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Form **990-PF**

BAA Con Baper orl Reduction Act Notice, see instructions.

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated às 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 calendar year 2012, or tax year beginning . 2012, and ending Employer Identification number 73-1542636 Faye Allene Rife Brown Foundation Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see the instructions) (405) 372-4000 PO Box 72 ZIP code City or town If exemption application is pending, check here 74076 Stillwater OK G Check all that apply Initial return Initial Return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check X Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here 2,528,638. **尼加州** Analysis of Revenue and (b) Net investment (c) Adjusted net (d) Disbursements (a) Revenue and Expenses (The total of amounts in expenses per books income ińcome for charitable columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (seé instructions).) Contributions, gifts, grants, etc, received (att sch) 经外级的经济自治的 上山 医外外的现在分词 这样的"碰,是我的 X If the foundn is not req to att Sch B Interest on savings and temporary cash investments 20 20 Dividends and interest from securities 65,726 65,726 5 a Gross rents **b** Net rental income or (loss) ν.,. L-6a\Stmt "如此,现象的 bid bid bid 6 a Net gain/(loss) from sale of assets not on line 10 50,378. b Gross sales price for all assets on line 6a 7.15 573,525 50,378. Capital gain net income (from Part IV, line 2) CHENTON CONTRACTOR 18-8 16 - 16 2 16 2 16 Net short-term capital gain Income modifications 301 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) j. 65. . . 12 Total. Add lines 1 through 11 116,124 116,124 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 a Legal fees (attach schedule) b Accounting fees (attach sch) L-16b Stmt 1,750 c Other prof fees (attach sch) L-16c Stmt 12,646. 17 Interest 18 Taxes (attach schedule)(see instrs) Depreciation (attach 19 sch) and depletion 20 Occupancy ķ Travel, conferences, and meetings 21 22 Printing and publications 23 Other expenses (attach schedule) Contributions 163,000 163,000. Total operating and administrative expenses. Add lines 13 through 23 163,000. 177,396. 25 Contributions, gifts, grants paid 26—Total expenses and disbursements
Add lights 24 and 25
27 Subtract line 26 from line 12:

a Excess of revenue over expenses
and disbursements
b Net investment income (if negative, enter -0-) Total expenses and disbursements. 163,000. 177,396. 88 -61,272 116,124

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Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

2,531,638.

4

5

6

Page 3

	d describe th	sses for Tax or e kind(s) of propert or common stock, 2	y sold (e.g., re	eal estate,	(b) How ac P — Purc D — Don		(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a ST Gains Fide	lity In	vestments -	PAS		P		06/30/11	06/30/12
b LT Gains Fide					þ		06/30/10	06/30/12
c Capital Gain					P		06/30/11	06/30/12
d								
e								
(e) Gross sales prio	ce	(f) Depreciation (or allowab		(g) Cost or other b plus expense of s			(h) Gain or (e) plus (f) m	
a	9,403.				9,695.			-292.
b 54	5,244.			5	13,452.	<u> </u>		31,792.
c <u>1</u>	8,878.				0.	<u> </u>		18,878.
d						<u> </u>		
e						ļ		
 				the foundation on 12/31/			(I) Gains (Coli	
(i) Fair Market Valu as of 12/31/69	e	(j) Adjusted t as of 12/31		(k) Excess of colum over column (j), if			ain miňús column (k an -0-) or Losses (fr	
а						<u> </u>		-292.
b								31,792.
С						L		18,878.
d								
e						ļ	r	
2 Capital gain net incor	`	, ,	lf (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7 	 	2		50,378.
3 Net short-term capital	gain or (loss	s) as defined in sec	tions 1222(5)	and (6)				
If gain, also enter in F in Part I, line 8	Part I, line 8,	column (c) (see in:	structions) If	(loss), enter -0-	_	3		
Part V Qualificatio	n Under S	ection 4940(e)	for Reduce	d Tax on Net Investr	nent Inco	me	′	
Was the foundation liable for the foundation does	not qualify	under section 4940	(e) Do not co			AS	Yes	No
(a)	amount in c	(b)	ir year, see th	(c)	ng arry criti	-	(d)	
Base period years Calendar year (or tax y beginning in)	rear A	djusted qualifying o	distributions	Net value of noncharitable-use a	ssets	(d) Distribution ratio (column (b) divided by column (c))		
2011				· · · · · · · · · · · · · · · · · · ·				·
2010								
2009								
2008								
2007								
2 Total of line 1, column	n (d)				-	2		
				al on line 2 by 5, or by the	•	_		
number of years the f	oundation ha	s been in existence	e if less than 5	years		3_		
4 Enter the net value of	noncharitab	e-use assets for 20	112 from Part	X, line 5		4		
5 Multiply line 4 by line	3					5	· · · · · · · · · · · · · · · · · · ·	
6 Enter 1% of net inves	tment incom	e (1% of Part I, line	27b)			6		
7 Add lines 5 and 6						7		
8 Enter qualifying distrit	outions from	Part XII, line 4				8		
If line 8 is equal to or Part VI instructions	greater than	line 7, check the b	ox in Part VI,	line 1b, and complete that	part using	a 1%	tax rate See th	e

