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Form 990-PF Department of the Treasury

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

For c	alen	dar year 2012 or tax year beginning		, and ending		
Nan	ne of	foundation			A Employer identification	
H	EL]	P A FRIEND FOUNDATION			20-042105	5
Num	ber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_2	51	6 S ORCHARD DRIVE			(801) 550	-7944
•		own, state, and ZIP code NTIFUL, UT 84010			C if exemption application is	pending, check here
		all that apply Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization	ns, check here
		Final return	Amended return		2	
		Address change	Name change		2 Foreign organizations r check here and attach	computation
H C	heck	type of organization X Section 501(c)(3) ex	empt private foundation		E If private foundation st	tatus was terminated
] Se	ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	tion	under section 507(b)(1)(A), check here
1 Fa	ır ma	rket value of all assets at end of year J Accounting	ng method X Cash	Accrual	F If the foundation is in	_ 1 1
			her (specify)		under section 507(b)(1)(B), check here
_ >		25,489 . (Part I, colu	mn (d) must be on cash b	pasis)		(4)
Pa	rt I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	191,557.		N/A	
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	51.	51.		STATEMENT 1
	4	Dividends and interest from securities				<u></u>
	5a	Gross rents				
	b	Net rental income or (loss)	,			
Revenue	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
eve	7	Capital gain net income (from Part IV, line 2)		0.		
ď	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	C	Gross profit or (loss)		····		
	11	Other income			ļ	
	12	Total Add lines 1 through 11	191,608.	51.		
	13	Compensation of officers, directors, trustees, etc	0.	0.	,	0.
	14	Other employee salaries and wages		_		
es	15	Pension plans, employee benefits				
use		Legal fees			RECEIVED	
ě		Accounting fees		100		10
Ð	l	Other professional fees		1 ~~ 1	NOV C 4 2013	-
Operating and Administrative Expens	17	Interest	-		1000 6 4 26 3	<u>(-</u>
stra	18	Taxes			CGOSTE	1 12
ij	19	Depreciation and depletion		- 		1
mp/	20	Occupancy Travel conferences and meetings			 	
ρį	21	Travel, conferences, and meetings Printing and publications				
3 ar	22		102.	0.		0.
ţi		Other expenses STMT 2 Total operating and administrative	102.			
ēra	24	expenses. Add lines 13 through 23	102.	0.		0.
o	25	Contributions, gifts, grants paid	229,230.			229,230.
		Total expenses and disbursements.				==-/
	"	Add lines 24 and 25	229,332.	0.	,	229,230.
	27	Subtract line 26 from line 12				
		Excess of revenue over expenses and disbursements	-37,724.			
	1	Net investment income (if negative, enter -0-)		51.	,	
	i	Adjusted net income (if negative, enter -0-)			N/A	

LHA For Paperwork Reduction Act Notice, see instructions

SCANNER NOV 2 8 2014

		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
F	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	63,213.	25,489.	25,489.
	2	Savings and temporary cash investments			,
	3	Accounts receivable			
		Less allowance for doubtful accounts	700		·· ···································
	4	Pledges receivable ►			. , , , , ,
		Less allowance for doubtful accounts			····
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			······································
	7	Other notes and loans receivable	_		
		Less allowance for doubtful accounts			
sts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
⋖	10a	Investments - U S and state government obligations			·
	b	Investments - corporate stock	ļ		
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	-		
	1	Less accumulated depreciation			
	12	Investments - mortgage loans	ļ		
	13	Investments - other			
	14	Land, buildings, and equipment basis	1		
		Less accumulated depreciation			
	15	Other assets (describe ►)			
			60.010	05 400	05 400
	_	Total assets (to be completed by all filers)	63,213.	25,489.	25,489.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
_	23_	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
v		and complete lines 24 through 26 and lines 30 and 31.	1		
JCe	24	Unrestricted			
alar	25	Temporarily restricted			
Net Assets or Fund Balance	26	Permanently restricted		· · - · · -	
Š		Foundations that do not follow SFAS 117, check here			
7		and complete lines 27 through 31		0	
ts (27	Capital stock, trust principal, or current funds	0.		
SSE	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
¥.	29	Retained earnings, accumulated income, endowment, or other funds	63,213.	25,489.	
ž	30	Total net assets or fund balances	63,213.	25,489.	
			63,213.	25,489.	
_	31	Total liabilities and net assets/fund balances		23,409.	<u> </u>
F	art	Analysis of Changes in Net Assets or Fund E	Balances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	63,213.
2	•	r amount from Part I, line 27a		2	-37,724.
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	25,489.
		reases not included in line 2 (itemize)		5	0.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II. o	rolumo (h) line 30	6	25,489.

