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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

2012

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

For cal	endar year 2012, or tax year beginning 1	2/01 , 2012,	and ending 12	/3:		
	LAS J AND GENEVA H FIFE FOUN	DATION		A	Employer identification nur 45-2438377	
	BOX 479 HAM CITY, UT 84302			В	Telephone number (see the 435-723-8456	instructions)
				С	If exemption application is	pending, check here
G Che	eck all that apply X Initial return	Initial return of a forn Amended return	ner public charity	D	1 Foreign organizations, chec	k here
H C	Address change Address change Neck type of organization Neck Type Section 501	Name change (c)(3) exempt private for	oundation		2 Foreign organizations meet here and attach computation	ing the 85% test, check
	Section 4947(a)(1) nonexempt charitable t	rust Other taxable p	rivate foundation	E	If private foundation status under section 507(b)(1)(A)	
(f	rom Part II, column (c), line 16)	ounting method: X Ca		F	If the foundation is in a 60	-month termination
▶ \$		column (d) must be or	cash basis)		under section 507(b)(1)(B)	, check here.
Part	Expenses (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 investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	(see instructions)) Contributions, gifts, grants, etc, received (att sch)	1 000 012				
	2 Ck If the foundn is not reg to att Sch B	1,000,812.	<u> </u>			
	3 Interest on savings and temporary cash investments	1.	N-	1.		
	4 Dividends and interest from securities					
	5 a Gross rents b Net rental income					
_	or (loss)					
R E	6 a Net gain/(loss) from sale of assets not on line 10 b Gross sales price for all					
V E	7 Capital gain net income (from Part IV, line 2)					
N	8 Net short-term capital gain					
Ü	9 Income modifications					
_	10 a Gross sales less returns and allowances					
	b Less Cost of goods sold					
	c Gross profit/(loss) (att sch)					
	11 Other income (attach schedule)					
	12 Total. Add lines 1 through 11	1,000,813.		1.	0.	
	Compensation of officers, directors, trustees, etc	0.				
	14 Other employee salaries and wages15 Pension plans, employee benefits					
	16a Legal fees (attach schedule)					
A D M	h Assourting food (attach coh)					
! N	c Other prof fees (attach sch) 17 Interest RECEIVED					
O I	17 Interest NECEIVEL					
O P E R A T	18 Taxes (attach schedule) xsee instrs) 19 Depreciat 6 (attach y 2 8 2013 sch) and depletion	280-38				
ÎÎ	sch) and depletion 2 8 2013	3				
N V G E	20 Occupancy 21 Travel, conferences, and meetings.	<u>~ ~ ~ </u>				·
	22 Printing and publications V. U.					
A E X P	23 Other expenses (attach schedule)					
N Q	24 Tatal an austinu and administrative					
E N S E S	24 Total operating and administrative expenses. Add lines 13 through 23					
I	25 Contributions, gifts, grants paid Part XV	15,000.				15,000.
<u> </u>	26 Total expenses and disbursements. Add lines 24 and 25	15,000.		0.	0.	15,000.
	27 Subtract line 26 from line 12:					
)	a Excess of revenue over expenses and disbursements.	985,813.				
,	b Net investment income (if negative, enter -0).			1.		
	C Adjusted net income (if negative, enter -0)	A	<u> </u>	TEE	0.	Form 990-PF (2012)