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

and addresses

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charitable purposes?

the tax year beginning in 2012?

Х

4 a

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its

b 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

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PartsVII:B Statements Regarding Activit		n 4/20 May Be Red	juired (continued)	
5 a During the year did the foundation pay or incur				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	(section 4945(e)) ⁷	Yes X	No
(2) Influence the outcome of any specific publion, directly or indirectly, any voter registra	ic election (see section of tion drive?	4955), or to carry	Yes X	No
(3) Provide a grant to an individual for travel,	study, or other similar p	ourposes?	∐ Yes X	No 3
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, org 4940(d)(2)? (see instru	ganization described ctions)	Yes	No
(5) Provide for any purpose other than religious educational purposes, or for the prevention			Yes 🛛	No
b If any answer is 'Yes' to 5a(1)-(5), did any of to described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to q a current notice regard	ualify under the exception ing disaster assistance	ons	5 b
Organizations relying on a current notice regain	rding disaster assistance	e check here	► [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	ne foundation claim exe sibility for the grant?	mption from the	Yes	No
If 'Yes,' attach the statement required by Regu	lations section 53 4945-	-5(d)		
6 a Did the foundation, during the year, receive an on a personal benefit contract?			سسا لسسا	No
b Did the foundation, during the year, pay premi	ums, directly or indirectl	y, on a personal benefit	contract?	6b X
If 'Yes' to 6b, file Form 8870			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
7 a At any time during the tax year, was the found			L	No A
b If 'Yes,' did the foundation receive any proceed				7 b
RankVIII Information About Officers, D	irectors, irustees,	Foundation Manag	gers, n ignly Palo E	impioyees,
List all officers, directors, trustees, foundation	n managers and their co	omponention (see instru	ections)	
List all 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 allowances
Sally Ahrberg				
311 Eyler Lane	Director			
Stillwater OK 74074	0.00	0.	0.	0.
James Plaxico				
1915 E Iba Drive	President			
Stillwater OK 74074	0.00	0.	0.	0.
Lewis Bryant				
Rt 1 Box 22	Director			
Pawnee OK 74058	0.00	0.	0.	0.
Margie Keener				
2017 S Highland Ct	Secretary		,	
Stillwater OK 74074	0.00	0.	0.	0.
2 Compensation of five highest-paid employees	s (other than those incli	uded on line 1 — see ins	structions). If none, ent	er 'NONE.'
(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 account, other allowances
None				
		İ		
	ļ			
			· · · · · · · · · · · · · · · · · · ·	
Total number of other employees paid over \$50,000			•	None
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Form 990-PF (2012) Faye Allene Rife Brown Foundation 73- Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Part and Contractors (continued)	-1542636 Page 7 aid Employees,
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	
~	
Table where the second of the	
Total number of others receiving over \$50,000 for professional services	None
Ranti 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	
2	
3	
~	
.4	
Partix:B: 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	
2	
* ~	-
~	
All other program-related investments See instructions	
3	
~	
Total. Add lines 1 through 3	•
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	Minimum Investment Return (All domestic foundations must complete this part. For see instructions)	reign f	