223511 12-05-12

Pa	art IV Capital Gains	and Losse	s for Tax on In	vestment	Income						_
•			of property sold (e g mmon stock, 200 shs			(b) I	How acquired - Purchase - Donation		e acquired day, yr)	(d) Date sold (mo , day, yr)	_
1a											_
b	NO	NE									_
<u> </u>			·								_
_d _e			 								
<u> </u>	(e) Gross sales price		ciation allowed allowable)	107	it or other basis xpense of sale		·· ·		Gain or (loss) us (f) minus (-
a											_
b											_
<u> </u>											_
<u>d</u>											
е_	Complete only for assets showin	a asin in colum	on (h) and owned by t	he foundation	on 12/31/60	\dashv		U) Caraa /	Cal (b) sais		-
	Complete only for assets showin				cess of col (I)				Col (h) gain : not less thar		
_	(I) F M V as of 12/31/69		12/31/69		col (j), if any				s (from col (_
<u>a</u> b											-
C											-
d			· · · · · ·								-
е											_
2 (Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-			}	2				
3 1	Net short-term capital gain or (los	s) as defined in									
	f gain, also enter in Part I, line 8,	•				1					
	f (loss), enter -0- in Part I, line 8		4040(-) 6	D	Tan an Na		3				_
	art V Qualification U			-				come			_
(For	optional use by domestic private	toundations st	ibject to the section 4	940(a) tax on	net investment in	icome	!)				
If se	ection 4940(d)(2) applies, leave th	nis part blank									
Was	s the foundation liable for the sect	tion 4942 tax or	n the distributable ame	ount of any ye	ar in the base per	riod?				Yes X No	
	es," the foundation does not quali					-4					_
1	Enter the appropriate amount in e	each column to		structions bet	ore making any e		·			(d)	_
^	Base period years	' Ar	(b) Ijusted qualifying dist	ributions	Net value of no	(c) nchar	ritable-use assets			ution ratio	
	alendar year (or tax year beginnir 2011	19 (11)		6,920.			73,000		(601 (0) 010	2.69731	7
	2010			7,363.			185,04			1.82312	
	2009			9,857.			159,01			1.25687	
	2008			2,926.			1,81			78.66042	
Ξ.	2007		4	8,106.			42,31	1.		1.13696	2
2 1	Total of line 1, column (d)							2		85.57470	0
3 /	Average distribution ratio for the 5	5-year base per	iod - divide the total o	n line 2 by 5,	or by the number	of ye	ars				
t	the foundation has been in exister	nce if less than	5 years					3	-	17.11494	0
4 E	Enter the net value of nonchantab	le-use assets fo	or 2012 from Part X, I	ine 5				4		43,686	•
5 1	Multiply line 4 by line 3							5		747,683	•
6 E	Enter 1% of net investment incom	ne (1% of Part I	, line 27b)					6		1	•
7 /	Add lines 5 and 6							7		747,684	•
8 E	Enter qualifying distributions from	n Part XII, line 4						8		229,230	•
	If line 8 is equal to or greater than See the Part VI instructions	line 7, check th	ne box in Part VI, line	1b, and comp	lete that part usin	g a 1°	% tax rate			. —	

