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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

2012

Form 990-PF (2012)

Internal Revenue Service Open to Public Inspection For calendar year 2012, or tax year beginning 2012, and ending A Employer identification number Name of foundation CLINE M DAHLE FOUNDATION 20-5896318 Number and street (or P O. box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 4550 S MAIN ST STE 200 (801) 495-2533 City or town, state, and ZIP code C If exempt application is pending, check here Murray UT 84107 G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation If private foundation status was H Check type of organization: Section 501(c)(3) exempt private foundation terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at end of J Accounting method X Cash Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here . . . . . . vear (from Part II, col. (c), line 16) Other (specify) 303,316 **▶** \$ (Part I, column (d) must be on cash basis) Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (The total of amounts in columns (b), (b) Net investment (c) Adjusted net for charitable expenses per (c), & (d) may not necessarily equal the purposes (cash basis only) income income amounts in column (a) (see instructions)) books 290,609 Check ► if the roundation to attach Sch B 3 Interest on savings and temp cash investments Dividends and interest from securities 5 a Gross rents · · · · R **b** Net rental v din ₩<sub>x</sub>źx income or (loss) E 6 a Net gain/(loss) from sale of assets not on line 10 **b** Gross sales price for all assets on line 6a N Capital gain net income (from Part IV, line 2) U Net short-term capital gain . . . . . . E 9 Income modifications · · · 10 a Gross sales less 966 2 \* 3¥ · -D rtns & allowances b Less Cost of goods sold · · · · 8-8---20 \$3 c Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) ..... 290,609 Total. Add lines 1 through 11...... Compensation of officers, directors, trustees, etc · · · · 0 13 Ē Other employee salanes and wages ... R 15 Pension plans, employee benefits . . ୪ 16 a Legal fees (attach schedule) · · · · · · · 8 C 535 **b** Accounting fees (attach schedule) .#.1 N c Other professional fees (attach schedule) G 17 & 18 Taxes (attach schedule) (see instructions) Α 19 Depreciation (attach sch.) and depletion n Occupancy····· М 20 21 Travel, conferences, and meetings . . . 22 Printing and publications..... E X P 23 4 Other expenses (attach schedule) . #.2 Total operating and administrative E N S expenses. Add lines 13 through 23 539 25 Contributions, gifts, grants paid ... . Ε 539 0 26 n Total exp & disbursements Add lines 24 and 25 Subtract line 26 from line 12 ţ 2, Excess of revenue over expenses 290,070 and disbursements .... b Net investment income (if neg., enter -0-) c Adjusted net income (if neg , enter -0-) 7 4 B

