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Form 990-PF

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

OMB No	1545-0052	
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	, ,	
Open to put	olic inspection	7

Department of the Treasury Internal Revenue Service

Fo	rcale	endar year 2012 or tax year beginning DEC	6, 2012	, and ending	DEC 31, 2012	T Open to promo mapositori
N	ame	of foundation			A Employer Identification	number
	SIN	MMONS CANYON FOUNDATION			46-1621853	
		and street (or P.O. box number if mail is not delivered to stree	t address)	Room/suite	B Telephone number	
	234	13 PICKETT ROAD			(707) 942-	6849
		town, state, and ZIP code			C if exemption application is p	ending, check here
		LISTOGA, CA 94515			_	<u></u>
G	Chec	k all that apply:	Initial return of a	former public charity	D 1. Foreign organizations	, check here
		Final return	Amended return		2. Foreign omanizations me	ating the 85% test
_		Address change	Name change		Foreign organizations me check here and attach co	mpulation .
H	_	ck type of organization X Section 501(c)(3) e			E If private foundation sta	
			Other taxable private found		under section 507(b)(1)	(A), check here
		narket value of all assets at end of year J Account	•	Accrual	F if the foundation is in a	
	irom ►\$	Part II, col. (c), line 16) 1,000,032. (Part I, colu	ther (specify)	hacle)	under section 507(b)(1)	(B), check nere
(min	art	Analysis of Revenue and Expenses	T T T T T T T T T T T T T T T T T T T	T	/-> A db	(d) Disbursements
L	CHL.	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,000,000.		N/A	(cash basis only)
	2	Check If the foundation is not required to attach Sch. B	170007000			
	3	Interest on savings and temporary cash investments	hamandanin i alkaninaminain	**************************************	<u> </u>	
	4	Dividends and interest from securities				4
	5	a Gross rents				
		Net rental income or (loss)	7.0 mg/ 38/6 5		# 7° 4 7 7° 8	
ď	g,	Net gain or (loss) from sale of assets not on line 10 .				
ň	l	Gross sales price for all assets on line 6a		17 21 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	7 x 2322 (4 222)	
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		11.77 (MSS) (J.S.) (d
<u> </u>	8	Net short-term capital gain	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
	9	Income modifications	7 8 853 427			
	102	Gross sales less returns and allowances				
	1	Less: Cost of goods sold	`*\!\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
	1	Gross profit or (loss)				
	11	Other income	1 000 000			
	12	Total. Add lines 1 through 11	1,000,000.	0.		· 0 ·
	13	Compensation of officers, directors, trustees, etc. Other employee salaries and wages	U •	0.		<u> </u>
	15	Pension plans, employee benefits				
83		Legal fees				····
ens	' b	Accounting fees				
Expenses		Other professional fees				
_		Interest				
rati	18	Taxes				
Operating and Administrative	19	Depreciation and depletion				***************************************
Ē	20	Occupancy				·····
Ι¥ο	21	Travel, conferences, and meetings				
auc	22	Printing and publications				
9	23	Other expenses				
ā	24	Total operating and administrative				
å	İ	expenses. Add lines 13 through 23	0.	0.		0.
Ŭ	25	Contributions, gifts, grants pald	0.	<u> </u>		0.
	26	Total expenses and disbursements.	ا ۾	_		-
	-	Add lines 24 and 25	0.	0.	·	0.
	27	Subtract line 26 from line 12	1,000,000.	` ` A	37 3 3	
	1	Excess of revenue over expenses and disbursements	The state of the s		4000)//pri///proceeripinand	
		Net Investment Income (if negative, enter -0-)		0.	NT / A	
2235	<u>) C</u> O1	Adjusted net Income (If negative, enter-0-) LHA For Paperwork Reduction Act Notice, see In		<u>, , , , , , , , , , , , , , , , , , , </u>	N/A	F 000 DF (00.45)
12-05	5-12	LITA FOR PROBRESS HEAD CLIDE ACT NOTICE. SEE !!	NSTRUCTIONS.			Form 990-PF (2012)