Form	990-PF(2012) HELP A FRIEND FOUNDATION				042			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940)	(a), 4940(b), 4940(e)	or 4	948	- see	instru	ction	ns)
Į1a	Exempt operating foundations described in section 4940(d)(2), check here and enter							
	Date of ruling or determination letter (attach copy of letter if necess	ssary-see instructions)						_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%		1				<u>1.</u>
	of Part I, line 27b							
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of							^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Other	ers enter -0-)		2				0.
	Add lines 1 and 2			3	_			1.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Oth	ers enter -0-)		4				0.
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-			5	<u> </u>			1.
	Credits/Payments	. 1						
	2012 estimated tax payments and 2011 overpayment credited to 2012	6a						
b	Exempt foreign organizations - tax withheld at source	6b						
	Tax paid with application for extension of time to file (Form 8868)	6c						
	Backup withholding erroneously withheld	6d			1			^
	Total credits and payments Add lines 6a through 6d							0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach	ned	_	8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			9				1.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1		10				
	Enter the amount of line 10 to be Credited to 2013 estimated tax	Refund	ed ►	11	L			
	rt VII-A Statements Regarding Activities						V	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation	tion or did it participate or in	tervene	ın			Yes	X
	any political campaign?					1a		X
b	Did it spend more than \$100 during the year (either directly) or indirectly) for political purpose					1b		
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and	copies of any materials p	ublishe	ea or				
	distributed by the foundation in connection with the activities							х
	Did the foundation file Form 1120-POL for this year?					1c		
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the y	ear -	0.					
	(1) On the foundation > \$ (2) On foundation managers							
9	Enter the reimbursement (if any) paid by the foundation during the year for political expenditum analogy \mathbf{S} \mathbf{S}	ire tax imposed on ioundatio	()					
•		20				2		Х
Z	Has the foundation engaged in any activities that have not previously been reported to the IRS) <i>'</i>						
•	If "Yes," attach a detailed description of the activities.	strument articles of incorna	ation o					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing ins		מנוטוו, נ	''		3	•	Х
40	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?					4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N	I/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			-	,	5		X
Ū	If "Yes," attach the statement required by General Instruction T.							
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ier						
٠	By language in the governing instrument, or	•						
	By state legislation that effectively amends the governing instrument so that no mandatory of the state legislation is the state of the state o	directions that conflict with t	he state	law				
	remain in the governing instrument?					6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?					7	Х	
	If "Yes," complete Part II, col (c), and Part XV							
8a	Enter the states to which the foundation reports or with which it is registered (see instructions	s) NONE						
						'		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Atto	orney General (or designate)				-		
	of each state as required by General Instruction G? If "No," attach explanation					85	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of sect	tion 4942(j)(3) or 4942(j)(5)	for cale	ndar				
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," co.	mplete Part XIV				9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	listing their names and addresse	s			10		X

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	idations, se	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	<u> </u>
b	Average of monthly cash balances	1b	44,351.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	44,351.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	44,351.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	665.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	43,686.
6	Minimum investment return Enter 5% of line 5	6	2,184.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here and do not complete this part)	d certain	
1	Minimum investment return from Part X, line 6	1	2,184.
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	1.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,183.
4	Recoveries of amounts treated as qualifying distributions	4	0. 2,183.
5	Add lines 3 and 4	5	2,183.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	2,183.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	229,230.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	229,230.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		_
	income Enter 1% of Part I, line 27b	5	0. 229,230.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	229,230.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies for t	he section
	4040/o\ reduction of toy in those years		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,		ar rais attaur s		
line 7		···		2,183.
2 Undistributed income, if any, as of the end of 2012	1	*		
a Enter amount for 2011 only			0.	
b Total for prior years		0		
		0.		
3 Excess distributions carryover, if any, to 2012				
a From 2007 b From 2008 45,997. 142,855.				
101 015				
200 117				
d From 2010 328,117. e From 2011 193,274.				
f Total of lines 3a through e	902,158.			
4 Qualifying distributions for 2012 from	50-7-000			······
Part XII, line 4 ▶ \$ 229,230.				
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				, , , , , , , , , , , , , , , , , , , ,
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				2,183.
e Remaining amount distributed out of corpus	227,047.		, /, - , /	
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,129,205.			
b Prior years' undistributed income Subtract	······································			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2011 Subtract line			0.	
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2012 Subtract				
lines 4d and 5 from line 1. This amount must				0.
be distributed in 2013		, <u> </u>		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0.			
section 170(b)(1)(F) or 4942(g)(3) 8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	45,997.			
9 Excess distributions carryover to 2013		······································		
Subtract lines 7 and 8 from line 6a	1,083,208.			
10 Analysis of line 9	· · · · · · · · · · · · · · · · · · ·			
a Excess from 2008 142,855.				
b Excess from 2009 191, 915.				
c Excess from 2010 328, 117.				
d Excess from 2011 193, 274.	ĺ			
e Excess from 2012 227, 047.	_		I	Form 990-PF (2012)