1	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	
ĺ	Average of monthly cash balances	1 b	· · · · · · · · · · · · · · · · · · ·
	Fair market value of all other assets (see instructions)	1 c	
(Total (add lines 1a, b, and c)	1 d	
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c	7 3	
	(attach detailed explanation)	, ¹ , ²	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0.
6	Minimum investment return. Enter 5% of line 5	6	0.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► and do not complete this part.)	ting for	undations
1	Minimum investment return from Part X, line 6	1	0.
2 a	Tax on investment income for 2012 from Part VI, line 5 2, 322.	1.7.1	
t	Income tax for 2012 (This does not include the tax from Part VI.)	, š	
c	Add lines 2a and 2b	2 c	2,322.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0.
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	0.
Par	Qualifying Distributions (see Instructions)	17 7 VSI	
1 a	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	163,000.
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	
3 a	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
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	163,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	163,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether t qualifies for the section 4940(e) reduction of tax in those years	he found	ation
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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				0.
2 Undistributed income, if any, as of the end of 2012				
 a Enter amount for 2011 only b Total for prior years 20 , 20 , 20 	The way to be a second	Colon Calabata (Traffy)	Carried and the second	
3 Excess distributions carryover, if any, to 2012		NA. 476 A. 18 C. 18 C. 18 C. 18		The state of the s
a From 2007		A CONTRACT OF THE STATE OF THE		
b From 2008	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
c From 2009				
d From 2010				
e From 2011 .	Cara Land			
f Total of lines 3a through e	THE RESIDENCE OF CONTRACT A	CONTRACTOR AND A STATE OF THE S		
4 Qualifying distributions for 2012 from Part				
XII, line 4 \$ 163,000. a Applied to 2011, but not more than line 2a				
• •		\$690 Cast 127 1-04 (380) 2011		
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus				
(Election required — see instructions)				
d Applied to 2012 distributable amount		2513/04/57 2740/4	1224 F 926 F 14	STORY OF STREET STREET COST AND STREET
e Remaining amount distributed out of corpus	163,000.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the				5/46-18/65 \ 11/4
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	163,000.			
b Prior years' undistributed income Subtract			性的發展的	16 16 16 16 16 16 16 16 16 16 16 16 16 1
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	4/4-46-6 13 + 12 10 13 13 13 13 13 13 13 13 13 13 13 13 13		(元) ならへ、食(薬(で)、・)(元) 数(減(を)を) ・ (20) (20)	1. 1
d Subtract line 6c from line 6b Taxable		0.		
amount – see instructions		24 54 8 74 75 4.75"	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47.5 7.5 CO 100 CO 100 CO
e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount — see instructions			0.	的数据设置
			14 8-1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	0.	'	· ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<u> </u>			1 1 12
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	163,000.			, , , , , , , , , , , , , , , , , , , ,
10 Analysis of line 9	# 5 ° .			
a Excess from 2008 0.	· ·	,		, ,
b Excess from 2009 0.				*
c Excess from 2010 0.	, ,			1 ' 2, , " .
d Excess from 2011 0.	The part of the pa]	
e Excess from 2012 163,000.	251	L	<u> </u>	Form 990-PF (2012)