Dart	1 111	Balance Sheets	Attached schedules and amounts in the description	Beginning of year	End	of year
ran	<u></u> .	Daiance Sileets	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		91,401	. 91,401.
l	2	Savings and tempor	ary cash investments			
	3	Accounts receivable	. •			
		Less: allowance for	doubtful accounts •			
1	4	Pledges receivable	•			
		Less: allowance for	doubtful accounts ►			
l	5	Grants receivable				
	6	Receivables due from offic disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec	eivable (attach sch).			
A		Less: allowance for	doubtful accounts •			
A S S E T	8	Inventories for sale	or use .			
Ę	9	Prepaid expenses a	nd deferred charges			
Ś	10 a	Investments – U.S obligations (attach s	and state government chedule) Statement 1		879,915	. 892,948.
	t	Investments — corporate	stock (attach schedule)			
		: Investments — corporate	•			
	11	Investments – land, equipment basis	buildings, and			
		Less, accumulated deprec (attach schedule)				
	12	Investments - mort				
	13	Investments - other	(attach schedule)			
}	14	Land, buildings, and	equipment basis			
		Less, accumulated depred (attach schedule)			<u></u>	
		Other assets (descri				
	16	see the instructions	completed by all filers — — — — — — — Also, see page 1, item l)	0.	971,316	. 984,349.
L	17		nd accrued expenses			
	18	Grants payable				1
B	19	Deferred revenue				
	20	Loans from officers, direc	tors, trustees, & other disqualified persons			
ī	21	Mortgages and other note	s payable (attach schedule)			7
T	22	Other liabilities (des	cribe►)			
Ė	22	Total liabilities (ade	I lines 17 through 22)	0.	0	
- 5	23		llow SFAS 117, check here	0.		┧ :
		and complete lines	24 through 26 and lines 30 and 31.			
N F U N	24	Unrestricted				-
ΤŇ	25	Temporarily restricte				-
A D	26	Permanently restrict				-
A B A L A N		and complete lines	_			
ΤĀ	27	•	principal, or current funds			_
S N C	28	·	, or land, building, and equipment fund			
O E	29	* '	ulated income, endowment, or other funds		971,316	
ŔŚ	30 31		fund balances (see instructions) net assets/fund balances	0.	971,316 971,316	7
Parl	HIT		iges in Net Assets or Fund Balanc		3.1,310	- 1
1	Tota	I net assets or fund b	alances at beginning of year — Part II, colu d on prior year's return)		gree with	0.
		er amount from Part I,			2	
		increases not included in I			3	
		lines 1, 2, and 3				
5		ases not included in line 2	(Itemize) ► See Statement	2	5	
-			palances at end of year (line 4 minus line 5		ne 30 6	

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	2007					
2	2 Total of line 1, column (d)				2	
3	Average distribution ratio for the 5-year base period — div number of years the foundation has been in existence if le	ide the t ess than	total on line 2 by 5, or by 5 years	the	3	
4	Enter the net value of noncharitable-use assets for 2012 fi	rom Par	t X, line 5		4	
5	Multiply line 4 by line 3				5	
6	5 Enter 1% of net investment income (1% of Part I, line 27b)			6	
7	7 Add lines 5 and 6				7	
8	8 Enter qualifying distributions from Part XII, line 4				8	

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Part VI instructions.

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

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	tions)			
1 a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,				0.
	check here ► and enter 1% of Part I, line 27b.				ļ
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				•
	foundations only Other's enter -0-)				<u>0.</u>
3	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				<u>0.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5				0.
	Credits/Payments:				
-	2012 estimated tax pmts and 2011 overpayment credited to 2012				
	Exempt foreign organizations — tax withheld at source . 6b				
	Tax paid with application for extension of time to file (Form 8868) 6 c				ł
	Backup withholding erroneously withheld				ļ
7	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
	Enter the amount of line 10 to be. Credited to 2013 estimated tax				
Par	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	-	1 a	'es	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?		1 Ь		-— х
			-		$\stackrel{\mathbf{\Lambda}}{\longrightarrow}$
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities				1
С	Did the foundation file Form 1120-POL for this year?	-	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				\Box
_	(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	<u>0.</u>			ŀ
е	foundation managers. • \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-;	2		
	If 'Yes,' attach a detailed description of the activities		\neg		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles				
3	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 the year?		4 a		X
b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	·	4 b	N	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	-	5		<u>X</u>
	If 'Yes,' attach the statement required by General Instruction T				į
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 		6		X
	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV		7	Х	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)		İ		
	N/A	.			
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 <i>General Instruction G? If 'No,' attach explanation</i>		8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If 'Yes,' complete Part X	(5)	9		
	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	" '	+		
10	and addresses	1(X
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	t VII-A Statements Regarding Activities (continued)	45-	243831	/	P	age 5
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity	<u>.</u>				
	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 persoadvisory privileges? If 'Yes,' attach statement (see instructions).	on had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	applica	tion?	13	X	
14	Website address ► N/A The books are in care of ► KATHRYN F DAMON Telephone	no ►				
	Located at ► 1645 NO HWY 38 BRIGHAM CITY UT ZIP + 4 ►	<u>843</u>	02	 -\		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	⊳ •	15	Ņ/Ą		∐ N/A
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority obank, securities, or other financial account in a foreign country?	over a		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	ne				
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Γ''''	Yes	No
1 a	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?	∏Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(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			
ı	olf any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)	7		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		X
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)):					
ä	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	ΧNο		!	
	If 'Yes,' list the years ► 20 _ , 20 _ , 20 _ , 20 _	□ ' ' '	<u></u>			
ı	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(all years listed, answer 'No' and attach statement — see instructions)	(a)(2) a)(2) to		2 b	N N	/A
•	the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years being applied to any of the years listed in 2a, list the years be 20 , 20 , 20 , 20	nere.			14,	
3 8	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			
I	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 approve 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.)	d		3 b		/A
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a	IN	X
l	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			A 1:		
BAA	the tax year beginning in 2012?		Fo	4 b rm 99	0-PF /	2012)
unt			, ,	,,,,, , ,	\	