	FRIEND FOUN				21055 Page 10
Part XIV Private Operating F				N/A	
i_a If the foundation has received a ruling o					
foundation, and the ruling is effective fo			▶ └	7.0.0000	0.40(1)(5)
b Check box to indicate whether the foun	dation is a private operati	ing foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	111 (4) 0000	4-1-4-1
income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly	7			,	
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)		<u></u>			
b "Endowment" alternative test - enter 2/3 of minimum investment return		į			
shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on]			
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public			1		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	ormation (Comple	ete this part only	y if the foundatio	n had \$5,000 or m	ore in assets
at any time during				·	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi		than 2% of the total co	ntributions received by th	e foundation before the cl	ose of any tax
year (but only if they have contributed	more than \$5,000) (See	section 507(d)(2))			or any tan
NONE					
b List any managers of the foundation w	ho own 10% or more of t	he stock of a cornoratio	n (or an equally large nor	tion of the ownership of a	nartnership or
other entity) of which the foundation ha			ii (oi aii equaliy laige poi	tion of the ownership of a	partitionship or
NONE					
	N O C	Cabalanabia aka	D		
2 Information Regarding Contribution					
Check here ► if the foundation the foundation makes gifts, grants, etc					
				complete items za, b, c, an	
a The name, address, and telephone num		on to wnom application	s snould be addressed		
RANDY SELLERS, 801-5		rm 04010			
2516 S ORCHARD DR, E					
b The form in which applications should	be submitted and inform	ation and materials they	should include		
WRITTEN					
c Any submission deadlines					
NONE					
d Any restrictions or limitations on award	ls, such as by geographi	cal areas, charitable field	is, kinds of institutions, o	r other factors	
NONE					
223601 12-05-12					Form 990-PF (2012)

Part XV Supplementary Information	on (continued)			
3 Grants and Contributions Paid During the		Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
SOLOMON ISLANDS ORPHAN PROJECT	NONE	NONE	PROVIDE MEDICAL	
4229 PARK TERRACE DR			SERVICES TO CHILDREN	
SALT LARE CITY, UT 84124			IN THE SOLOMON	175,474.
WOODS CROSS HIGH SCHOOL FOUNDATION 600 W 2200 S WOODS CROSS, UT 84087	NONE	EXEMPT	DONATION TO DRAMA DEPARTMENT	2,300.
BOX ELDER HIGH SCHOOL 380 S 600 W	NONE	EXEMPT	SCHOOL DONATION	7 160
BRIGHAM CITY, UT 84302				7,160.
PRIMARY CHILDRENS MEDICAL CENTER 100 N MARIO CAPECCHI DR	NONE	EXEMPT	FESTIVAL OF TREES	
SALT LAKE CITY, UT 84132				925.
ELAINE MCKAY 325 W 1350 N	NONE	NONE	HOUSING FOR NEEDY	
BOUNTIFUL UT 84010	NIMITALIAMITON CHEE	3m / C)		12,851.
b Approved for future payment	ONTINUATION SHEE	T(S)	▶ 3a	229,230.
NONE				
Total			▶ 3b	0.
10(4)			► 30	000 DE (00.0)

Part XVI-A	Analysis of	f Income-Producing	Activities
	,a., o.o o.	,	

Enter gross amounts unless otherwise indicated	Unrelat	ed business income	Exclu	ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d)	Related or exempt function income
1 Program service revenue	code	Aillouit	code	Amount	Indiction income
a			 -	<u> </u>	
b	_	ļ			
c					
d	-	-			
e	_		-		
·			+		
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-		1		
investments			14	51.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property			l		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory			ļ		
1 Other revenue					
a					
b			<u> </u>	-	
C	_		ļ		
d	_		-		
e	_ 		-	6.1	
2 Subtotal Add columns (b), (d), and (e)	<u> </u>	0.		51.	
3 Total. Add line 12, columns (b), (d), and (e)				13_	51
(See worksheet in line 13 instructions to verify calculations)					
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	kemp	t Purposes	
Line No Explain below how each activity for which inc			contril	outed importantly to the accor	nplishment of
the foundation's exempt purposes (other tha				DINING HOD OU	IDTMINIT NOT
3 INTEREST EARNED USED 1	O FURTH	IER HELP PROV	TDE	FUNDS FOR CH	ARITABLE NEE
					
