payment from, a supplemental nonqualified retirement plan? 5 Participate in, or receive payment from, an equity-based compensation arrangement? 6 Year to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the nat earnings of: a The organization? 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the nat earnings of: 6 A X Any related organization? 6 A Yes' on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III.			111976		
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, pald or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		TOTAL 200 OF OUTST OF SERVICE OF	3		
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each Item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, pald or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate In, or receive payment from, an equity-based compensation arrangement? if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, pald or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.					
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? d	а	Receive a severance payment or change-of-control payment?	4a	1	
c Participate In, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? b Any related organization? fr "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? b Any related organization? fr "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			45		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? for "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrue for pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			4c		<u> </u>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	37		
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, pald or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X			2 3		
compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958–4(a)(3)? If "Yes," describe in Part III 8 X		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958–4(a)(3)? If "Yes," describe in Part III 8 X	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III		compensation contingent on the revenues of:	18		
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe a X X X X X X X X X X	а	The organization?	5a		
if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			5b		<u> </u>
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe a X X X X X X X X X X X X X	_				
compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		n (do grinde da de de) decembra (1) de la companya (n) de la companya			
compensation contingent on the net earnings of: a The organization? b Any related organization? f "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			- 0
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	•		[800]		
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	-		6a		X
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III	- a	Any related organization?	6b		X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	U				
payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III		If tes on line of those describe in Fair in.			
payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53,4958-4(a)(3)? If "Yes," describe in Part III	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		1	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	•		7		X
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		Were any amounts reported on Form 990. Part VII. naid or accrued pursuant to a contract that was subject		1	
in Part III	0	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes." describe		T	
			8		X
		WI Falt III			
9. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	a	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

86-0512633 Schedule J (Form 990) 2016 THE GRAND CANYON TRUST, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of	Breakdown of W-2 and/or 1099-MISC compensation	ISC compensation	(C) Retirement and	(D) Nontaxable	SULTIN S	(F) Compensation
(A) Name and Title	(i) Base compensation	(iii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		in column (B) reported as deferred on prior Form 990
WILLARD L. HEDDEN JR.	m 206,558	20,000	1 :	8,000	7,101	241,659	0
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	6						
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	5b, 6a,																	
86-0512633	1b, 3, 4a, 4b, 4c, 5a, 5b, 6a,										* 1							
86-0	1b, 3, 4	DI	σT	T #35	dan.		108											
	nes 1a,											LV			14			
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CANYON	escriptic	(S)	a.		100				10									
GRAND	on, or d							1				8						
m 990) 2016 THE GRAND Supplemental Information	Provide the information, explanation, or descriptions required for Part I, lines 1a, for any additional information.	jjk.		113														
) 2016 ement	Provide the information, explaintor any additional information.	BU AN		45														
Schedule J (Form 990) 2016 Part III Supplemen	e informiditional	T								4			F					
Schedule J (anv ac	712	10															

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is OMB No. 1545-0047

Open to Public Inspection Employer Identification number

Name of the organization

THE GRAND CANYON TRUST. INC 86-0512633

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT GCT'S UTAH WILDLANDS PROGRAM WORKS TO SECURE PERMANENT PROTECTIONS FOR EASTERN UTAH'S OUTSTANDING PUBLIC LANDS. IN 2016, GCT SUPPORTED THE BEARS EARS INTERTRIBAL COALITION IN ADVOCATING FOR AND ULTIMATELY SEEING DESIGNATION OF THE BEARS EARS NATIONAL MONUMENT. THIS MONUMENT REPRESENTS A GROUNDBREAKING USE OF THE ANTIQUITIES ACT THAT

HONORS NOT JUST ARTIFACTS, BUT THE MODERN DAY PEOPLE AND CULTURES CONNECTED TO THEM. GCT'S UTAH FORESTS PROGRAM UNDERTAKES ECOLOGICAL ASSESSMENTS, RESTORATION

PROJECTS, AND POLICY INITIATIVES WITHIN SOUTHERN UTAH AIMED AT CREATING SUSTAINABLE, CONSERVATION-ORIENTED PUBLIC LANDS MANAGEMENT. IN 2016, GCT HAS PROVIDED LEADERSHIP FOR THREE DIVERSE-STAKEHOLDER, CONSENSUS COLLABORATIONS TO SOLVE SPECIFIC UNGULATE GRAZING PROBLEMS: MONROE MOUNTAIN WORKING GROUP, LA SALS SUSTAINABILITY COLLABORATION, AND THE RIPARIAN FORESTS WORKING GROUP. ADDITIONALLY, AS PART OF OUR COMMITMENT TO SUPPORT THE NEXT GENERATION OF CONSERVATION ADVOCATES, IN 2016, THE UTAH FORESTS PROGRAM MENTORED 5 INTERNS FOR A TOTAL OF 40 WEEKS OF ECOLOGICAL WORK.