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Part VII-B Statements Regarding Activit		n 4720 May Be Req	uired (continued)		, ,
5 a During the year did the foundation pay or incu	•			.	
(1) Carry on propaganda, or otherwise attemption	ot to influence legislatio	n (section 4945(e))?	∐ Yes ∑	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?	-		No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	∐ Yes X	No	
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, oi i 4940(d)(2)? (see instri	rganization described uctions).	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention			Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	irding disaster assistand	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			}
6 a Did the foundation, during the year, receive a on a personal benefit contract?			∐Yes ∑	No	
b Did the foundation, during the year, pay prem If 'Yes' to 6b. file Form 8870.	iums, directly or indirec	tly, on a personal bene	fit contract?	6 Ь	X
7 a At any time during the tax year, was the foun-	dation a party to a prob	ihited tay shelter transs	action? Yes X	No	
b If 'Yes,' did the foundation receive any proces				N/A 7b	
Part VIII Information About Officers, D				*1/ **	1 1
and Contractors	,	·	, , ,	. ,	,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other a	se account, allowances
KATHRYN F DAMON	President	0.	0.		0.
1645 NO HWY 38 BRIGHAM CITY, UT 84302	1.50				
PAUL H DAMON	Vice Pres	0.	0.		0.
1645 NO HWY 38	1.50				
BRIGHAM CITY, UT 84302					
MATTHEW H DAMON	Secretary	0.	0.		0.
1645 NO HWY 38	0.50				
BRIGHAM CITY, UT 84302					
2 Compensation of five highest-paid employees (o	ther than those included	ı on line 1 – see instructio	ns), If none, enter 'NONE	 E.'	
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expens	se account,
paid more than \$50,000	hours per week devoted to position	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	employee benefit plans and deferred compensation	other a	allowances
None					
					
	}				
				 	
				 	
	1				
Total number of other employees paid over \$50,00		· · · · · · · · · · · · · · · · · · ·		-	0
RAA	TEFA0306L 1	2/25/12		Form 99/	0-PF (2012)

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) Compensations None	on
(a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation	on
Total number of others receiving over \$50,000 for professional services	0
	<u> </u>
Rand X-AT 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 Expenses.	
corganizations and other beneficiaries served, conferences convened, research papers produced, etc.	
1 N/A	
2/1	
2	
3	
4	
PartixB 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	
201	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0.
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see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: a Average monthly fair market value of securities 1 a 34,250. **b** Average of monthly cash balances 1 h 3,255 c Fair market value of all other assets (see instructions) 1 c d Total (add lines 1a, b, and c) 1 d 37,505 e Reduction claimed for blockage or other factors reported on lines 1a and 1c 1 e (attach detailed explanation) 0 2 Acquisition indebtedness applicable to line 1 assets 2 0. 3 Subtract line 2 from line 1d 3 37 505. Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions) 4 563. Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 36,942. Short Year Modified Percentage 0.4235 % Minimum investment return. Enter 5% of line 5 6 156. Rant XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) Minimum investment return from Part X, line 6 1 156. 2a Tax on investment income for 2012 from Part VI, line 5 2 a 2 b b Income tax for 2012 (This does not include the tax from Part VI.) c Add lines 2a and 2b 2 c 3 Distributable amount before adjustments Subtract line 2c from line 1 3 156. Recoveries of amounts treated as qualifying distributions 4 5 Add lines 3 and 4 156. 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 1 156. PartXIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a 15,000. **b** Program-related investments — total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 2 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a **b** Cash distribution test (attach the required schedule). 3 b 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 15,000. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions) 5 6 Adjusted qualifying distributions. Subtract line 5 from line 4 6 15,000.

