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## Form **990-PF**

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

2012

_	For	cale	nda	r year 2012, or ta	ax year beginning		, 2012	, and ending		,		
	_			AMILY FOUNI					A	Employer identification nur		
				ST CLAREMON E VALLEY, A	AZ 85253-3950				_	Telephone number (see the 602-799-3500	instructions)	<del></del>
-							<del>_</del>		С	If exemption application is	pending, check	k here 🕨 🗌
İ	G (	Che	ck al	I that apply	Initial return Final return		al return of a forr ended return	mer public charity	D	1 Foreign organizations, chec	ck here	► 🗌
-	H	Ch	nock	type of organiza	Address change		ne change exempt private	foundation		2 Foreign organizations meet here and attach computation	ting the 85% to	est, check
			Sec	ction 4947(a)(1)	nonexempt charitabl	e trust [	Other taxable	private foundation	E	If private foundation status under section 507(b)(1)(A)	s was terminate	ed ▶□
	I ▶			ket value of all asset art II, column (c), line 3 , 638 ,	16)	Other (	ng method C specify) nn (d) must be of	ash X Accrual	F	If the foundation is in a 60 under section 507(b)(1)(B)	-month termin	ation ►
	Pa	rt I		nalysis of Re		(a)	Revenue and	(b) Net investme	ent	(c) Adjusted net	(d) Disbu	rsements
			co sa	lumns (b), (c), a	and (d) may not nece nounts in column (a)	'S-  '	enses per books	income		income	purpo	charitable ises (cash is only)
•			1 2	Contributions, gifts,	grants, etc, received (att sch							
			3	Interest on sav	oundn is <b>not</b> req to att Sch E rings and temporary	' ├─						
			4	cash investmer Dividends and inter			23,959. 65,912.	23,9 65,9		23,959. 65,912.		
				Gross rents			05,512.	03,3	12.	03, 312.		
	R		_	or (loss)	sale of assets not on line 1	ō	101,789.					
	E			Gross sales price for assets on line 6a	2,400,703	<u>.                                    </u>		101 5				
	E N		7 8	Capital gain net inco Net short-term	ome (from Part IV, line 2) capital gain		<del></del>	101,7	89.	11,518.	ļ	
	Ų		9	Income modific	cations					11/010:		
				Gross sales less returns and allowances			<u>.                                    </u>					
		ļ	_	Less Cost of goods sold			· · · · · ·					
				Gross profit/(loss) Other income (	(att sch) (attach schedule)		<del></del>	<del></del>		<u> </u>	ļ	
		-		S	SEE STATEMENT	1	-20,740.	-20,7	40.			,
		┥	12	Total. Add line:	s 1 through 11 ficers, directors, trustees, etc	_	170,920. 18,000.	170,9	20.	101,389.		18,000.
		ı	14	Other employee sal	aries and wages		10,000.					10,000.
				Pension plans, Legal fees (attach s	employee benefits							
		Å		Accounting fees (at	-	2	4,775.	<del></del>				4,775.
	0	N		: Other prof fees (att Interest	tach sch) SEE ST	3	27,431.	27,4	31.	,		
	O P E R	S	18	Taxes (attach schedule)(s	see instrs) SEE STM	4	2,270.	6	45.			1,625.
<b>3</b>	A T	Ř A T	19	Depreciation (a sch) and deple	attach				Г	RECEIVED		
	I N G	<b>!</b>	20	Occupancy					$\pm$	NEOLIVED.	70	
1	A	E E	21 22	Printing and pu	nces, and meetings ublications				15		101	
1	N D	E X P E	23	Other expenses	s (attach schedule)		11 024		14	0(.) X 3 2013	188 188	11 004
<b>)</b>		N S E S	24	Total operating	SEE STATEMENT and administrative	٦	11,024.		$\dashv$	OGDEN. UT		11,024.
1		š	25	expenses. Add	lines 13 through 23, grants paid PART XV	<sub>7</sub>	63,500. 159,115.	28,0	76-	,	<sup>1</sup>	35,424. 59,115.
1			26		s and disbursements		222,615.	28,0	76	0.		.94,539.
こうないとうこうの		$\dashv$		Subtract line 2	6 from line 12:		222,013.	20,0	, , , , ,	·	ļ.— <u> </u>	. , , , , , , , , , , , , , , , , , , ,
Ų			a	Excess of reve and disbursem	enue over expenses nents		-51,695.					
					ome (if negative, enter -0-).	٠.,		142,8	44.			
				Adjusted net incom	e (if negative, enter -0-)			L		101,389.	٠, , (	<u> </u>

BAA For Paperwork Reduction Act Notice, see instructions.