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Form 990-PF (2012) SIMMONS CANYON FOUNDATION 46-1621853 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only. Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 36,886 36,886. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts Pledges receivable Less allowance for doubtful accounts 5 Grants receivable 8 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventorles for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S and state government obligations STMT 1 963,114. 963,146. b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment, basis Less: accumulated depreciation 15 Other assets (describe 1,000,000 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 28 and lines 30 and 31. or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted X Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 0 28 Paid-in or capital surplus, or land, bldg, and equipment fund 0. 0 1,000,000. 29 Retained earnings, accumulated income, endowment, or other funds 0. 30 Total net assets or fund balances 1,000,000 0. 1,000,000 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	T	
	(must agree with end-of-year floure reported on prior year's return)	1	0.
2	Enter amount from Part I, line 27a	2	1,000,000.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add Ilnes 1, 2, and 3	4	1,000,000.
5	Decreases not included in line 2 (itemize)	5	0.
8	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,000,000.
			Form 990-PF (2012)

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Part IV Capital Gains	and Lo	sses for Tax on In	vestme	nt Income					
(a) List and desc 2-story brick wa	ribe the kir rehouse, c	nd(s) of property sold (e g or common stock, 200 shs	, real estate. s. MLC Co)		' P	How acquire - Purchase) - Donation	- ((c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)
1a								-	
b NO	NE								
С									
<u>d</u>					ļ			- 	
<u>B</u>					<u> </u>				
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		ost or other basis expense of sale				(h) Gain or (loss (e) plus (f) minus (
<u>a</u>						_			
b									
C				· · · · · · · · · · · ·					
<u>d</u>				·					
Complete only for assets showin	a ania ia a	olumn /b\ and augad bu b	ha faundatia	n na 10/21/60					
Complete only for assets snowin		· · · · · · · · · · · · · · · · · · ·) Gains (Col. (h) gain (k), but not less thar	
(I) F M V. as of 12/31/69	()) Adjusted basis as of 12/31/69		xcess of col. (i) r col (j), if any				Losses (from col. (h))
a			 						
b									
C									 .
d									
8									
2 Capital gain net income or (net cap	Alta Lacal	If gain, also enter	in Part I, ilne	7]				
	•	f (loss), enter -0-		a /	7	2			
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, 6			d (6).		1				
If (loss), enter -0- in Part I, line 8		40 40 () (D (Щ	3			
	-	ection 4940(e) for					inc	ome	
(For optional use by domestic private	foundation	ns subject to the section 4	940(a) tax o	n net investment in	come).)			N/A
If section 4940(d)(2) applies, leave th	is part blar	nk.							
Was the foundation liable for the secti				•	1007	•			Yes No
If "Yes," the foundation does not quali 1 Enter the appropriate amount in e	ach colum	n for each year: see the in:	structions be	ari efore making any er	ntries	1.		<u> </u>	
(a) Base period years	1	(b)	otraotrono o	Toro making any or	(c)	•		1	(d) utlon ratio
Base periód years Calendar year (or tax year beginnin	a In)	Adjusted qualifying distr	ributions	Net value of nor	nchar	itable-use a:	ssets	Distribi (col. (b) divi	ution ratio ded by col. (c))
2011	y,							(001. (0) 0111	332 27 33 (0)7
2010				·					· · · · · · · · · · · · · · · · · · ·
2009							-		
2008									
2007									
		<u> </u>							
2 Total of line 1, column (d)								2	
3 Average distribution ratio for the 5	year base	period - divide the total or	1 line 2 by 5,	or by the number	of yea	ars			
the foundation has been in existen	ce if less th	nan 5 years			•			3	
Enter the net value of noncharitable	e-use asse	ts for 2012 from Part X, lir	18 5					4	
Multiply line 4 by line 3								5	
3 Enter 1% of net investment income	/1% of P	art I line 27h\						6	-
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,							
7 Add lines 5 and 6 .								7	
B Enter qualifying distributions from	Part XII, Iir	ne 4						8	
If line 8 is equal to or greater than I	lne 7, chec	k the box in Part VI, line 1	b, and comp	lete that part using	a 1%	6 tax rate			
See the Part VI instructions									000 PE (0010)