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

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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, line 7				156.
2 Undistributed income, if any, as of the end of 2012.				130.
a Enter amount for 2011 only			0.	
b Total for prior years. 20 , 20 , 20		0.	<u> </u>	
3 Excess distributions carryover, if any, to 2012:				
a From 2007		İ		
b From 2008				
c From 2009				
d From 2010				
e From 2011				
f Total of lines 3a through e	0.			ľ
4 Qualifying distributions for 2012 from Part	0.			
· · · · · · · · · · · · · · · · · · ·				
XII, line 4. \$ 15,000. a Applied to 2011, but not more than line 2a			0.	
a Applied to 2011, but not more than line 2a			<u> </u>	
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				156.
e Remaining amount distributed out of corpus	14,844.			
5 Excess distributions carryover applied to 2012	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a).)				
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	14,844.			
b Prior years' undistributed income Subtract				,
line 4b from line 2b		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.		
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				0.
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	14,844.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012 14,844.				Farry 000 DE (2012)

Rant XIV			t VII.A guestion	45-243837	N/A
1 a If the foundation has received a ruling or dete			•		N/A
is effective for 2012, enter the date of the	ruling	·			
b Check box to indicate whether the foundat		rating foundation of		4942(j)(3) or	4942(J)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed.	Tax year (a) 2012	(b) 2011	Prior 3 years (c) 2010	(d) 2009	(e) Total
b 85% of line 2a			<u> </u>	. , ,	
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					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon				-	
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
 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					
Supplementary Information assets at any time during the	(Complete this	part only if the structions.)	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Management				<u> </u>	
a List any managers of the foundation who have close of any tax year (but only if they have None	e contributed more th	nan 2% of the total c than \$5,000). (See	ontributions received (section 507(d)(2))	by the foundation bef	ore the
b List any managers of the foundation who own	10% or more of the	stock of a corporation	on (or an equally large	portion of the owner	ship of
a partnership or other entity) of which the None	foundation has a 1	0% or greater inter	rest		
	. 0'' 1 0 1	Landin de Barre			
2 Information Regarding Contribution, Gran Check here	akes contributions to	preselected charitab	ole organizations and o		
a The name, address, and telephone number o	r e-mail of the person	n to whom application	ons should be address	ed	
See Statement 3					
b The form in which applications should be	submitted and infor	mation and materia	als they should inclu	de:	
Con Chatamant for Line 22					
See Statement for Line 2a c Any submission deadlines					
See Statement for Line 2a					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors
See Statement for Line 2a					

Page 11

MACH	CANADA I - I				
3	Grants and Contributions Paid During the	Year or Approved for Fut	ure Paymen	t	
	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		
а	Paid during the year				
See	Statement 4				
			1		
		-			
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	<u> </u>				1
	Total	<u> </u>		► 3a	15,000.
t	Approved for future payment				
		l			
			1		
					Ï
					1
					1
	Total			► 3b	
				Ų-	

er gross amounts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exemption function income (See instructions
a	_		<u> </u>		
b			-		
c	-	· · · · · · · · · · · · · · · · · · ·	 		
ое	 		1		
f	+		 		
g Fees and contracts from government agencies					
Membership dues and assessments			1		
Interest on savings and temporary cash investments				1.	
Dividends and interest from securities					
Net rental income or (loss) from real estate	in significant	, R	4	部 [通句語と W	4.5 15 2
a Debt-financed property				1	
b Not debt-financed property		·,	ļ		
Net rental income or (loss) from personal property			-		
Other investment income					·
Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events	·				
			-		
Gross profit or (loss) from sales of inventory Other revenue:			 	4. 1. M. P. W. P. W. T.	State State State State
a			 	1 7	3 R29 W
b			<u> </u>		
			+		
.	1		1		
d					
	, - , -		V(,)	1.	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)			3/200	1.	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify calcula	tions)			13	
d	tions)	shment of Exemp		13	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula art XVI-B Relationship of Activities to the	tions) ne Accompli		ot Purp	oses	
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula rt XVI-B Relationship of Activities to the	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Tt XVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Tt XVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Tt XVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula TXVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Tt XVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Tt XVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Tt XVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	ly to the nstructions.)
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Tt XVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	ly to the nstructions.)
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Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula Int XVI-B Relationship of Activities to the No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	ly to the nstructions.)
d e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula int XVI-B Relationship of Activities to the e No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	ly to the nstructions.)
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula out XVI-B Relationship of Activities to the e No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	ly to the nstructions.)
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula art XVI-B Relationship of Activities to the	tions) ne Accompli		ot Purp	oses	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calcula out XVI-B Relationship of Activities to the e No. Explain below how each activity for which accomplishment of the foundation's exemptions.	tions) ne Accompli		ot Purp	oses	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) We worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) We worksheet in line 13 instructions to verify calcula Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Total. Add line 13 instructions to verify calcula Total. Add line 14 instructions to verify calcula Total. Add line 15 instructions to verify calculations to verif	tions) ne Accompli		ot Purp	oses	ly to the nstructions.)