TEEA0504L 12/23/12

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Par	H	<b>Balance Sheets</b>	Attached schedules and amounts in the description column should be for end-of year amounts only	Beginning of year	End o		
	<u>: : : : : : : : : : : : : : : : : : : </u>		column should be for end-of year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash — non-interest	-bearing	27,142.	3,362.	3,362.	
	2	Savings and tempor	ary cash investments	497,067.	1,195,761.	1,195,761.	
	3	Accounts receivable	<b>•</b>				
		Less allowance for	doubtful accounts ►	·			
	4	Pledges receivable	<b>-</b>				
		Less. allowance for	doubtful accounts		and the second s		
	5	Grants receivable					
	6	Receivables due from offic	cers, directors, trustees, and other				
	_		ch schedule) (see instructions)				
	7	Other notes and loans rec	eivable (attach sch).	高いないないが、ないない		the state of the state of the	
Ą		Less: allowance for	doubtful accounts ►				
Š	8	Inventories for sale	or use .				
A S S E T	9	Prepaid expenses a	nd deferred charges				
Ś	10:	a Investments - U.S.	and state government				
		obligations (attach s	chedule)	330,645.	510,571.	510,571.	
		<b>b</b> Investments — corporate	stock (attach schedule)	1,955,164.	1,159,601.	1,159,601.	
	'	c Investments — corporate	bonds (attach schedule)	386,719.	430,482.	430,482.	
	11	Investments – land, equipment basis	buildings, and				
		Less: accumulated deprec (attach schedule)	eration •				
	12	Investments - mort	gage loans	-		<u> </u>	
	13	Investments - other	(attach schedule)	382,889.	338,716.	338,716.	
	14	Land, buildings, and	l equipment, basis ►	002,000.			
		Less: accumulated deprec (attach schedule)	riation		•		
	15	1	be ►	)			
	16	Total assets (to be	completed by all filers — — — — — — Also, see page 1, item I)	3,579,626.	3,638,493.	3,638,493.	
Ļ	17	Accounts payable ar	nd accrued expenses.		752.		
Ä	18	Grants payable					
B	19	Deferred revenue				4 10 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
ŀ	20	Loans from officers, direct	tors, trustees, & other disqualified persons				
ī	21		s payable (attach schedule)			1	
Ţ	22	Other liabilities (des	cribe ►	)			
Ė		·				<b>1</b>	
<u> </u>	23		l lines 17 through 22)	0.	752.		
		Foundations that fo and complete lines	llow SFAS 117, check here . P 24 through 26 and lines 30 and 31.				
NE	24	Unrestricted					
ΕÜ	25	Temporarily restricted	ed	· ·-			
ח	26	Permanently restrict	ted				
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here 🕒 [ 27 through 31.	X		·	
E L	27		orincipal, or current funds	4,512,326.	4,622,137.		
SNC	28	•	, or land, building, and equipment fund			,	
0 E	29	•	ulated income, endowment, or other funds	-932,700.	-984,396.		
ŔŚ	30		fund balances (see instructions)	3,579,626.	3,637,741.	]	
	31	(see instructions)	net assets/fund balances	3,579,626.	3 638 493		
Par	<del> </del>	****	ges in Net Assets or Fund Balan	1 3,379,020.	3,638,493.	<u> </u>	
			<del></del>				
1	lota end.	net assets or fund b of-year figure reporte	alances at beginning of year — Part II, co d on prior year's return)	olumn (a), line 30 (must a	gree with	3 570 626	
2		er amount from Part I,	• •		2	3,579,626.	
3		increases not included in li		r 6	3	-51,695. 109,810.	
4							
5		eases not included in line 2	(itemize)		5	3,637,741.	
6			alances at end of year (line 4 minus line	5) - Part II, column (b)		3 627 741	
	. 010	c. assets of fulla b	and toos at one or year time 4 minus line	$\omega_j = i$ are it, column (b),	0	3,637,741.	

2-story brick warehouse or common stock 200 shares MI C Company) P - Purch				b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day year)
1 2	SEE STATEMENT 7				+	<u> </u>
	)				<del> </del>	
	<u> </u>		<u>-</u> -			
	d					
	2					<del></del>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	5	(h) Gain or (e) plus (f) m	(loss) linus (g)
	a					
	ь					
	C					
	<u> </u>					
	•					
		ng gain in column (h) and owned by	***************************************		(I) Gains (Col	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column ( over column (j), if any		gain minus column (k nan -0-) <b>or</b> Losses (fi	
	a					
	b				<del>,</del>	·
	C					
	d					- ···
	e				<u> </u>	
_	Capital gain net income or (net	If (loss), ent	enter in Part I, line 7 er -0- in Part I, line 7	2		101,789.
3	If gain, also enter in Part I, line	loss) as defined in sections 1222(5) 8, column (c) (see instructions) If (	· · ·			
	ın Part I, line 8	Section 4940(e) for Reduced		3		11,518.
	es,' the foundation does not qual	tion 4942 tax on the distributable am ify under section 4940(e) Do not con	mplete this part		Yes	X No
_1_		n each column for each year; see the	e instructions before making	any entries.		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse	ts (co	<b>(d)</b> Distribution umn (b) divided	ratio by column (c))
	2011	190,256.	3,740	,086.	· · ·	0.050869
	2010	188,616.	3,744		•	0.050373
	2009	204,678.	3,604			0.056785
	2008	228,465.	4,234	,536.		0.053953
	2007	229,173.	4,827	,592.		0.047471
2	Total of line 1, column (d)			2		0.259451
3		e 5-year base period — divide the to has been in existence if less than 5		3		0.051890
4	Enter the net value of nonchard	table-use assets for 2012 from Part	X, line 5	4		3,578,576.
5	5 Multiply line 4 by line 3					185,692.
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)		6		1,428.
7	Add lines 5 and 6			7		187,120.
8	Enter qualifying distributions from	om Part XII, line 4		8		194,539.
	If line 8 is equal to or greater the Part VI instructions.	nan line 7, check the box in Part VI,	line 1b, and complete that pa	art using a 1°	% tax rate See t	