art XIV Private Operating Found	ations (see instri	ictions and Pa	rt VII-A, question	19)	N/A
a If the foundation has received a ruling or	determination letter t				11/11
is effective for 2012, enter the date of the	•	atina faundation de	scoribad in castion	4942(j)(3) or	4942(j)(5)
b Check box to indicate whether the founda 2 a Enter the lesser of the adjusted net	Tax year	aling foundation de	Prior 3 years	4942()(3) (1	[4942()(3)
income from Part I or the minimum investment return from Part X for each year listed	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
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 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			<u> </u>		<u>. —</u>
Supplementary Information assets at any time during t	n (Complete this he vear — see in:	part only if the	e foundation had	\$5,000 or more	in
Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav	have contributed more the contributed more th	ian \$5,000) (See s	section 507(d)(2))		
b List any managers of the foundation who a partnership or other entity) of which the	own 10% or more of foundation has a 109	the stock of a corp % or greater intere	oration (or an equally st	y large portion of the	ownership of
Property Information Regarding Contribution, Grange Check here X If the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d	makes contributions t	o preselected char	itable organizations	and does not accept zations under other c	unsolicited onditions,
a The name, address, and telephone number	er or e-mail of the per	rson to whom appl	ications should be ac	ldressed [.]	
b The form in which applications should be	submitted and inform	ation and material	s they should include		
c Any submission deadlines					·
•					

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3 Grants and Contributions Paid During the Year or Approved for Future Payment							
` Recipient	T	Foundation status of recipient		Amount			
Name and address (home or business)	substantial contributor	recipient		<u> </u>			
a Paid during the year	Substantial Contributor						
Total		-	► 3a	ļ			
b Approved for future payment Total		·	► 3b				

Rant XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelat	ed 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 exempt function income (See instructions.)	
a						
b						
c						
d		<u></u>				
e						
f						
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments					20.	
4 Dividends and interest from securities					65,726.	
5 Net rental income or (loss) from real estate	建设设施	化"种类"的"是""是""是""是""是""是""是""是""是""是""是""是""是""	的域器	L. Printer Parket Barrier	2015年1986年1885年	
a Debt-financed property	11					
b Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory					50,378.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue	######################################			数是生产企业的	FAMILY TO VERY TWO	
a						
b						
c						
d						
e						
12 Subtotal Add columns (b), (d), and (e)			N. Brass		116,124.	
13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	116,124.	
See worksheet in line 13 instructions to verify calculat	ions)					

Relationship of Activities to the Accomplishment of Exempt Purposes

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.)
3	This interest income is earned on a bank account that keeps funds
3	available for immediate use as opposed to the investment account.
4	The original funds put into this foundation were placed into an
4	investment account to have a better return on the funds and allow
4	the foundation to assist more charities.
8	The investments are traded to get the most optimal return on
8	investments and assets are sold to give donations to allowable
8	charitable organizations.
	

Form 990-PF (2012) Faye Allene Rife Brown Foundation 73-1542636 Rant XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								~
describ		c) of the Code (othe	gage in any of the following er than section 501(c)(3) o				Yes	No
a Transfe	ers from the reportii	ng foundation to a	noncharitable exempt orga	anization of				1 1000
(1) Ca	sh						1 a (1)	Х
(2) Oti	her assets						1 a (2)	X
b Other t	transactions:						37923	200
(1) Sa	les of assets to a n	oncharitable exemi	nt organization				1 b (1)	X
• •			e exempt organization				1 b (2)	$\frac{x}{x}$
	ntal of facilities, eq		, -				1 b (3)	+
* * *		•	155615			•		X
• •	imbursement arrang	_					1 b (4)	X
• •	ans or loan guarant						1 b (5)	X
		•	or fundraising solicitations				1 b (6)	X
c Sharing	g of facilities, equip	ment, mailing lists	, other assets, or paid emp	oloyees			1 c	<u> </u>
the god	ods, other assets, o	r services aiven by	mplete the following scheo the reporting foundation w in column (d) the value	If the founda	ation received les	ss than fair market	value in	
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt organization	n (0	d) Description of train	nsfers, transactions, and	sharing arrangement	ts
				'				
		-						
			··			_	·	
		- -						
		- 						
								