		_ 			
		·······			
				 	
			-	· · · · ·	
223621 12-05-12					Form 990-PF (2012

Part XVI	Information Re Exempt Organ		ers To a	and Transactions	and Relations	ships With Nonch	aritable		ige is
1 Did the	organization directly or indi		the followin	o with any other organizati	ion described in sec	tion 501(c) of		Yes	No
	e (other than section 501(c								
	rs from the reporting found								l
(1) Cas			·				1a(1)		Х
(2) Oth	er assets						1a(2)		Х
b Other tra	ansactions								
(1) Sale	es of assets to a noncharita	ble exempt organization	า				1b(1)		X
(2) Pur	rchases of assets from a no	ncharitable exempt org	anızatıon				1b(2)		X
(3) Rer	ntal of facilities, equipment,	or other assets					1b(3)		X
(4) Rei	mbursement arrangements						1b(4)		X
, ,	ins or loan guarantees						16(5)		X
• •	formance of services or me	•	-				1b(6)		X
	of facilities, equipment, ma						10	L	Х
or service	swer to any of the above is ces given by the reporting f (d) the value of the goods,	oundation If the founda	ation receive		•			ets,	
(a) Line no	(b) Amount involved			exempt organization	(d) Description	n of transfers, transactions, an	od shanng an	rangeme	nts
		(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		1	-,			
					_				
		 							
									
				_ 		-			
				<u> </u>	- 				
ın sectio	undation directly or indirectly or indirectly of 501(c) of the Code (othe complete the following sch	r than section 501(c)(3)		· -	izations described		Yes	X] No
	(a) Name of org	anization		(b) Type of organization		(c) Description of relation	ship		
	N/A				ļ				
					ļ				
					ļ				
					 				
	er penalties of penjury, I declare belief, it is true, correct, and cor					er has any knowledge	May the IRS of the think the hown below	e prepan	er j
Sig	gnature of officer or trustee			Date	Title				
	Print/Type preparer's na		reperer A St	gnature	Date	Check if PTIN		~ 	 -
			W		ا ا	self- employed			
Paid	RANDY SELL		4	1	11.1.13		1260		
Preparer	1	FESSIONAL	BUSIN	ESS ADVISORS	, LLC	Firm's EIN ► 20-3	31531	67	
Use Only			<u>. </u>	2. 2		<u>- </u>			
	1		_	ST, SUITE 20	νυ	201	206	100	^
 .	I BO	UNTIFUL, U	1 840	10			-296 -		
						ı	Form 990	-PF (2012)

Schedule B (Form 990, 990-EZ, or 990-PE)

Internal Revenue Service

or 990-PF)
Department of the Treasury

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2012

Employer identification number Name of the organization 20-0421055 HELP A FRIEND FOUNDATION Organization type (check one): Section: Filers of: ____ 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 🔟 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part IV, line 2 of its Form 990-PF, to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

HELP A FRIEND FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GRACE LIN 67 RANDALL ST SAN FRANCISCO, CA 94131	ss	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	HAL GOOCH 6511 S CANYON RANCH RD SALT LAKE CITY, UT 84121	s 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	M. ALLAN @ SUZANNE DALY 27 LITTLE HOG CANYON LANE PATAGONIA, AZ 85624	\$\$\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TAYLOR FAMILY HISTORY FOUNDATION 5827 N SAGE CREST ROAD MOUNTAIN GREEN, UT 84050	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	LYNETTE GRIFFITH 511 FREMONT CIRCLE ROCK SPRINGS, WY 82091	\$\\$\\$\	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	ROBERT TILLEY 2748 PEACH STREET PERRY, UT 84302	s 7,160.	Person X Payroll
223452 12-2		Schedule B (Form	990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

HELP A FRIEND FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed
--------	---

Part I	Contributors (see instructions). Use duplicate copies of Part First	additional space is fleeded	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BERRY FLP 4200 MONTROSE BLVD, SUITE 400 HOUSTON, TX 77006	\$ <u>13,000</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	FAITH PRESBYTERIAN CHURCH 2053 CHOCTAW DR SIERRA VISTA, AZ 85650	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	KEITH & ELIZABETH TOMS 401 LOCUST GROVE RD HOPKINSVILLE, KY 42240	\$ 22,048.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	W JACKSON & SARAH LIFF 901 CRYSTAL SPRING FARM ROAD ANNAPOLIS, MD 21403	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	JOHN & SUELLEN CHIAKMAKIS PO BOX 3830 SIERRA VISTA, AZ 85635	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2	LAURA NORTON 944 BURNETT AVE ARNOLD, MD 21012	\$ \$ 6 , 436 .	Person X Payroll