8 a Enter the states to which the foundation reports or with which it is registered (see instructions)

b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

(or designate) of each state as required by General Instruction G? If 'No,' attach explanation

IL

and addresses

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Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part XIV

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

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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		_ <u>X</u> _
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	Х	
	Website address . ► <u>N/A</u>			
14	The books are in care of ► BURNS FAMILY FOUNDATION Telephone no ► 602-7		<u>500</u>	
	Located at • 4228 E. CLAREMONT AVENUE PARADISE VALLEY AZ ZIP + 4 • 85253-39			. <del></del> .
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here	Ņ/Ą	. •	
	and enter the amount of tax-exempt interest received or accrued during the year		V	N/A
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No 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 ▶			
Pai	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.	<u> </u>	Yes	No
1 8	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?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? $X$ No	'	,	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . $X$ No	, ,	3 2	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No	-	•	, ,
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes X No			
1	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here			
•	: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1 c		<u>x</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$ )			
;	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?  Yes X No			
	If 'Yes,' list the years ▶ 20 , 20 _ , 20 _ , 20 _			
١	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			,,
	all years listed, answer 'No' and attach statement — see instructions.)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	2 b	N	/A
•	to the provisions of section 4942(a)(z) are being applied to any of the years listed in 2a, list the years here  20 , 20 , 20 , 20			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No		Frag.	1
ł	o If 'Yes,' did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012.)	3 b	N	/A
4	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		x
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4 b		Х
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Part VII-B   Statements Regarding Activities	es for Which Form	4720 May Be Requ	uired (continued)		
5 a During the year did the foundation pay or incu	•				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	∐ Yes X	No	
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,		•	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	ian a charitable, etc, org 4940(d)(2)? (see instru	ganization described ctions).	Yes X	No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention			Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to c a current notice regard	ualify under the except ing disaster assistance	tions	5 b	N/A
Organizations relying on a current notice regard	rding disaster assistanc	e check here	▶ ∐		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	he foundation claim exe sibility for the grant?	emption from the	N/A Yes	No	ı
If 'Yes,' attach the statement required by Regu	ılatıons section 53 4945	i-5(d).			
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	•	•	∐Yes X	No ,	
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirect	lly, on a personal bene	tit contract?	6 b	<u> </u>
If 'Yes' to 6b, file Form 8870				^	1
7a At any time during the tax year, was the found				No 75	
b If 'Yes,' did the foundation receive any procee  Part VIII   Information About Officers, Di				/A 7b	<u> </u>
and Contractors	rectors, trustees,	rouliuation manaç	jers, migniy raiu L	inployees,	
1 List all officers, directors, trustees, foundatio	n managers and their o	omnensation (see inst	ructions).	<del></del>	
List an officers, directors, trustees, foundation	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense	account.
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	
PATTI BOYD GENTRY	PRESIDENT	18,000.	0.		0.
4228 EAST CLAREMONT AVENUE	10.00				
PARADISE VALLEY, AZ 85253-3950					
WENDY B. COLLINS	VICE PRESIDE	0.	0.		0.
3650 EAST ORANGE DRIVE PHOENIX, AZ 85018	0				
JULIE ANN WRIGLEY	DIRECTOR	0.	0.		0.
P.O. BOX 118	0				
GLENBROOK, NV 89413	_				
ROBIN B. ALDEN	DIRECTOR	0.	0.		0.
1176 GRANITO DRIVE	0				
OJAL, CA 93023			<u> </u>		
2 Compensation of five highest-paid employees (or	ther than those included				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	account, owances
NONE					
					<del></del>
				ĺ	
			ļ		
				<u> </u>	
	1				
Total number of other employees paid over \$50,000	j		<b>•</b>		0
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<u> Part:VIII   Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E</u> and Contractors <i>(continued)</i>	mployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services ▶	0
Part(X:A) Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	· · · · · · · · · · · · · · · · ·
2	
3	
·	
4	
PartiX:By Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
N/A	
2	
All other program-related investments. See instructions	
3	
	· · · · · · · · · · · · · · · · · · ·
Total. Add lines 1 through 3	0.
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-	see instructions.)		
1 a	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes Average monthly fair market value of securities	1 a	2,524,892.
b.	Average of monthly cash balances	1 b	769,464.
C	Fair market value of all other assets (see instructions) .	1 c	338,716.
ď	Total (add lines 1a, b, and c) .	1 d	3,633,072.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c	272	
	(attach detailed explanation)   1e   0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,633,072.
	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	54,496.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,578,576.
6	Minimum investment return. Enter 5% of line 5.	6	178,929.
Part?	XI I Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ting fo	undations
	and certain foreign organizations check here ▶ ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	178,929.
2 a	Tax on investment income for 2012 from Part VI, line 5 2a 1, 428.	10.	<del></del>
b	Income tax for 2012 (This does not include the tax from Part VI)	1 :	
C,	Add lines 2a and 2b	2 c	1,428.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	177,501.
4	Recoveries of amounts treated as qualifying distributions	4	•
5	Add lines 3 and 4	5	177,501.
6	Deduction from distributable amount (see instructions)	6	· · · · · · · · · · · · · · · · · · ·
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	177,501.
Part	Qualifying Distributions (see instructions)		
а	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	194,539.
Ь	Program-related investments — total from Part IX-B	1 Ь	
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)	3 a	
b	Cash distribution test (attach the required schedule).	3 Ь	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	194,539.
	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	1,428.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	193,111.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	indation	
BAA			Form <b>990-PF</b> (2012)

### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2011	<b>(c)</b> 2011	<b>(d)</b> 2012
1 Distributable amount for 2012 from Part XI, line 7				177,501.
2 Undistributed income, if any, as of the end of 2012:				177,301.
a Enter amount for 2011 only			153,601.	
<b>b</b> Total for prior years. 20, 20, 20		0.		
3 Excess distributions carryover, if any, to 2012				
<b>a</b> From 2007				
<b>b</b> From 2008				
c From 2009 d From 2010				
e From 2011				
<u> </u>	,			
f Total of lines 3a through e Qualifying distributions for 2012 from Part	0.			
XII, line 4 ► \$ 194,539.				
a Applied to 2011, but not more than line 2a			153,601.	
			155,601.	
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2012 distributable amount	0.	· -		40,938.
e Remaining amount distributed out of corpus	0.			40, 936.
5 Excess distributions carryover applied to 2012 .	0.			0.
(If an amount appears in column (d), the				<u> </u>
same amount must be shown in column (a).)				
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
, , ,		0.		
d Subtract line 6c from line 6b Taxable amount — see instructions.		0.		
e Undistributed income for 2011. Subtract line 4a from				
line 2a. Taxable amount — see instructions.			0.	
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2013				136,563.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
(see instructions)	0.			
8 Excess distributions carryover from 2007 not				
applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2008.				
<b>b</b> Excess from 2009	]			
c Excess from 2010				
d Excess from 2011 .	]			
e Excess from 2012		<u> </u>		

Form 990-PF (2012) BURNS FAMILY FOU	NDATION			36-6051686	Page <b>10</b>
PartXIV Private Operating Foundat					N/A
1 a If the foundation has received a ruling or determined is effective for 2012, enter the date of the	ruling			^1	1.0.000
<b>b</b> Check box to indicate whether the foundate	r	erating foundation of		4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#N 2011	Prior 3 years (c) 2010	(4) 2000	(a) Tatal
investment return from Part X for each year listed	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
<b>b</b> 85% of line 2a		ļ			
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					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter			1		
(1) Value of all assets			<del> </del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
RartXV Supplementary Information assets at any time during the	Complete this) ne year — see ii	s part only if the structions.)	e foundation had	\$5,000 or more	ın
Information Regarding Foundation Mana     List any managers of the foundation who have close of any tax year (but only if they have NONE	e contributed more	than 2% of the total of than \$5,000) (See	contributions received le section 507(d)(2))	by the foundation befo	ore the
<b>b</b> List any managers of the foundation who ow	n 10% or more of the	e stock of a corporati	on (or an equally large	portion of the owner	ship of
a partnership or other entity) of which the NONE	foundation has a	10% or greater inte	rest		
2 Information Regarding Contribution, Gra Check here ► X if the foundation only m requests for funds If the foundation make complete items 2a, b, c, and d	akes contributions to es gifts, grants, etc	preselected charitates (see instructions)	ble organizations and o to individuals or orga	nizations under othe	icited er conditions,
a The name, address, and telephone number of	or e-mail of the person	on to whom application	ons should be address	ed:	
<b>b</b> The form in which applications should be	submitted and info	ormation and mater	ials they should inclu	de.	
c Any submission deadlines:				<del>.</del>	* *
d Any restrictions or limitations on awards,	such as by geogra	phical areas, charit	able fields, kinds of i	nstitutions, or other	factors
			<del></del>		