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,Do	<b>+ 1</b> 15	Polongo Chasta description column should be for	Beginning of year	End o	of year
ra	11 11	Balance Sheets description column should be for end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing · · · · · · · · · · ·	8,633	8,094	
	2	Savings and temporary cash investments		· · · · · · · · · · · · · · · · · · ·	<u> </u>
	3	Accounts receivable	.1) %\$.	A STATE OF THE STA	\$/# 18 / 18 kg
	Ū	Less. allowance for doubtful accts		<u></u>	<u></u>
	4	Pledges receivable	ş ,-		3 3 334
	•	Less allowance for doubtful accts		<u> </u>	<del> </del>
	_	<del></del>			
	5	Grants receivable · · · · · · · · · · · · · · · · · · ·			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
	7	disqualified persons (attach schedule) (see instructions) Other notes and loans			
Α	•	receivable (attach schedule)			
s		Less allowance for b			
S	8	Inventories for sale or use · · · · · · · · · · · · · · · · · · ·			
E	9	Prepaid expenses and deferred charges · · · · · · · · ·			
S	10a	Investments U S. and state govt. obligations (attach schedule)			
	b	Investments corporate stock (attach schedule) #3		290,609	295,222
	,,c	Investments corporate bonds (attach schedule) · · · · · · · ·			
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule).	to the second se	t de terre de la colocida del colocida de la colocida de la colocida del colocida de la colocida del la colocida de la colocida del la colocida del la colocida de la colocida del la co	\$\$100mm*********************************
	12	Investments mortgage loans · · · · · · · · · · · · · · · · · · ·			_
	13	Investments other (attach schedule) - · · · · · · · · · · · · · · · · · ·			
	14	Land, buildings, and equipment basis	Rin Mai	, ,	
	•	Less accumulated depreciation			
	15	Other assets (describe			<u>-</u> -
	16	Total assets (to be completed by all filers see the			·
	. •	Instructions Also, see page 1, item I)	8,633	298,703	303,316
П	17	Accounts payable and accrued expenses		2507,00	1111111111
Ţ	18	Grants payable			
AB	19	• •			
	20	Deferred revenue · · · · · · · · · · · · · · · · · · ·			
		Loans from officers, directors, trustees, and other disqualified persons · ·			
T	21	Mortgages and other notes payable (attach schedule) · · · · ·			-
E S	22	Other liabilities (describe			
S	23	Total liabilities (add lines 17 through 22)	0	(	4
		Foundations that follow SFAS 117, check here			
N F.		and complete lines 24 through 26 and lines 30 and 31.			
ᄃᅜ		Unrestricted······			
τN		Temporarily restricted · · · · · · · · · · · · · · · · · · ·			
AЫ	26	Permanently restricted · · · · · · · · · · · · · · · · · · ·			
SA		Foundations that do not follow SFAS 117, ck. here			
ᇀ니		and complete lines 27 through 31.			
ASSETS	27	Capital stock, trust principal, or current funds · · · ·			
c	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E R S	29	Retained earnings, accumulated income, endowment, or other funds · · · ·	8,633	298,703	
2	30	Total net assets or fund balances (see instructions)	8,633	298,703	3 .
	31	Total liabilities and net assets/fund balances (see instructions)	8,633	298,703	
Pa	rt III	Analysis of Changes in Net Assets or Fund Ba	lances		
1		I net assets or fund balances at beginning of year Part II, colum		with	
		-of-year figure reported on prior year's return).	· · · · -		8,633
2					290,070
3		er increases not included in line 2 (itemize)		3	
4		· ,		4	298,703
5		reases not included in line 2 (itemize)		5	230,103
		l net assets or fund halances at end of year (line 4 minus line 5)	Part II column (h) line :		298,703

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

5

6

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Multiply line 4 by line 3 -

Add lines 5 and 6. · · · · · · ·

Enter 1% of net investment income (1% of Part I, line 27b) -

Enter qualifying distributions from Part XII, line 4... ....

_	990-PF (2012) CLINE M DAHLE FOUNDATION 20-5		•			P	age <b>4</b>
	t VI Excise Tax Based on Investment Income (Section 4940(a)	···	- see ir	ISTRUCT	ons)		
ıa	Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter:	if necessary see inst.)	*			·	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		1				<del></del>
_	here and enter 1% of Part I, line 27b		<u> </u>		*		A" 3
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations			. A.	<b>.</b> ~	1	ξ,
	of Part I, line 12, col. (b).		حدثث م	<u> </u>			-
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations	anly Others enter -0-)	2				0
3	Add lines 1 and 2	•	3			_	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations		4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enti		5			_	0
6	Credits/Payments					Ġ	***
а	2012 estimated tax payments and 2011 overpayment credited to 2012.	6a	-			9	ì
b	Exempt foreign organizations — tax withheld at source · · · · · · · · · · · · · · · · · · ·	6b	<b></b>	. 153.	à		\$5
С	Tax paid with application for extension of time to file (Form 8868) · · · · · · · · · · ·	6c	- '		ş.	)	
d	Backup withholding erroneously withheld · · · · · · · · · · · · · · · · · · ·	6d	<b>-</b>			. 4,7 \$	(No
7	Total credits and payments. Add lines 6a through 6d · · · · · · · · · · · · · · · · · ·		7	<b></b>			0
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here If Form 2		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount of		10				
11	Enter the amount of line 10 to be. Credited to 2013 estimated tax ▶	Refunded ▶	11				
Par	t VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or	local legislation or did it partic	ipate or	ſ		Yes	No
	Intervene in any political campaign? · · · · · · · · · · · · · · · · · · ·				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for politic						
	definition)?				1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and		lished				*
	or distributed by the foundation in connection with the activities.					ه در ۲۰۰۶	
С	Did the foundation file Form 1120-POL for this year?				1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed d	luring the vear.					
	(1) On the foundation • \$ 0 (2) On foundation man	nagers > \$		0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political					žů	
	on foundation managers · · • \$0	·					di.
2	Has the foundation engaged in any activities that have not previously been reported	ed to the IRS? · · · · · · · ·		ľ	2		Χ
	If "Yes," attach a detailed description of the activities.					-	4
3	Has the foundation made any changes, not previously reported to the IRS, in its g	overning instrument, articles	of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed	copy of the changes			3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during				4a		Χ
b	If "Yes," has it filed a tax return on Form 990-T for this year?				4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during to				5		Х
	If "Yes," attach the statement required by General Instruction T.	•		Γ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) sa	tisfied either		[			
	By language in the governing instrument, or				-		4
	By state legislation that effectively amends the governing instrument so that no	mandatory directions that				1	
	conflict with the state law remain in the governing instrument?			[	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes	s," complete Part II, col. (c), &	Part XV	, [	7	Χ	
8 a	Enter the states to which the foundation reports or with which it is registered (see			ľ			
	▶UT	·					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-	PF to the Attorney General (o	r	— I	,		
	designate) of each state as required by General Instruction G? If "No," attach expl				8b	X	İ
9	Is the foundation claiming status as a private operating foundation within the meal			f			
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instru		complete	,   <sup>-</sup>			
	Part XIV	•	•		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," atta			F			
	and addresses			#4	10	Х	