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	
£	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	0.
6	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
1	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	,
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
5	Minimum investment return. Enter 5% of line 5	6	0.
p	Distributable Amount (see Instructions) (Section 4942()(3) and ()(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	0.
²a	Tax on investment income for 2012 from Part VI, line 5	7	
b	Income tax for 2012. (This does not include the tax from Part VI)	1.34	
C	Add lines 2a and 2b	20	0.
ì	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
ļ	Recoveries of amounts treated as qualifying distributions	4	0.
i	Add lines 3 and 4	5	0.
,	Deduction from distributable amount (see instructions)	6	0.
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P.	rt XII 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	1a 1	0.
	Program-related investments - total from Part IX-B	1b	0.
	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	53	
	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1	
	ncome Enter 1% of Part I, line 27b	5	0.
	Adjusted qualifying distributions. Subtract line 5 from line 4	в	0.

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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			4	0.
2 Undistributed income, if any, as of the end of 2012.				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
a Enter amount for 2011 only	1/ 3 / 5 %		0.	13 14 13 13 13
b Total for prior years	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		2 1	
		0.		263 TO 12 4 24 3
3 Excess distributions carryover, if any, to 2012.		X		
a From 2007	16	1 3 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
b From 2008	1 7 7 1 5 5		Com of the said	
c From 2009	3 7 3640 / 1		DO SAMULLE DE LE	
d From 2010		1. 1 5.88/13		
e From 2011				
f Total of lines 3a through e	0.			1860 A 18 18 18 18 18 18 18 18 18 18 18 18 18
4 Qualifying distributions for 2012 from	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			kv.含(0.2 ダ :
Part XII, line 4· ► \$ 0.	mar single from			13 m (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a Applied to 2011, but not more than line 2a	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)	***************************************	0.	ૢઌ૽ૢ૽ૼૡ૽૽ઌ૽ૣ૱ઌ૽ ૽ૹઌ૽ૹ૽ઌઌ૽ૢ૽૽	
c Treated as distributions out of corpus	0.			196 (196 1 ⁹⁶ 1 1 197)
(Election required - see instructions) d Applied to 2012 distributable amount		}		0.
e Remaining amount distributed out of corpus	0.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 200 - 200 - 10	
· 1	0.			0.
(If an amount appears in column (d), the same amount	/	33.355 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
must be shown in column (s)) 6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	ó.)			Barrel San
b Prior years' undistributed income. Subtract	" 12" See See	<u> </u>	× 148. Ø 1	Y 2 1.90 28.3 3.83
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions	/s. 42 5 3	0		
e Undistributed income for 2011 Subtract line	1286 8 N 13 S A	<u> </u>		*****
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012, Subtract	32/24/34/34/3/		37. Z. 37. 3	
lines 4d and 5 from line 1. This amount must				
be distributed in 2013			Bridge Carried	0.
7 Amounts treated as distributions out of			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
corpus to satisfy requirements imposed by			Marine & Sal	ingth a go st
section 170(b)(1)(F) or 4942(g)(3)	0.		<u> </u>	
B Excess distributions carryover from 2007				" Section of the second
not applied on line 5 or line 7	0.	<u> </u>		· · · · · · · · · · · · · · · · · · ·
Excess distributions carryover to 2013.	0	1. 1. 1. 1 × 1 × 1	化矿力橡子煤	રશે મેલ્લો કે
Subtract lines 7 and 8 from line 6a	0.	*************	~~	بالمستحدث
Analysis of line 9 a Excess from 2008		美性吸收系统	A. C. Single	
b Excess from 2009	Service Control	7.台京《万渊		
© Excess from 2010				7.8
d Excess from 2011	ા કહ્યું. ∀ક્ષ		.j.	
e Excess from 2012	S. 6. 43.65 . 1)		
		<u> </u>		Form 990-PF (2012)