36-6051686

3 Grants and Contributions Palu During the 10	ar of Approved for Ful	ure Paymen		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
SEE STATEMENT 8		}		
		ļ		
		}		
	<u> </u>	<u>l</u>		
Total .	<del>, · </del>		► 3a	159,115.
<b>b</b> Approved for future payment				
			:	
		ŀ		
	}	1		
		l	1	
Total	.1	I	<b>D</b> 31	<del></del>
Total			► 3b	

#### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	(e)	
Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)	
a						
b						
С						
d						
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments			14		23,959.	
4 Dividends and interest from securities			14		65,912.	
5 Net rental income or (loss) from real estate	10 July 10 July 10	Profesional Control of the Control	1.50			
a Debt-financed property.						
<b>b</b> Not debt-financed property						
6 Net rental income or (loss) from personal property.						
7 Other investment income					-20,740.	
8 Gain or (loss) from sales of assets other than inventory			18	101,789.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:		Section to		•	······································	
a						
b						
С						
d						
e						
12 Subtotal Add columns (b), (d), and (e)				101,789.	69,131.	
13 Total. Add line 12, columns (b), (d), and (e)				13	170,920.	

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
•	
<del> </del>	
<del></del>	

# Form 990-PF (2012) BURNS FAMILY FOUNDATION Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

					· / /	Yes	No
	501(c) of the Code (of	ngage in any of the following w ther than section 501(c)(3) orga				मू तहाँ । इस्तान	
• .	•	a noncharitable exempt organi	zation of	Ì	7 1.0	,,1	١,
(1) Cash					1 a (1)		Х
(2) Other assets				ľ	1 a (2)		X
<b>b</b> Other transactions							
(1) Sales of assets	to a noncharitable exe	mpt organization			1 b (1)		Х
• •		able exempt organization			1 b (2)		X
• •	es, equipment, or othe	, ,			1 b (3)		<u>X</u>
(4) Reimbursement					1 b (4)		X
(5) Loans or loan gr	•				1 b (5)		X
		ip or fundraising solicitations			1 b (6)		X
• •		sts, other assets, or paid emplo	vees		1 c		<u> </u>
- ,	, , ,	, , , , , , , , , , , , , , , , , , , ,	•				<del></del> -
<b>d</b> If the answer to any the goods, other asse any transaction or s	of the above is 'Yes,' its, or services given by haring arrangement, s	complete the following schedul the reporting foundation. If the fol how in column (d) the value of	e Column (b) should alvandation received less that the goods, other assets,	vays show the fair market value in or services received	ıarket valı İ	ue of	
(a) Line no (b) Amount in	nvolved (c) Name	of noncharitable exempt organization	(d) Description of trai	nsfers, transactions, and s	haring arrar	ngement	s
N/A							
				· · · · · · · · · · · · · · · · · · ·	<del></del>		
						•	
2 a Is the foundation dire described in section b If 'Yes,' complete th	n 501(c) of the Code (o	d with, or related to, one or more ther than section 501(c)(3)) or	tax-exempt organizations in section 527?		Yes	X	No
(a) Name of o		(b) Type of organization	n (e	) Description of rela	tionship		
N/A		(2)	-				
<del></del>							
	<del></del>			<del></del>			
<del></del>							
Under penalties of perp	ury, I declare that I have exam	nined this return, including accompanying	schedules and statements, and t	the best of my knowledge	and belief, i	t is true	
Sign Here	Declaration of preparer (other	than taxpayer) is based on all information	3 Presic		May the I this return preparer	n with th shown t	ne pelow
Signature of officer o	r trustee	Date	Title	<u> </u>	(see instr	Yes	ĺn₀ l
Print/Type pre	eparer's name	Preparer's Signature	Date	Check If	PTIN		
Paid DAVID L.	STOCKING, CPA, L'	TD. Mace Con	10/05/13	self-employed	P013790	39	
Preparer Firm's name		OCKING CPA LTD	1 3 3 7 1 3	Firm's EIN ► 86-082		<del>,,,</del>	
Use Only Firm's addres			<del></del>	1			
Jac Olly	PHOENIX, AZ			Phone no (602)	468-969	0	
ВАА		······································		(302)	Form <b>990</b>		012)

2012	FEDERAL STATEMENTS	PAGE 1
	BURNS FAMILY FOUNDATION	36-6051686
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME	(A) (B) NET	(C)
OTHER INVESTMENT INCOME	REVENUE INVESTMENT PER BOOKS INCOME  \$ -20,740.\$ -20,740.  TOTAL \$ -20,740.\$ -20,740.\$	ADJUSTED NET INCOME 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME  \$ 4,775. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 4,775. \$ 4,775.
STATEMENT 3 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		
MORGAN STANLEY FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME  \$ 27,431. \$ 27,431. \$ 27,431. \$ 27,431. \$ 27,431. \$ 0.	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 18 TAXES		
FOREIGN TAXES PAYROLL TAXES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME  \$ 645. \$ 645.  1,625.  TOTAL \$ 2,270. \$ 645. \$ 0.	(D) CHARITABLE PURPOSES  \$ 1,625. \$ 1,625.