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Form	990-PF (2012)		Pa	age <b>5</b>
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person			
	had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Χ	
	Website address ► N / A			
14	The books are in care of ▶ See attachment #5 Telephone no. ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 Check here			ightharpoons
	and enter the amount of tax-exempt interest received or accrued during the year			_
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the		×	
	foreign country ▶	3 2 4	'w y	,
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):	. ` `		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		-	A 48
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 3	\$	. 72
	a disqualified person? Yes 🗵 No	2 !		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			1
	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	1	٠.	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		, vda	ا يا
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	*	, ,	25%
	If the foundation agreed to make a grant to or to employ the official for a period	X 12	,	
	after termination of government service, if terminating within 90 days )	-		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	17		لحدك
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			<u> </u>
	that were not corrected before the first day of the tax year beginning in 2012?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	,	: 4	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d		,	
	and 6e, Part XIII) for tax year(s) beginning before 2012?			
ь	If "Yes," list the years 20, 20, 20, 20, Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)		١.,	<u></u>
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement see instructions)		<u> </u>	ľ
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.	2b		X
·		\ \cdot \( \cdot \)	_	
2-			, ,	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
h	enterprise at any time during the year?			*
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	-	\$ , `	
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)		· .	
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine		<i>'</i>	
		3b	<u> </u>	X
4a	of the foundation had excess business holdings in 2012.)	4a	<del>                                     </del>	X
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	<del>a</del>	<b></b>	1
~	purpose that had not been removed from jeonardy before the first day of the tax year beginning in 2012?	4h		<del>-</del>

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

Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highl	y Paid Employees,
3 Five highest-paid independent contractors for professional services (se	e instructions). If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevan of organizations and other beneficiaries served, conferences convened, research papers produ		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation of	furing the tax year on lines 1 and 2.	Amount
1		
2		
All other program–related investments. See instructions.  3		
Total. Add lines 1 through 3		
	·	

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Form 990-PF (2012) CLINE M DAHLE FOUNDATION 20-5896318

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1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	× 5 °°.	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
b	Program-related investments total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	1,3.3	
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	<del></del>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	C
6	Adjusted qualifying distributions. Subtract line 5 from line 4		C
		<del></del> -	•