GCT'S ARIZONA FOREST PROGRAM HAS BEEN DEEPLY ENGAGED IN ARIZONA FOREST RESTORATION EFFORTS SINCE 1996. IN 2009, WE HELPED LAUNCH THE FOUR FOREST RESTORATION INITIATIVE (4FRI), WHICH IS THE LARGEST RESTORATION PROJECT OF ITS KIND. AS A FUNCTION OF THE TRUST'S LEADERSHIP THROUGH FINAL NEGOTIATIONS, 4FRI'S FIRST 1-MILLION-ACRE ENVIRONMENTAL IMPACT STATEMENT (EIS) CLEARED THE NEPA PROCESS WITHOUT SERIOUS CHALLENGE. ON-THE-GROUND

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)

THE GRAND CANYON TRUST, INC.	86-0512633
AND RADIOACTIVE URANIUM CONTAMINATION ON THE COLORAL	OO PLATEAU. THE CLIMATE
ASPECT OF THE PROGRAM FOCUSES ON PREVENTING HIGH-CAN	RBON FUEL DEVELOPMENT
AND CREATING SOLUTIONS THAT ENABLE ENERGY EFFICIENCY	AND CLEAN ENERGY
ALTERNATIVES. WE ARE USING LITIGATION TO CHALLENGE O	OIL SHALE AND TAR SANDS
PROJECTS THAT REQUIRE THE USE OF FEDERAL PUBLIC LAND	O. ON THE CLEAN ENERGY
FRONT, WE ARE CURRENTLY SUPPORTING AN EFFORT TO PASS	S PROPERTY ASSESSED
CLEAN ENERGY (C-PACE) LEGISLATION IN ARIZONA. C-PACE	E IS AN INNOVATIVE
FINANCING MECHANISM THAT ALLOWS PROPERTY OWNERS TO A	ADD A VOLUNTARY
ASSESSMENT TO THEIR PROPERTY TAXES TO PAY FOR ENERG	Y EFFICIENCY, RENEWABLE
ENERGY AND WATER CONSERVATION PROJECTS.	
EDUCATION EXPENSE \$234,861	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS	S TO REVIEW FORM 990
THE AUDIT COMMITTEE REVIEWS AND APPROVES THE 990.	
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLIC	CTS POLICY
THE ORGANIZATION REQUIRES EACH TRUSTEE AND STAFF MEN	MBER TO SIGN THE
CONFLICT OF INTEREST POLICY ANNUALLY.	
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS	FOR TOP OFFICIAL
THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED AT	T THE ANNUAL MEETING OF
THE ORGANIZATION BY THE BOARD OF TRUSTEES IN EXECUT	IVE SESSION. THEY
DISCUSS THE EXECUTIVE DIRECTOR'S SALARY, BONUS, AND	
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS	
KEY EMPLOYEES OF THE ORGANIZATION ARE GIVEN A PERFO	RMANCE REVIEW EVERY
	PAGE 2 OF 3

Page 2

Schedule O (Form 990 or 990-EZ) (2 Name of the organization THE GRAND CANYON			/II	Employer Identificatio 86-0512633	n number
NOVEMBER BY THE P	EXECUTIVE DIREC	TOR.			
FORM 990, PART VI THE ORGANIZATION POLICY, AND FINAN	MAKES ITS GOVE	RNING DOCU	MENTS, CONF	LICT OF INTE	
FORM 990, PART IX	, LINE 11G - O	THER FEES	FOR SERVICE	s	
***************************************	AM SERVICE	MGT &	GENERAL	FUND	RAISING
\$	359,601	\$	580	\$	0
OTHER PROFESSIONA	L FEES				
\$	19,928	\$	1,470	\$	931
HONORARIUM					
\$ TOTAL	81,043	\$	0	\$	649
\$	460,572	\$	2,050	\$	1,580
FORM 990, PART XI	, LINE 9 - OTE	ER CHANGES	IN NET ASS	SETS EXPLANAT	
CHANGE IN VALUE O	OF BENEFICIAL T	RUST		, , , , , , , , , , , , , , , , , , ,	-552
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				PAGE 3 OF	3