223581 12-05-12

	CANYON FOU			46-16	21853 Page
Part XIV Private Operating F	. —			N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for	2	-	. ▶ ∟	· · · · · · · · · · · · · · · · · · ·	
b Check box to indicate whether the found		ing foundation described	•	4942(J)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1 10 0000	
Income from Part I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
investment return from Part X for					
each year listed			<u> </u>		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
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:					
(1) Total support other than gross					
Investment Income (Interest,					
dividends, rents, payments on				1	
securities loans (section 512(a)(5)), or royalties)		İ			
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(I)(3)(B)(III)					
(3) Largest amount of support from	., <u> </u>				·
an exempt organization					
(4) Gross investment Income				-	
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during th				•	
Information Regarding Foundation	Managers:	-	· · · · · · · · · · · · · · · · · · ·		
a List any managers of the foundation who	have contributed more	than 2% of the total conf	tributions received by the	foundation before the close	of any tax
year (but only if they have contributed mo	ore than \$5,000). (588 s	ection 507(a)(2))			
ELLY M. FLEMING	400/				
b List any managers of the foundation who other entity) of which the foundation has	OWN 10% Or more of the	e stock of a corporation	(or an equally large portio	in of the ownership of a pai	rtnership or
ONE	a 10 % of gloater interes	· · ·			
······································			· · · · · · · · · · · · · · · · · · ·		
Information Regarding Contribution					
Check here ► X if the foundation on the foundation makes gifts, grants, etc. (s	iy makes contributions t	o preselected charitable	organizations and does n	ot accept unsolicited reque	Sts for tunds. If
			•	mplete items za, b, c, and t	J
a The name, address, and telephone number	er or e-man or the persor	ii to whom applications (etionia de gadiessea.		
b The form in which applications should be	submitted and informati	ion and materials they si	nould include.		
c Any submission deadlines:					
d Any restrictions or limitations on sweets	auch as hu casa-sa-t	Large should be distant	Ideals of Institutes	the feet and	
d Any restrictions or limitations on awards,	such as by geographical	i areas, charitadie fields,	kinus of institutions, or of	iner factors:	
2004 10 05 10			· · · · · · · · · · · · · · · · · · ·		000 DE (0010)

Part XVI-A	Analysis	of Income	-Producing	Activities
[* P41 P X P F 85 F X]	Allalysis	OI IIIOOIIIO	-i i oddonig	WOII AIRIGO

Enter gross amounts unless otherwise indicated	Uniterat	led business income	EXC	uded by section 512, 513, or 514	. (a)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- slon code	(d) Amount	Related or exempt function income
a					
b			_		-
C		<u> </u>			<u> </u>
			1		
			1		
•			-		
g Fees and contracts from government agencies		-	-		
2 Membership dues and assessments .	<u> </u>				
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:	<	2 V 1/2 (4/8)	SM2		1.00 July 1977
a Debt-financed property					
b Not debt-financed property) — · · ·	
8 Net rental income or (loss) from personal					
nzonartv	1 1				
7 Other investment income			+-		
8 Gain or (loss) from sales of assets other					
then levesters	1		1		
than inventory			 -		
9 Net Income or (loss) from special events					
O Gross profit or (loss) from sales of inventory				· · · · · · · · · · · · · · · · · · ·	
1 Other revenue:		•	1		
a					
b					
C					
d					
6					
2 Subtotal. Add columns (b), (d), and (e)	30.17	0	• ***	0.	0.
2 Tatel Add line 40 selvens (b) (4) and (c)					0.
See worksheet in line 13 Instructions to verify calculations.)	•	•		-	
Part XVI-B. Relationship of Activities to Line No. Explain below how each activity for which incon the foundation's exempt purposes (other than be	ne is reported in	n column (e) of Part XVI-			nplishment of
with to district to district purposes (other than b					
N/A					