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

Pa	rt XIII Undistributed Income (see	instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7		₹ " <b>%%</b> ", ,	* * * * * * * * * * * * * * * * * * * *	
2	Undistributed income, if any, as of the end of 2012	T. HAM.	\$ .S	*4.4.	12 Sta 100
	Enter amount for 2011 only				
	Total for prior years 20 , 20 , 20	3 (8) (1)		,	11.70
3	Excess distributions carryover, if any, to 2012		1143	A 28 (A)	
. 1	From 2007 830,000				
-	From 2008 350,000				
	From 2009				
	From 2010 140,000				
	From 2011 150,000				
	Total of lines 3a through e	1,470,000			
4	Qualifying distributions for 2012 from Part XII,	**************************************	***************************************	***	
	line 4 > \$_				
	Applied to 2011, but not more than line 2a				
	Applied to undistributed income of prior years			4 3 2 44 : .	
	(Election required see instructions)-				
	Treated as distributions out of corpus	· / · · · · · · · · · · · · · · · · · ·			2 2 5
	(Election required see instructions)				
	Applied to 2012 distributable amount	*****46:	* * * * * * * * * * * * * * * * * * * *	*******	* * **********************************
	Remaining amount distributed out of corpus	5 W 80 8 5 V	7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Sir an
5	Excess distributions carryover applied to 2012	·	7 s	TH THE LA	2000 ° 00 8°, 10
	(If an amount appears in column (d), the same	7 7 8 8 8 2 2 2	* 12	77778	1 - 45 1 /
	amount must be shown in column (a) )				
6	Enter the net total of each column as				
	indicated below:				
	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	1,470,000			
ı	Prior years' undistributed income. Subtract		- COMMON N		<b>2</b>
	line 4b from line 2b			K. S.	
	Enter the amount of prior years' undistributed	. · **			5 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has				
	been previously assessed				``.\ 
•	Subtract line 6c from line 6b. Taxable			· · · · · · · · · · · · · · · · ·	.5 X
	amount see instructions				
•	Undistributed income for 2011. Subtract				
	line 4a from line 2a Taxable amount				
	see instructions				*
1	Undistributed income for 2012 Subtract				
	lines 4d and 5 from line 1 This amount				
	must be distributed in 2013	3 7 3 4 1	1 · · · · · · · · · · · · · · · · · · ·	√	
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (see		7.		
	instructions)		\$ 18. Yes		î î
8	Excess distributions carryover from 2007				
	not applied on line 5 or line 7 (see				* 👸 (
_	instructions)				
9	Excess distributions carryover to 2013.	1 470 000			
	Subtract lines 7 and 8 from line 6a	1,470,000			
10	Analysis of line 9:				
	Excess from 2008 350,000				
ı	Excess from 2009				
•	Excess from 2010 140,000				
•	Excess from 2011 . 150,000				

•						
-orm	1 990-PF (2012)					Page <b>10</b>
	t XIV Private Operating Found	lations (see instru	ictions and Part VII-A	A, question 9)	<del></del>	
1a	If the foundation has received a ruling or	determination letter	that it is a private op	erating		
	foundation, and the ruling is effective for	2012, enter the date	of the ruling	▶		
b	Check box to indicate whether the found	ation is a private op	erating foundation de	escribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) T-4-1
	income from Part I or the minimum investment return from Part X for each	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
	year listed			<u> </u>		
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct exempt act.					:
е	Qualifying distributions made directly					
·	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative					
	test relied upon					
а	"Assets" alternative test enter:					
	(1) Value of all assets			<del> </del>		
	(2) Value of assets qualifying under					
ь	section 4942(j)(3)(B)(i) "Endowment" alternative test enter		-	-		
•	2/3 of min_investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	secunities loans (section 512(a)					
	(5)), or royalties)		<del>-</del>			
	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					
Pa	t XV Supplementary Informati	ion (Complete	this part only if	the foundation	on had \$5,000 or	more in assets
	at any time during the ye	ear see inst	tructions.)			
1	Information Regarding Foundation Ma	nagers:				
а	List any managers of the foundation who	have contributed m	nore than 2% of the to	otal contributions re	eceived by the foundati	on before the
	close of any tax year (but only if they have	e contributed more	than \$5,000) (See se	ection 507(d)(2))		
	See attachment # 7					
b	List any managers of the foundation who		•		ally large portion of the	ownership
	of a partnership or other entity) of which t	the foundation has	a 10% or greater inte	rest.		
	None					
2	Information Regarding Contribution, G					
	Check here \(\bigsigma\) if the foundation only					
	requests for funds. If the foundation make	es gins, grants, etc	(see instructions) to	individuals or orga	nizations under other c	onations,
	complete items 2a, b, c, and d.  The name, address, and telephone numbers.	per or e-mail of the	nereon to whom and	dications should be	addroseod:	
а	me name, address, and telephone numb	DEL OF ETHIAN OF THE	ьегоон то многи арр	meauoris sriouid De	auuresseu.	
b	The form in which applications should be	submitted and info	rmation and material	s they should inclu	de.	
				,		
C	Any submission deadlines					