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ZU	ı	_

#### FEDERAL STATEMENTS

PAGE 2

#### **BURNS FAMILY FOUNDATION**

36-6051686

STATEMENT 5 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONTRACT LABOR INVESTMENT EXPENSES	TOTAL	\$ 10,500. 524. \$ 11,024.	\$ 0.	<u>\$ 0.</u>	\$ 10,500. 524. \$ 11,024.

STATEMENT 6 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ 109,810.

# STATEMENT 7 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ITEM		(A) DE	SCRIPTION		(B) ACOU		DATE	(D) DATE SOLD
1 11EM	MORGAN STAN		SHORT TERM		PURCH		VARIOUS -	VARIOUS
2	MORGAN STAN		ONG TERM		PURCH		VARIOUS	VARIOUS
3	MORGAN STAN		SHORT TERM		PURCH		VARIOUS	VARIOUS
	MORGAN STAN		ONG TERM		PURCH		VARIOUS	VARIOUS
4	MORGAN STAN		SHORT TERM		PURCH		VARIOUS	VARIOUS
4 5 6			ONG TERM		PURCH		VARIOUS	VARIOUS
7			SHORT TERM		PURCH		VARIOUS	VARIOUS
			ONG TERM		PURCH		VARIOUS	VARIOUS
8 9	MORGAN STAN				PURCH		VARIOUS	VARIOUS
10	MORGAN STAN		SHORT TERM LONG TERM		PURCH		VARIOUS	VARIOUS
10	MORGAN STAN	APE1 222 I	JONG IERM		FUNCI	ASED	AWIOOD	VMC1005
	( <del>-</del> )	<b>/=</b> \	(0)	(77)	(T)	(7)	(77)	(7.)
	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	GROSS	DEPREC.	COST	GAIN	FMV	ADJ. BAS.	EXCESS	GAIN
ITEM	SALES	ALLOWED	BASIS	(LOSS)	12/31/69	12/31/69	$\underline{(I)-(J)}$	(LOSS)
1	154,906.		150,600.	4,306.				\$ 4,306.
2 3	123,218.		97,322.	25,896.				25,896.
3	31,725.		28,886.	2,839.				2,839.
4 5 6 7	100,940.		103,918.	-2,978.				-2,978.
5	120,465.		120,517.	-52.				-52.
6	165,471.		121,705.	43,766.				43,766.
	175,664.		178,069.	-2,405.				-2,405.
8 9	257,568.		292,611.	-35,043.				-35,043.
	574,755.		567,925.	6,830.				6,830.
10	695,997.		637,367.	58,630.				<u>58,630.</u>
							TOTAL	\$ 101,789.

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### **FEDERAL STATEMENTS**

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**BURNS FAMILY FOUNDATION** 

36-6051686

#### STATEMENT 8 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ANIMAL SHELTER OF THE WOOD RIVER VALLEY P.O. BOX 1496 HAILEY, ID 83333	NONE	PUBLIC	GENERAL OPERATING	\$ 5,000.
ASU FOUNDATION P.O. BOX 2260 TEMPE, AZ 85280	NONE	PUBLIC	GENERAL OPERATING	37,205.
BARROW NEUROLOGICAL FOUNDATION 350 WEST THOMAS ROAD PHOENIX, AZ 85013	NONE	PUBLIC	GENERAL OPERATING	1,000.
BOYS AND GIRLS CLUB OF SCOTTSDALE 10533 EAST LAKEVIEW DRIVE SCOTTSDALE, AZ 85258	NONE	PUBLIC	GENERAL OPERATING	2,160.
COLLEGE AREA PREGNANCY SERVICES 6663 EL CAJON BLVD SAN DIEGO, CA 92105	NONE	PUBLIC	GENERAL OPERATING	5,000.
KETCHUM SUN VALLEY VOLUNTEERS ASSN P.O. BOX 966 KETCHUM, ID 83340	NONE	PUBLIC	GENERAL OPERATING	2,000.
SCRIPPS HEALTH FOUNDATION 354 SANTA FE DRIVE ENCINATAS, CA 92024	NONE	PUBLIC	GENERAL OPERATING	1,500.
SKYLINE THERAPY SERVICES P.O. BOX 2225 EDGEWOOD, NM 87015	NONE	PUBLIC	GENERAL OPERATING	8,250.
PEASTER VOLUNTEER FIRE DEPARTMENT P.O. BOX 67 PEASTER, TX 76485	NONE	PUBLIC	GENERAL OPERATING	1,000.
WELLNESS COMMUNITY OF CENTRAL ARIZONA 360 EAST PALM LANE PHOENIX, AZ 85004	NONE	PUBLIC	GENERAL OPERATING	10,500.
ST. JOSEPH'S HOSPITAL FOUNDATION 350 W. THOMAS ROAD PHOENIX, AZ 85013	NONE	PUBLIC	GENERAL OPERATING	10,000.