Name of organization

Employer identification number

HELP A FRIEND FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CLYDE & NANCY LAW 5301 BEVERLY OAKS DR KNOXVILLE, TN 37918	\$5,117.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	KATHLEEN WILSON 8762 KINGS HILL DR SALT LAKE CITY, UT 84121	\$	Person X Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	JILL NIERMAN 312 FILLMORE ST APT #23 SAN FRANCISCO, CA 94117	s 6,086.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	ROBERT & MARTHA ANDERTON 4318 N DESERT OASIS CIR MESA, AZ 85201	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 12-2	1-12	\$Schedule B (Form	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 990, 990-EZ, or 990-PF) (2012)

Employer identification number

HELP A FRIEND FOUNDATION

(a)			
No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
N ACT OF LOVE	none	NONE.	ADOPTION EXPENSES	
9561 S 700 E, #101		ļ		
SANDY, UT 84070				18,60
DAVIS COUNTY SCHOOL DISTRICT	NONE	EXEMPT	DOWN	
45 E STATE ST			SYNDROME-EDUCATION	1.0
FARMINGTON, UT 84025				19
ILENE RISK	NONE	NONE	FOOD AND MEDICAL BILLS	
410 S STATE ST			NEEDY FAMILY	1 56
SALT LAKE CITY, UT 84111		-		1,56
KRISTI MATHISON	NONE	NONE	TEMPORARY HOUSING FOR	
9309 GAELIC CIRCLE WEST JORDAN, UT 84088			NEEDY FAMILY	3,63
NEST BONDAN, OT 04000				
KRISTINE ROSE	NONE	NONE	HOUSING COSTS FOR	
3912 W 2250 N REXBURG, ID 83440			FAMILY WHO LOST FATHER	6,51
READONG, 12 03440				
· · · · · · · · · · · · · · · · · · ·				
		<u> </u>		
Total from continuation sheets				30,52

	<u> </u>				
FORM, 990-PF INTEREST ON SAVI	INGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
INTEREST INCOME					51.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A			51.
FORM 990-PF	STATEMENT	2			
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOM		
BANK FEES	102.	0	•		
					0.

Form **8868**

(Rev January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

-	· - · - · - ·						
	are filing for an Automatic 3-Month Extension, comple						► X
	are filing for an Additional (Not Automatic) 3-Month Ex						
	omplete Part II unless you have already been granted						
	c filing (e-file) You can electronically file Form 8868 if y						
	to file Form 990-T), or an additional (not automatic) 3-mo						
	file any of the forms listed in Part I or Part II with the ex-						
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions) Fo	r more details	on the elec	tronic filing	of this form,
	rrs gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time						
	ation required to file Form 990·T and requesting an autor	matic 6·mo	nth extension · chec	k this box and	complete		
Part I only				1			
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form	7004 to reque:	st an exten	sion of time	
	ome tax returns.						
Type or	Name of exempt organization or other filer, see instru	ctions.			Employer	identification	on number (EIN) or
print							
le by the	HELP A FRIEND FOUNDATION					<u> 20-04</u>	21055
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.		Social se	curity numb	er (SSN)
iling your eturn See	2516 S ORCHARD DRIVE				<u> </u>		
nstructions	City, town or post office, state, and ZIP code. For a form	oreign add	ress, see instruction:	S			
	BOUNTIFUL, UT 84010						
							ı ,
Enter the	Return code for the return that this application is for (file	e a separa	te application for eac	:h return)			0 4
 _		,					
Applicati	on	Return	Application	ŀ			Return
s For		Code	Is For				Code
orm 9 <u>9</u> 0	or Form 990-EZ	01	Form 990-T (corpor	ation)			07
Form 990	-BL	02	Form 1041-A				08
Form 47 <u>2</u>	0 (individual)	03	Form 4720	_ 			09
Form 99 <u>0</u>	·PF	04	Form 5227				10
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
Form 990	-T (trust other than above)	06	Form 8870				12
	RANDY G SELLERS					•	
The bo	ooks are in the care of ▶ 2516 S ORCHARD	DR, 1	BOUNTIFUL,	UTAH -	8401	<u> </u>	
Teleph	none No ► <u>(801) 550-7944</u>		FAX No ▶				
	organization does not have an office or place of business						▶ ∐
	is for a Group Return, enter the organization's four digit						group, check this
	If it is for part of the group, check this box					ers the exte	nsion is for.
1 re	quest an automatic 3-month (6 months for a corporation						
	AUGUST 15, 2013 , to file the exemp	t organiza	tion return for the org	ganization nam	ed above	The extensi	on
	or the organization's return for:						
▶	\overline{X} calendar year 2012 or						
>	tax year beginning	, an	d ending				
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial re	eturn 📖	Final retur	ר	
L_	Change in accounting period						
							