JVA

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Form 990-PF (2012) Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year Approved for future payment

▶ 3b

o

Total ·

Form 990-PF (2012) CLINE M DAHLE FOUNDATION 20-5896318 Page 12

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
	(a)	(b)	(c)	(d)	Related or exempt
	Business	Amount	Excl	Amount	function income (See instructions.)
1 Program service revenue:	code		code		
a			ļ		
b			<u></u>		
c					
d					
е					
f					
g Fees & contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments.					
4 Dividends and interest from securities			i		
5 Net rental income or (loss) from real estate.		<b>美沙市党外科教</b>	4.53	Mark Street, Col	1960年 美事業公司
a Debt-financed property					
<b>b</b> Not debt-financed property······					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					,
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory				-"	
11 Other revenue a					
b			ĺ		
с					
d					
е					
12 Subtotal Add columns (b), (d), and (e) · · · ·	P1 40.13.94	0	3000	0	C
13 Total. Add line 12, columns (b), (d), and (e)				13	C
See worksheet in line 13 instructions to verify calcul-	ations)				
Part XVI-B Relationship of Activities		omplishment of Ex	kempt	Purposes	
Line No. Explain below how each activity for					ently to the
accomplishment of the foundation's				•	•

Form **990-PF** (2012)

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_ Pai	rt XVII	Information F Exempt Orga		ansfers To a	and Transac	ctions ar	nd Relation	ships With No	ncharit	able	
1	Did the	organization directly		age in any of the	following with a	iny other o	rganization de:	scribed in section	13/43	Yes	No
		of the Code (other tha									
а	Transfe	ers from the reporting	foundation to a r	onchantable exe	empt organization	on of.		-			
		ash							1a(1)		Х
	(2) Ot	her assets · · · · · ·							1a(2)		Х
b	Other t	ransactions.							1	10.	
	(1) Sa	ales of assets to a non	chantable exemp	ot organization					1b(1)		Χ
	(2) Pt	rchases of assets fror	n a nonchantable	e exempt organiz	zation · · · ·				1b(2)		Χ
	(3) Re	ental of facilities, equip	ment, or other as	ssets					1b(3)		X
		eimbursement arrange							1b(4)		X
	(5) Lo	ans or loan guarantee	es						1b(5)		X
	(6) Pe	erformance of services	or membership	or fundraising so	olicitations · · ·				1b(6)		X
c	Sharing	g of facilities, equipme	nt, mailing lists, o	other assets, or p	oaid employees				1c		X
	goods, or shar	nswer to any of the at other assets, or servic ring arrangement, show	ces given by the w in column (d)	reporting founda the value of the	ation If the four goods, other as	dation recessets, or sei	eived less than	ı faır market value ın			
(a) Li	ne no (	b) Amount involved	(c) Name of no	ncharitable exen	npt organizatior	(d) Desc	ription of transfe	rs, transactions, and sha	arıng arrang	ements	
	section	oundation directly or i i 501(c) of the Code (c " complete the followi	other than sectioning schedule							s <u>X</u>	] No
	(	(a) Name of organizat	tion	<b>(b)</b> Typ	e of organization	n	(	<ul><li>c) Description of relation</li></ul>	ationship		
—— Sigı	n U	nder penalties of perjury, elief, it a true correct, and	i declare that I have	examined this retui	rn, including accor ner than taxpayer)	npanying sch is based on a	edules and state Il information of v				
Her		Signature of officer of	r fusiée	<u> </u>	25/2013	TRUS	STEE		RS discuss ireparer sh ictions)? X		
		Print/Type prepare		Preparer's sig			Date	Check If	PTIN		1.40
Paid		VA Z		1 '	Fankhau		10/25/1	3 self-employed		326	0.3
	parer	Firm's name ► AD	AM SMITH	CPA	<u> </u>		<b>1</b>		34154		
Use	Only	Firm's address > 7		EEK BU S	ጥፑ 101				1 = 4 9 5		33