20	1	2
		_

### **FEDERAL STATEMENTS**

PAGE 4

#### **BURNS FAMILY FOUNDATION**

36-6051686

TOTAL \$

159,115.

#### STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
THE FATHER'S FORGE CHURCH 622 SOUTH LAKE STREET TUCUMCARI, NM 88401	NONE	PUBLIC	GENERAL OPERATING	\$ 3,000.
MAGDALENA ECKE YMCA 200 SAXONY ROAD ENCINITAS, CA 92024	NONE	PUBLIC	GENERAL OPERATING	18,500.
CARDIFF SCHOOLS EDUCATION ASSOCIATION P.O. BOX 1004 CARDIFF, CA 92007	NONE	PUBLIC	GENERAL OPERATING	1,500.
DIOCESE OF PROVIDENCE ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903	NONE	PUBLIC	GENERAL OPERATING	1,000.
HUALALAI OHANA FOUNDATION P.O. BOX 5227 KAILAU KONA, HI 96745	NONE	PUBLIC	GENERAL OPERATING	4,500.
MARCH OF DIMES PHOENIX, AZ 85012	NONE	PUBLIC	GENERAL OPERATING	250.
NEW MEXICO CATTLEGROWERS FOUNDATION P.O. BOX 1517 ALBUQUERQUE, NM 87194	NONE	PUBLIC	GENERAL OPERATING	3,500.
HABITAT FOR HUMANITY P.O. BOX 1734 CAVE CREEK, AZ 85327	NONE	PUBLIC	GENERAL OPERATING	1,000.
LIVING WITH WOLVES P.O. BOX 896 SUN VALLEY, ID 83353	NONE	PUBLIC	GENERAL OPERATING	1,000.
THE ORME SCHOOL HC 63 BOX 3040 MAYER, AZ 86333	NONE	PUBLIC	GENERAL OPERATING	18,250.
TLC INTERNATIONAL P.O. BOX 393 SAN DIEGO, CA 92160	NONE	PUBLIC	GENERAL OPERATING	3,000.
MESALANDS COMMUNITY COLLEGE 911 SOUTH TENTH STREET TUCUMCARI, NM 88401	NONE	PUBLIC	GENERAL OPERATING	20,000.