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Open to Public Inspection Section 512(b)(13) controlled entity/ Yes No 2016 t controlling entity Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number Direct 86-0512633 (f) t controlling entity assets Direct (e) End-of-year s (e) Public charity status (if section 501(c)(3)) Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. (d) Total income Related Organizations and Unrelated Partnerships (d) I Code section Exempt (c) Legal domicite (state or foreign country) u Information about Schedule R (Form 990) and its instructions is at (c) Legal domicle (state or foreign country) u Attach to Form 990. (b) Primary activity (b) Primary activity GRAND CANYON TRUST, INC. (a)Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part 1 Part II (1) 3 9 Ξ 2 9 € 9 9 3

Schedule R (Form 990) 2016

For Paperwork Reduction Act Notice, see the Instructions for Form 990, DAA

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Page 2 Schedule R (Form 990) 2016 51.00 Ñ Section 512(b)(13) controlled entity? (k) Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. ž Schedule R (Form 990) 2016 THE GRAND CANYON TRUST, INC. 86~0512633

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. managing partner? Yes No × Percentage ownership Ē (f)
Code V—UBI
amount in box 20
of Schedule K-1
(Form 1985) Share of end-of-year assets (h) Dispro-cortionale alloc.7 Yes No × (g) Share of end-of-year assets (f) Share of lotal income -51,824 (f) Share of total income Type of entity (C corp., S corp. or thust) • (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity RELATED Ē (d)
Direct controlling entity (c) Legal domicile loreign country) (state or N/A (c) Legal formicile (state or foreign country) AZ Primary activity Primary activity RANCHING Ē AZ 86001 Name, address, and ElN of related organization 2601 N. FORT VALLEY ROAD FLAGSTAFF AZ 8 Name, address, and ElN of related organization (1)NORTH RIM RANCH LLC Ī 71-0988415 Part IV ð € 1 [⊕ lΞ 3 8 3

Page 3

Schedule R (Form 990) 2016 THE GRAND CANYON TRUST, INC.

Part V

86-0512633

Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II—IV?	related organizations	isted in Parts II-IV?		
a Receipt of (I) interest, (II) annuities, (III) royalties, or (Iv) rent from a controlled entity			Ta Ta	×
b Gift, grant, or capital contribution to related organization(s)			1b	×
e Git crant or cavital contribution from related omanization(s)			0	×
at a new me have a memorate to as for radalout expensions.				×
d Loais of loar gualantees to of foreign organizations.				,
e Loans or loan guarantees by related organization(s)			•	4
f Dividends from related organization(s)			11	×
a Cala of accate to related constitution(c)			-	×
A core of assets to control of the core of assets to core			4	×
h Purchase of assets from related organization(s)				; ;
i Exchange of assets with related organization(s)		***************************************	-	4
j Lease of facilities, equipment, or other assets to related organization(s)			*	×
k Lease of facilities, equipment, or other assets from related organization(s)			4	×
Performance of services or membership or fundraising solicitations for related organization(s)			-	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	×
n Sharing of facilities equipment mailing lists or other assets with related organization(s)			1	×
II drained a requirement mental section of the control of the cont			4	×
o shanng of paid employees with refated organization(s)		*******************************		
			1	×
p Keimbursement paid to related organization(s) for expenses		***************************************		; ;
q Reimbursement paid by related organization(s) for expenses			19	4
r Other transfer of cash or property to related organization(s)				<
s Other transfer of cash or property from related organization(s)			18	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	this line, including cov	ered relationships and tra	nsaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-e)	(c) Amount involved	(d) Method of determining amount involved	
(1)		11		
To the state of th	-			
(2)				
(3)				
		_		
(6)				
(5)		\ 		
			Schedule R (Form 990) 2016	30) 2016

Schedule R (Form 990) 2016 THE GRAND CANYON TRUST, INC.

86-0512633

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	Name, address, and EIN of entry	Primary activity	Legal domicile (state or	Predominant income (related, unrelated, excluded from tax render	Are all partners section 501(c)(3)	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing	or Percentage ownership
			country		Yes No			Yes	S.	Yes	2
(1)	(1)										
(2)											
(3)	(3)			3					30.		
(4)				28							
(5)	(5)								ii		1815
(9)	(9)										
6				33							
(8)									.0		
(6)										-	
(10)											= 11
(11)											<u>-11 15</u>

Schedule R	(Form 990) 2016 1	HE GRAND	CANYON	TRUST,	INC.	86-0512633	Page 5
Part VII	Supplementa Provide addition	I Information	on for respon	ses to quest	ons on Sched	86-0512633 ule R (See instruction	ens).
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	Anna Linguis Carana Managa		**************				

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