Part	XVII Information Re Exempt Organ		nsfers To	and Transa	ictions a	nd Relations	ships With Noncha	ritabl	9	
1 Die	the organization directly or indi		v of the followi	no with any other	r organizatio	n described in sec	tion 501(c) of	<u></u>	Yes	No
	Code (other than section 501(c						551(5) 51	1	72	747
	ansfers from the reporting found									(W)
	Cash .							1a(1)	[]	Х
	Other assets			• •		•		1a(2)		Х
٠.	ner transactions.	•	•	•				//	\	
(1)	Sales of assets to a noncharita	ble exempt organiz	ation					1b(1)	[]	X
	Purchases of assets from a no			·	•			16(2)		X
(3)	Rental of facilities, equipment,	or other assets						1b(3)		Х
(4)	Reimbursement arrangements							1b(4)		X
(5)	Loans or loan guarantees							1b(5)		X
(6)	Performance of services or me	mbership or fundr	alsing solicitation	ons				1b(8)		X
c Sh	aring of facilities, equipment, ma	illing lists, other as:	sets, or paid en	nployees				10		X
	he answer to any of the above is services given by the reporting fo		-		-	-	·		ets,	
col	umn (d) the value of the goods,	other assets, or se	rvices received.			T 48				
(a) Line n	o (b) Amount involved	(c) Name		e exempt organi	zation	(d) Descriptio	of transfers, transactions, and	sharing ar	rangeme	nts
			N/A							
										
						-				
				-						
						+				
-										
						 				
							-			
						-				
										
										
						1				
						†				
										
			-							
in s	ne foundation directly or indirect ection 501(c) of the Code (other 'es," complete the following sche	than section 501(c			mpt organiza	ations described	🗆	Yes	X	No
	(a) Name of orga			(b) Type of org	anization		(c) Description of relations	nip		
	N/A						<u> </u>	<u> </u>		
Sign Here	Under penalties of perjury, I declare the and belief, it is true, correct, and com	hat I have examined the plete Declaration of p	ils return, includin reparer (other than	g accompanying so taxpayer) is based July 1	hedules and si on all informa '2013	tatements, and to the tion of which preparer	has any knowledge. May retu sho	the IRS d m with the wn below (proparor	,
	Signature of officer or trustee)		Date		Title				لنــ
	Print/Type preparer's nar	me	Preparer's si	gnature		Date	Check X if PTIN			
Paid	HOPE LEIBSO	OHN	Hone	Liele	1	6/13/13	self- employed	.6175	587	
Prepa Use C	rer Firm's name ► SHEF		WARD L	.L.C.			Firm's EIN ► 84-04			
J 36 U	Firm's address ► 703				AY, SU	ITE 250				
	SCC	OTTSDALE,	AZ 85	254			Phone no (602)	240)-30	0.0

Form **990-PF** (2012)

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

Employer identification number Name of the organization SIMMONS CANYON FOUNDATION 46-1621853 Organization type (check one): Filers of: Section: Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filling requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer Identification number

SIMMONS CANYON FOUNDATION

46-1621853

Part I	Contributors (see instructions). Use duplicate copies of Part I	If additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KELLY M. FLEMING 2343 PICKETT ROAD CALISTOGA, CA 94515	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II If there is a noncash contribution.)

Employer identification number

SIMMONS CANYON FOUNDATION

46-1621853

(a) No. from Part I	Noncash Property (see instructions). Use duplicate copies of f (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
- - -		s	
(a) No. Irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			

Employer identification number

TMMON	S CANYON FOUNDATION		46-16	21853		
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and it the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additions	ne following line entry. For organization, contributions of \$1,000 or less fo)(7), (8), or (10) organizations that total me ons completing Part III, enter	re than \$1,000 for th		
(a) No.		•	40.5			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of hor	w gift is held		
		(e) Transfer of gif	t			
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to tra	nsferee		
(a) No.		(a) Use of -16	(d) Description of hor	u sift in hold		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of hou	A Aur is uaid		
		(e) Transfer of gif	•			
	Transferee's name, address, ar		Relationship of transferor to transferee			
	Transfered 3 Humo, address, at					
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of hov	v gift is held		
-	(e) Transfer of gift					
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to tra	nsferee		
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, an	d ZIP + 4	Relationship of transferor to transferee			
-						