Form 990-PF (2012) DOUGLAS J AND GENEVA H FIFE FOUNDATION 45-2438377

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

	Exempt Organ	izations								
des	the organization direct) of the Code (ot	ngage in any of ther than section	the following n 501(c)(3) or	with any o	other organization s) or in section 5	n 27,		Yes	No
relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of										
							1 a (1)			
(1) Cash							1 a (1)		X	
(2) Other assets								1 a (2)	-	
b Other transactions:								1 b (1)		X
(1) Sales of assets to a noncharitable exempt organization(2) Purchases of assets from a noncharitable exempt organization							1 b (1)		X	
• •	Rental of facilities, equ		, -	anization				1 b (3)	 	X
• • •	Reimbursement arrang		1 233613					1 b (4)		X
• • •	Loans or loan guarante	•						1 b (5)	 	X
,	Performance of service		in or fundraising	solicitations				1 b (6)		X
\-	aring of facilities, equip			-	lovees			1 c		X
d If th	ne answer to any of the goods, other assets, or s transaction or sharing	above is 'Yes,'	complete the fo	ollowing sched	lule Colum foundation of the good	ls, other assets,	or services re	eceived		
(a) Line n	o. (b) Amount involved	(c) Name o	of noncharitable exer	mpt organization	(d	Description of trans	fers, transaction	ns, and sharing arra	ngemen	is
N/A			-							
						-				
								··		
	<u> </u>									
	<u> </u>									
		 							. —	
				<u> </u>						
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_							_			
			<u></u>							
									· · · · · · · · · · · · · · · · · · ·	
des	the foundation directly or scribed in section 501(c	c) of the Code (or	d with, or related ther than sectio	to, one or moi n 501(c)(3)) o	re tax-exem or in sectio	pt organizations n 527?		Ye	s X	No
	(a) Name of organiz		(b) Typ	e of organiza	tion	(c)	Description	of relationship		
N/A				<u> </u>						
							_			
			-							
			İ	·				· · · · · · · · · · · · · · · · · · ·		
ļ	Under penalties of perjury, I decorrect, and complete Declarat	clare that I have exam	ined this return, inclution than taxpaver) is bas	uding accompanyii sed on all informa	ng schedules a	and statements, and to preparer has any knowl	the best of my kill edge	nowledge and belief,	it is true	,
Sign Here	Mathyso	2 James		15-23-	<u>/3</u>	President	· · · · · · · · · · · · · · · · · · ·	this retu prepare (see ips	IRS disc irn with to r shown tructions	he below
l.	Signature of officer or trustee		10	Date '		Title			Yes	No
	Print/Type/preparer's		Program	Signature	h	5-15-13	Check	ഥ"	0000	
Paid	R D Davis		J£Y ₽ Œ	Davis Jr	/ /	<u> </u>	self-employ			
Prepar		Davis & Co					Firm's EIN	87-04703 <u>0</u> 5		
Use Only Firm's address 2177 E. Netties Place				 _	Dhon	(001) 270	.000	,		
		Salt Lake	CITY, UT	04124			Phone no	(801) 278-		
BAA								Form 9 9	U-FF (4	1012)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2012