101

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Firm's address ▶ 7410 S CREEK RD STE

(801) - 495 - 2533

Phone no

#### Schedule B. (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2012

**Employer identification number** 

CLINE M DAHLE FOUNDATION 20-5896318 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization □ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt chantable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$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, chantable, 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, chantable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, 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 I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

CLINE M DAHLE FOUNDATION

Employer identification number 20-5896318

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PO BOX 17557 HOLLADAY, UT 84117-	\$ 290,609	Person 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
		<b>\$</b>	Person 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
		-   \$	Person 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
		\$	Person 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
		- - - -	Person 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
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

JVA

Name of organization

CLINE M DAHLE FOUNDATION

Employer identification number 20-5896318

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	2730 SHS CVX STOCK	_	
		\$ 290,609	12-30-2012
(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
		-	
		<b>—</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	

#### 990 SCHEDULE OF ACCOUNTING FEES

Attachment 1: page 1 - 990-PF Page 1, Part I, Line 16b
Open to Public Inspection For calendar year 2012, or tax period beginning , and ending Name of Organization Employer Identification Number CLINE M DAHLE FOUNDATION 20-5896318 Net Investment Adjusted Disbursements for **Accounting Category Amount** Income Net Income Charity TAX RETURN FEES 535 Total: 535

L0615F

#### 990 OTHER EXPENSES SCHEDULE

Attachment 2: page 1 990-PF Page 1, Part I, Line 23
Open to Public Inspection , and ending For calendar year 2012, or tax period beginning Employer Identification Number Name of Organization 20-5896318 CLINE M DAHLE FOUNDATION Disbursements for Adjusted Revenue and Net Investment Description of Activity Income Net Income Charity Expenses BANK CHARGES Total:

### 990 SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

Attachment 3: page 1 - 990-PF Page 2, Open to Public	Part II	[, Line	10b	····
Open to Public Inspection  For calendar year 2012, or tax period beginning		, and en		
Name of Organization		, and on	Employer Identif	fication Number
CLINE M DAHLE FOUNDATION		1	20-58963	18
Description of Property	Cost	FMV at Year End	Book Value	Fair Market Value
2730 SHS CVX STOCK		Tour End	290,609	295,222
			-	
	•	Total:	290,609	295,222

### 990 SCHEDULE OF SUBSTANTIAL CONTRIBUTORS

Attachmen	t 4: page 1 - 990-PF	Page 4, Part	VII-A, Line	10	
Inspection					
Name of Organiza	For calendar year 2012, or tax penod b	eginning	, and ending	Employer Identification Number	
	AHLE FOUNDATION			20-5896318	
	Name of Contributor		Address of Cont		
CLINE M D		PO BOX 17557			
		HOLLADAY, UT	84117		
				•	
1					
1					

#### 990 BOOKS ARE IN CARE OF

Attachme	<u>nt 5 - 990-PF Page 5, Part VII</u>	-A, Line 14	
Open to Public			
Inspection	For calendar year 2012, or tax period beginning	, and ending	<u> </u>
Name of Organiz	ration		er Identification Number
CLINE M	DAHLE FOUNDATION	20-5	896318
Part VII-A - Lin	e 14		
Individual Name		••	·· <u> </u>
or			
Business Name			
ADAM SMI	TH CPA		
		7410 0 000000 000	101
Street Address .		7410 S CREEK RD STE	101
		<del> </del>	
U.S Address			
0.0 Address			
Zin code	e 84093- City SANDY	State <u>UT</u>	
or 21p code	City SANDI	State OI	
Foreign Address			
Toreign Address			
City .	·· ··· · · · · · · · · · · · · · · · ·		
Ť			
Province	e or State		
Country			
Postal co	ode		
Phone N	lumber		<u>(801) 495-253</u>
Fax Nun	nber		<u>(801) 495-253</u>