### Form **8868**

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Internal Revenue		► 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.						<del></del>	<b>▶</b> X
If you are	e filing for an	Additional (Not Automatic) 3-Month	Extension	, complete only Part II (on page 2 of thi	s form	)	ت
Do not comp	olete Part II ur	nless you have already been granted	d an automa	atic 3-month extention on a previously fi	led Fo	rm 8868	
corporation r request an ex Associated V	equired to file tension of time Vith Certain P	e Form 990-T), or an additional (not to file any of the forms listed in Part I	automatic) or Part II w ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can ele the the exception of Form 8870, Information to the IRS in paper format (see instructional Charities & Nonprofits.)	ctronic Return	ally file Form for Transfer	m 8868 to s
Rart I	Automatic	3-Month Extension of Time.	Only sub	mit original (no copies needed).			
A corporation	n required to	file Form 990-T and requesting an a	utomatic 6-	month extension — check this box and o	comple	te Part I onl	ly 🕨 📗
All other corp income tax r		luding 1120-C filers), partnerships, i	REMICs, an	nd trusts must use Form 7004 to request Enter filer's identif			
	Name of exemp	t organization or other filer, see instructions		Enter mer sidentil			number (EIN) or
Type or						, •	,,
print	DUDNE E	MILY EQUINDATION			26-6	5051686	
Ed. E. de.		AMILY FOUNDATION and room or suite number If a P O box, see in:	structions			ocial security nu	ımber (SSN)
File by the due date for	4220 EX	ST CLAREMONT AVENUE				·	
filing your return See		st office, state, and ZIP code For a foreign addr	ess, see instruc	ctions	<u>.                                    </u>		
instructions	PARADISE	E VALLEY, AZ 85253-3950	)				
	11 1HULDIOI	3 VIIIIII	<u>'</u>				···
Enter the Re	turn code for	the return that this application is for	r (file a sep	arate application for each return)			04
Application Is For	Application Return Code Application Is For					Return Code	
Form 990 or F	Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-BL	-		02	Form 1041-A			08
Form 4720 (ır	ndıvıdual)		03	Form 4720			09
Form 990-PF	=		04	Form 5227			10
Form 990-T	(section 401(a	a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other th	an above)	06	Form 8870			12
Telephon  If the org  If this is check this the exter  I reques until  The ex  X  If the times are a second and a second a	ganization doe for a Group F is box nsion is for st an automation 8/15 tension is for calendar yea ] tax year beg	es not have an office or place of busteturn, enter the organization's four  If it is for part of the group, c  3-month (6 months for a corporation  20 13 , to file the exempt orgathe organization's return for ar 20 12 or  inning , 20  ded in line 1 is for less than 12 months.	FAX No siness in the digit Group heck this bo required to finization ref	e United States, check this box Exemption Number (GEN) If bx I and attach a list with the naive life Form 990-T) extension of time turn for the organization named above			J
3 a If this a	application is undable credi	for Form 990-BL, 990-PF, 990-T, 47 ts See instructions	'20, or 6069	enter the tentative tax, less any	3 a	\$	1,428.
<b>b</b> If this a payme	application is ints made Inc	for Form 990-PF, 990-T, 4720, or 60 clude any prior year overpayment all	069, enter a lowed as a	any refundable credits and estimated tax credit	3 b	\$	1,980.
c Balanc EFTPS	ce due. Subtra (Electronic F	ect line 3b from line 3a Include your ederal Tax Payment System). See	r payment v instructions	with this form, if required, by using	3 с	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form <b>886</b> 8	8 (Rev 1-2013)					Page 2
• If you a	are filing for an Additional (Not Automatic) 3-Month	n Extension	, complete only Part II and check the	s box		<u>► X</u>
Note. Only	y complete Part II if you have already been granted	an automa	tic 3-month extension on a previousl	y filed Fore	n 8868	
• If you	are filing for an Automatic 3-Month Extension, com	plete only	Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Ex	xtension	of Time. Only file the original	(no copi	es need	ed).
			Enter filer's ide	entifying nu	mber, see	instructions
	Name of exempt organization or other filer, see instructions		E	mployer iden	ification num	ber (EIN) or
Type or						
print	BURNS FAMILY FOUNDATION		la la la la la la la la la la la la la l	36-6051	686	
~	Number, street, and room or suite number. If a P O box, see inst	ructions	[5	Social security	number (SSI	N)
File by the extended	DAVID L. STOCKING CPA LTD					
due date for filing your return See	5080 N 40TH ST STE 275					<del></del>
instructions	City, town or post office, state, and ZIP code. For a foreign address	ss, see instructi	ons			
	PHOENIX, AZ 85018-2189					
Enter the	Return code for the return that this application is for	or (file a sep	parate application for each return)			04
		<del></del>				
Application	on	Return	Application Is For			Return Code
Is For	5 000 57	Code	15 FOF			Code
	or Form 990-EZ	01			١	
Form 990		02	Form 1041-A	<del></del>		08
Form 4720 Form 990	) (individual)	03	Form 4720 Form 5227			10
	-FF -T (section 401(a) or 408(a) trust)	05	Form 6069	-		11
	-T (trust other than above)	06	Form 8870			12
7 01111 330	-1 (trast other trial above)	1 00	1 01111 0070		-	<u>``</u>
<ul><li>If the</li><li>If this</li><li>whole grown</li></ul>	organization does not have an office or place of but is for a Group Return, enter the organization's four pup, check this box  If it is for part of the group the extension is for	digit Group	Exemption Number (GEN)	h the name		this is for the
	the extension to lot					
5 For 6 If th	quest an additional 3-month extension of time until calendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 mon. Change in accounting period te in detail why you need the extension	ng ths, check r PAYER_RE			L_TIME	
	nis application is for Form 990-BL, 990-PF, 990-T, 4 refundable credits. See instructions.	720, or 606	9, enter the tentative tax, less any	8 a	\$	1,428.
pay	ns application is for Form 990-PF, 990-T, 4720, or 6 ments made Include any prior year overpayment a n Form 8868	5069, enter llowed as a	any refundable credits and estimated credit and any amount paid previous	tax sly 8 b	\$	1,980.
c <b>Bal</b> a EFT	ance due. Subtract line 8b from line 8a Include you PS (Electronic Federal Tax Payment System). See	ur payment instruction:	with this form, if required, by using s	8 c	\$	0.
	Signature and Verific	ation mu	st be completed for Part II on	ly.		
Under penals correct, and	ties of perjury, I declare that I have examined this form, including acc complete, and that I am authorized to prepare this form	companying sch	edules and statements, and to the best of my kno	owledge and b	elief, it is trui	e,
Signature •	► Title ►				ate ►	
BAA		FIFZ0502L	. 01/21/13		Form <b>886</b>	<b>88</b> (Rev 1-2013)

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