Name of the organization		Employer identification number
DOUGLAS J AND GENEVA H FIFE	FOUNDATION	45-2438377
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation
	501(c)(3) taxable private foundation	
Check if your organization is covered by the C	Seneral Rule or a Special Rule	
	•	Sanaral Dula Can maturations
Note. Only a section 501(c)(/), (8), or (10) or	ganization can check boxes for both the General Rule and a S	special Rule See Instructions
General Rule		
X For an organization filing Form 990, 990-EZ, contributor (Complete Parts I and II)	or 990-PF that received, during the year, \$5,000 or more (in mone	ey or property) from any one
contributor (complete raits rails ir)		
Consid Bules		
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi) and receive	Form 990 or 990-EZ that met the 33-1/3% support test of the deform any one contributor, during the year, a contribution of irt VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I ai	f the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organization	tion filing Form 990 or 990-EZ that received from any one contribu	tor, during the year,
total contributions of more than \$1,000 fo the prevention of cruelty to children or an	r use <i>exclusively</i> for religious, charitable, scientific, literary, o	r educational purposes, or
	• • • • • • • • • • • • • • • • • • • •	tor during the year
contributions for use <i>exclusively</i> for religious,	tion filing Form 990 or 990-EZ that received from any one contribu , charitable, etc, purposes, but these contributions did not total to i	more than \$1,000.
If this box is checked, enter here the total co	ntributions that were received during the year for an exclusively renless the General Rule applies to this organization because it rece	ligious, charitable, etc.
religious, charitable, etc, contributions of	• • • • • • • • • • • • • • • • • • • •	► \$
, ,	• •	·
Caution: An organization that is not covered by the General answer 'No' on Part IV, line 2, of its Form 990, or check meet the filing requirements of Schedule B (F	al Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or k the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990 Form 990, 990-EZ, or 990-PF)	990-PF) but it must -PF, to certify that it does not
BAA For Paperwork Reduction Act Notice, s	see the Instructions for Form 990, 990EZ, Schedule B ((Form 990, 990-EZ, or 990-PF) (2012)
or 990-PF.		

Schedule	B (Form 990, 990-EZ, or 990-PF) (2012)		1 of Part
Name of org	anization AS J AND GENEVA H FIFE FOUNDATION	' '	r identification number
	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed		438377
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF GENEVA H FIFE		Person X Payroll
	P O BOX 479	\$106,400.	
	BRIGHAM CITY , UT 84302	-	(Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ESTATE OF GENEVA H FIFE	-	Person Payroli
	P O BOX 479	\$894,412.	Noncash X
	BRIGHAM CITY, UT 84302		(Complete Part II if there is a noncash contribution.)
(a) Number	(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) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person
(a) Number	(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 Part II if there is
(a) Number	(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)

Name of organization

1 of Part II

DOUGLAS J AND GENEVA H FIFE FOUNDATION

45-2438377

Employer identification number

Noncash Property (see instructions). Use duplicate copies of Part 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
2 MA	ARKETABLE MUNICIPAL BONDS			
		_ \$_	894,412.	12/17/12
(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
		\$		
BAA	Cal	200	e B (Form 990, 990-EZ	or 990 PE\ (201

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2012)

of Part III

Name of organization DOUGLAS J AND GENEVA H FIFE FOUNDATION Employer identification number 45-2438377

Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10)

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of \$1,000 or less for the year (Enter this information once See instructions). Use duplicate copies of Part III if additional space is needed

N/A

	Ose duplicate copies of Fart III II additional	space is needed				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	N/A					
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			Relationship of transferor to transferee		
				-		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	Relationship of transferor to transferee		
(a) No. from Part I	(b) (c) rom Purpose of gift Use of gift t I			(d) Description of how gift is held		
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee			
				,		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4			itionship of transferor to transferee		

2012	Federal Statements				Page '
Client FIFE DOL	IGLAS J AND GENEVA	45-2438377			
5/15/13		12:53P			
Statement 1 Form 990-PF, Part II, Line 10a Investments - U.S. and State Gov	ernment Obligations				
State/Municipal Obligation	S	Valuation <u>Method</u>	Book Value		Market Value
MUNICIPAL BONDS		Mkt Val	\$ 879,915. \$ 879,915.	\$	892,948. 892,948.
		Total	\$ 879,915.	\$	892,948.
Form 990-PF, Part III, Line 5 Other Decreases Net Unrealized Gains or Lo Statement 3	sses on Investment	s	Total	\$ \$	14,497. 14,497.
Form 990-PF, Part XV, Line 2a-d Application Submission Informat Name of Grant Program: Name: Care Of:	ion DOUGLAS FIFE GENEV KATHRYN F DAMON	A H FIFE FOU	JNDATION		
Street Address:	P O BOX 479 BRIGHAM CITY, UT 8	4302			
E-Mail Address: Form and Content: Submission Deadlines: Restrictions on Awards:	damon@kellerits.co BY WRITTEN REEQUES NONE NOT TO EXCEED \$15,	T			
Statement 4 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year					
Name and Address	Donee Relationship	Found- ation <u>Status</u>	Purpose of Grant		Amount
BOX ELDER COMMUNITY PANTRY P O BOX 22 BRIGHAM CITY, UT 84302			UNRESTRICTED	\$	2,000

2,000.