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax	t, less any			0
	nrefundable credits. See instructions				3a	\$	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,			nd,			^
	ımated tax payments made. İnclude any prior year overp			1	3b	\$	0.
c Bal	ance due. Subtract line 3b from line 3a Include your pa	ayment wit	h this form, if require	d,			^
	using EFTPS (Electronic Federal Tax Payment System)				3c		0.
Caution.	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form	8453-EO and F	orm 8879-l	O for paym	nent instructions
LHA F	or Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.			Form 8	8868 (Rev 1-2013)

	868 (Rev 1-2013)			,,	Page 2
• If yo	u ક rapfiling for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check th	is box	► X
Note.	Only complete Part II if you have already been granted an	automatic	3-month extension on a previously	filed Form 8868	
	u are filing for an Automatic 3-Month Extension, comple				
Part	II Additional (Not Automatic) 3-Month E	xtensio	on of Time. Only file the origin	nal (no copies needed	i).
		, <u>.,</u>	Enter filer's	s identifying number, see	instructions
Type o	Name of exempt organization or other filer, see instru	ıctions		Employer identification no	umber (EIN) or
print			- 1	_	
File by the				20-0421	055
filing your return Se	2516 C ODCUADO DOTATO	ee instruc	tions.	Social security number (S	(SN)
Instruction	City, town or post office, state, and ZIP code. For a for BOUNTIFUL, UT 84010	oreign add	dress, see instructions.		
Enter th	ne Return code for the return that this application is for (file	e a separa	ite application for each return)		0 4
Applica	ation	Return	Application		Return
Is For	711011	Code	Is For		
	90 or Form 990-EZ	01	13101		Code
Form 9		02	Form 1041-A	### <u>##################################</u>	08
	720 (individual)	03	Form 4720		09
Form 9		04	Form 5227		10
	90-T (sec 401(a) or 408(a) trust)	05	Form 6069		11
	90-T (trust other than above)	06	Form 8870		12
	Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a pre-	viously filed Form 8868.	
Tele	phone No \blacktriangleright (801) 550-7944 e organization does not have an office or place of business	DR,	FAX No. ▶	84010	
	e organization does not have an office or place of businest s is for a Group Return, enter the organization's four digit			If this is for the whole arou	n check this
box ▶		-	ach a list with the names and EINs o		
			BER 15, 2013	day morniposo trio externese	7,0,00
	or calendar year 2012, or other tax year beginning		, and endir	na	
	the tax year entered in line 5 is for less than 12 months, o	heck reas		Final return	
	Change in accounting period				
7 S	state in detail why you need the extension INFORMATION NEEDED TO COMPLET:	E AN	ACCURATE RETURN NO	T YET AVAILAB	LE
-					
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any	8a \$	0.
	onrefundable credits See instructions.		refundable gradite and estimated		<u>-</u>
	this application is for Form 990-PF, 990-T, 4720, or 6069,			*	
	ax payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid	8b \$	0.
	previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your pa	avment w	th this form if required by using	- Jos 4	
	FTPS (Electronic Federal Tax Payment System). See instr		ar and form, a regulace, by some	8c \$	0.
	Signature and Verificat	tion mu	st be completed for Part II		
Under p	enaities of periury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo	ding accomp			nd belief,
Signatu		(C/A	Date ► \$// y	1/2
				Form i 886 8	/(Rey∕1·2013)

223842 01-21-13