## 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 99 Open to Public	0-PF Page 6,	Part VIII			
			andina		
Inspection For calendar year 2012, or tax Name of Organization	k period beginning	, and	ending	Employer Ident	fication Number
CLINE M DAHLE FOUNDATION	20-5896318				
(A) Name and Address	(B) Title and Average	(C) Compensation (If		t. to Employee	(E) Expense Account
CITNE M DAILE	Hrs per Week	not paid, enter 0)	Ben Plar	ns & Def. Comp	& Other Allowances
CLINE M DAHLE PO BOX 17557	TRUSTEE 0.00				
HOLLADAY, UT 84117-					
· ·					

### 990 INFORMATION REGARDING FOUNDATION MANAGERS

<u>Attachment /: page 1 - 990-PF Page 10, /u>	art XV, line la
Open to Public	
Inspection For calendar year 2012, or tax period beginning	, and ending
Name of Organization	Employer Identification Number
CLINE M DAHLE FOUNDATION	20-5896318
Contributing	Manager
CLINE M DAHLE	

## Form **8868** (Rev. January 2013)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  File a separate application for each return.								
	■ If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							
If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
-	=	unless you have already been granted a	-	• • • • •				
	•			•	•			
		You can electronically file Form 8868 if y					•-	
		le Form 990-T), or an additional (not auto ime to file any of the forms listed in Part I						
		Personal Benefit Contracts, which must be						
		m, visit www.irs.gov/efile and click on e-f			•			
Port	Automatic 3-Month Extension of Time. Only submit original (no copies needed).							
		file Form 990-T and requesting an autor					▶ []	
All other		cluding 1120-C filers), partnerships, REM	ICs, and trus	sts must use Form 7004 to reques	t an e	xtension of time to fi	le income	
				Enter filer's	ldent	ifying number, see	Instructions	
Туре	or Name of ex	empt organization or other filer, see instru	uctions			ployer identification number (EIN) or		
print	CLINE	M DAHLE FOUNDATION			M	20-589631	8	
File by		reet, and room or suite no. If a P.O. box,	see instruction	ons.	Soc	cial security number	(SSN)	
due dat tihng yo	MUJU 0	MAIN ST STE 200		<del></del>	Ш			
return. (	I (*** ***** **	or post office, state, and ZIP code. For a f	oreign addre	ess, see instru <i>c</i> tions.				
instruct	Murray	UT 84107						
Enter t	the Return code fo	r the return that this application is for (file	a separate a	application for each return)			04	
Applic	estion		Return	Application			Return	
Is For			Code	ls For			Code	
	990 of Form 990-E	7	01	Form 990~T (corporation)			07	
	990-BL	<del></del>	02	Form 1041-A			08	
	4720 (individual)		03	Form 4720			09	
	990-PF		04	Form 5227			10	
	990-T (sec. 401(a)	or 408(a) trust)	05	Form 6069			11	
	990-T (trust other t		06	Form 8870			12	
			'				—— <del>——</del>	
• Th	ne books are in the	care of ▶ See attachment	#1				_	
	elephone No. 🕨 _			FAX No. ▶		<del></del>		
		oes not have an office or place of busines					▶ ∐	
• If t	this is for a Group	Return, enter the organization's four digit	Group Exen	nption Number (GEN)			If this is	
		ck this box▶ [_		part of the group, check this box.	• • • •		and attach	
		EINs of all members the extension is for.				<del></del>		
1   n		ic 3-month (6 months for a corporation re		•				
un		15 , 20 $13$ , to file the exempt organiz	zation return	for the organization named above	e. The	extension is		
for	r the organization's							
	calendar year	<del></del>						
•	tax year begin	nning, 2	0 , and	ending	,	20		
_				п п		~		
		d in line 1 is for less than 12 months, che		Initial return Final ret	urn	Change in accou	nting period	
	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,						^	
less any nonrefundable credits See instructions.  3a : b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					\$	0		
		ents made Include any prior year overpay			3b	\$	0	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using					<del></del>			
		ederal Tax Payment System) See Instruct			3c	\$	0	
Cautic	on. If you are going	to make an electronic fund withdrawal v	vith this Form	n 8868, see Form 8453-EO and F	orm 8	879-EQ		
for pay	yment instructions.		<del></del>					
For Pr	rivacy Act and Pa	perwork Reduction Act Notice, see Ins	structions.			Form <b>8868</b> (Re	v 1-2013)	