GUIDE DOGS FOR THE BLIND P O BOX 3950 SAN RAFAEL, CA 94912

NONE

PUBLIC

UNRESTRICTED

2012 . Federal Statements				Page 2	
Client FIFE DOUGI	LAS J AND GENEVA	H FIFE FOUN	IDATION	45-2438377	
5/15/13				12 53PM	
Statement 4 (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	
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108	NONE	PUBLIC	UNRESTRICTED	\$ 2,000.	
PRIMARY CHILDREN'S MEDICAL CENTER PO BOX 58249 SALT LAKE CITY, UT 84158	NONE	PUBLIC	UNRESTRICTED	2,000.	
THE ROAD HOME 210 SOUTH RIO GRANDE STREET SALT LAKE CITY, UT 84403	NONE	PUBLIC	UNRESTRICTED	2,000.	
BOY SCOUTS - TRAPPER TRAILS COUNCIL 1200 EAST 5400 SOUTH OGDEN, UT 84403	NONE	PUBLIC	UNRESTRICTED	5,000.	
			Total	\$ 15,000.	

Į.

(Rev January 2013)

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

Department of the Treasury Internal Revenue Service File a separate application for each return. OMB No 1545-1709

	1				
If you a	re filing for an Automatic 3-Month Extension	n, complete only	Part I and check this box		► X
If you a	re filing for an Additional (Not Automatic) 3-	Month Extension	n, complete only Part II (on page 2 of the	nis form)	
Do not com	pplete Part II unless you have already been g	ranted an autom	atic 3-month extention on a previously	filed Form 8868	
request an e Associated	filing (e-file). You can electronically file Form required to file Form 990-T), or an additional extension of time to file any of the forms listed in With Certain Personal Benefit Contracts, whiling of this form, visit www.irs gov/efile and	i Part I or Part II w ich must be sent	ith the exception of Form 88/0, Information to the IRS in paper format (see instruc	on Return for Transfers	
Part I	Automatic 3-Month Extension of 1	ime. Only sub	omit original (no copies needed)		
A corporation	on required to file Form 990-T and requesting	g an automatic 6	-month extension — check this box and	complete Part I only	<u> </u>
All other co	prporations (including 1120-C filers), partners	hips, REMICs, ai	nd trusts must use Form 7004 to reques	st an extension of time to	rıle ∟
ıncome tax		. ,	·		
	Name of exempt organization or other filer, see instructi	ons	Enter mer's ident	tifying number, see instruction number	
Type or					` '
print	DOUGLAS J AND GENEVA H FIF	E FOUNDATIO	N	45-2438377	
File by the	Number, street, and room or suite number. If a P O box		71	Social security number (SS	SN)
due date for filing your	P O BOX 479				
return See	City, town or post office, state, and ZIP code For a fore	ign address, see instru	ctions		
THIS I DOLLOTTS	BRIGHAM CITY, UT 84302				
Application	leturn code for the return that this application	Return	Application		turn
Is For	5 000 57	Code	Is For		ode
Form 990 or Form 990-B	Form 990-EZ	01	Form 990-T (corporation) Form 1041-A		07 08
Form 4720 (03	Form 4720		09
Form 990-F		03	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
Telepho If the or If this is check to the external linequal until	ension is for. est an automatic 3-month (6 months for a corpo	FAX Not of business in the four digit Group oup, check this burnting required to	e United States, check this box Exemption Number (GEN) ox I and attach a list with the name	ames and EINs of all mem	
▶ [3	tax year beginning 12/01 , 20	12_, and endir	ng <u>12/31</u> ,20 <u>12</u>		
_					

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3 c | \$ 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.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

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

2 If the tax year entered in line 1 is for less than 12 months, check reason

Change in accounting period

0.

0.

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Final return

3 a \$

3Ы\$

X Initial return