FORM 990-PF	U.S. AN	D STATE/CITY	GOV	ERNMENT	OBLIGATIONS	STATEMENT	1
DESCRIPTION		-	J.S. V'T	OTHER GOV'T	BOOK VALUE	FAIR MARKE VALUE	T
MUNICIPAL BONDS				х	963,114.	963,1	46.
TOTAL U.S. GOVERN	MENT OBLI	GATIONS		,		· · · · · · · · · · · · · · · · · · ·	
TOTAL STATE AND M	UNICIPAL (GOVERNMENT C	BLIG	ATIONS	963,114.	963,1	46.
TOTAL TO FORM 990	-PF, PART	II, LINE 10	Α		963,114.	963,1	46.
FORM 990-PF	LIST	OF SUBSTANT PART VII-A			UTORS	STATEMENT	2
NAME OF CONTRIBUTO	OR	AD	DRES	S			
KELLY M. FLEMING				- ICKETT 1 OGA, CA			

Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a							
	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box			► X	
If you a	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II (on page 2 of	this form).		
Do not c	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previou	sly filed F	orm 8868.		
Electroni	ic filing (e-file). You can electronically file Form 8868 if:	you need	a 3-month automatic extension of ti	me to file	(6 months fo	or a corporation	
required t	to file Form 990-T), or an additional (not automatic) 3·mo	nth exten	sion of time. You can electronically	ile Form t	3868 to requ	nolenetxe na teeu	
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	f Form 8870, Information Return for	Transfers	Associated	With Certain	
Personal '	Benefit Contracts, which must be sent to the IRS in page	oer format	(see instructions). For more details	on the ele	ctronic filing	g of this form,	
<u>visit www</u>	irs.gov/efile and click on e-file for Charities & Nonprofits	s					
Part I	Automatic 3-Month Extension of Time	e. Only	submit original (no copies ne	eded).			
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-m	onth extension - check this box and	complete	ı		
Part I only	<i>t</i> .					▶ □	
	corporations (including 1120-C filers), partnerships, REN	1ICs, and t	trusts must use Form 7004 to reque	st an exte	nsion of tim	е	
to file inco	ome tax returns.						
Type or	Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) o				
print							
Clarke Name	SIMMONS CANYON FOUNDATION				46-1621853		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.			Social s	Social security number (SSN)		
filing your retum, S ec	2343 PICKETT ROAD						
Instructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	CALISTOGA, CA 94515		· · · · · · · · · · · · · · · · · · ·		-		
Enter the I	Return code for the return that this application is for (file	a separa	te application for each return)			0 4	
			-				
Applicatio	on	Return	Application			Return	
s For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-		02	Form 1041-A			08	
Form 4720	O (Individual)	03	Form 4720	09			
Form 990-		04	Form 5227			10	
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
-orm 990∙	T (trust other than above)	06	Form 8870			12	
	KELLY M. FLEMIN						
	oke are in the care of ▶ 2343 PTCKETT RC	<u> </u>	CALISTOGA, CA 945	<u> 15 </u>			
The boo	ONG AIGHT THE CAPE OF P 20 10 1 TOTAL TO		FAX No. ►				
The boo	one No. ► (707) 942-6849						
Telepho If the or	one No. ► (707) 942-6849 rganization does not have an office or place of business					>	
Telepho If the or	one No. ► <u>(707)</u> 942–6849			f this is fo	r the whole	group, check this	
Telepho If the or If this is	one No. ► (707) 942-6849 rganization does not have an office or place of business	Group Exe	mption Number (GEN) I				
Telepho if the or if this is oox I req	one No. (707) 942-6849 rganization does not have an office or place of business of or a Group Return, enter the organization's four digit of the first in the second of the group, check this box.	Group Exe and atta required t	omption Number (GEN) I ch a list with the names and EINs of to file Form 990-T) extension of time	all memb until	ers the exte	ension is for.	
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