	-							
								
								
describ	oundation directly o ed in section 501(c)) of the Code (othe	d with, or related to, one or than section 501(c)(3)) or	or more tax-	exempt organiza 527?	tions	Yes X	No
(6	a) Name of organiza	ition	(b) Type of organiza	ation	(0) Description of rel	ationship	
							·	
					1			
			· · · · · · · · · · · · · · · · · · ·		1			
			······································		 			
Under	negalties of nerview 1 dec	lare that I have examine	ed this return, including accompany	uno schedules :	and statements, and I	o the best of my knowled	ne and helief it is true	
Sign Here	i, and complète Déclarati	ion of preparer (other that	ed this return, including accompany an taxpayer) is based on all inform		reparer has any know	vledge	May the IRS disc this return with the preparer shown to (see instructions)	uss ne below
Sign	ature of officer or trustee		Date		Title		X Yes	No
	Print/Type preparer's r	name	Preparer's signature		Date	Check If	PTIN	
Paid	Mark E Gunl	kel CPA	Imm Ish	LAS	11/12/13	self employed	P00285582	
Preparer			kel, CPA, PC		<u> </u>		379535	
•	Firm's address	PO Box 72	OLIN LO			7.5	2,7555	
Use Only	·			OV 7	1076	Phono co /405	. 624-0000	
BAA	<u> </u>	Stillwater	<u> </u>	OK 74	1076	Phone no (405	6) 624-9999 Form 990 BF (
BAA							Form 990-PF (2	2012)

Net Gain or Loss From Sale of Assets

2012

Employer Identification Number Name Faye Allene Rife Brown Foundation 73-1542636 Asset Information: Description of Property ST Gains - Fidelity Investments - PAS Date Acquired How Acquired: Purchased Various Date Sold 12/26/12 Name of Buyer Stock Sales through Fidelity Investments Cost or other basis (do not reduce by depreciation) Sales Price 9,403. 9,695. Sales Expense Valuation Method: Fair Market Value Total Gain (Loss) Accumulation Depreciation: -292. Description of Property: LT Gains - Fidelity Investments - PAS Date Acquired: How Acquired Various Purchased Date Sold Name of Buyer Stock Sales through Fidelity Investments 12/26/12 Sales Price Cost or other basis (do not reduce by depreciation) 513,452. 545,244. Sales Expense Valuation Method Fair Market Value Total Gain (Loss): Accumulation Depreciation Description of Property Capital Gain Distribution Date Acquired: How Acquired Purchased Date Sold. Name of Buyer Through Fidelity Investments Sales Price 18,878. Cost or other basis (do not reduce by depreciation) 0. Sales Expense Valuation Method Fair Market Value Total Gain (Loss) Accumulation Depreciation 18,878. Description of Property How Acquired Date Acquired Date Sold Name of Buyer Sales Price Cost or other basis (do not reduce by depreciation) Sales Expense Valuation Method Total Gain (Loss) Accumulation Depreciation Description of Property. How Acquired: Date Acquired: Date Sold Name of Buyer Sales Price Cost or other basis (do not reduce by depreciation) Sales Expense: Valuation Method Accumulation Depreciation Total Gain (Loss) Description of Property How Acquired: Date Acquired Date Sold. Name of Buyer Sales Price Cost or other basis (do not reduce by depreciation) Sales Expense: Valuation Method Total Gain (Loss). Accumulation Depreciation Description of Property How Acquired Date Acquired Date Sold: Name of Buyer Sales Price Cost or other basis (do not reduce by depreciation) Sales Expense: Valuation Method. Total Gain (Loss) Accumulation Depreciation: Description of Property Date Acquired How Acquired Date Sold Name of Buver: Sales Price Cost or other basis (do not reduce by depreciation) Sales Expense Valuation Method Total Gain (Loss): Accumulation Depreciation

Form **8868**

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of Internal Revenu	the Treasury ue Service	►File	e a separate appl	ication for each return.		
• If you a	re filing for an A	Automatic 3-Month Extensio	n, complete only	Part I and check this box		► X
• If you ar	re filing for an A	Additional (Not Automatic) 3	Month Extension	n, complete only Part II (on page 2 of this	s form)	
Do not com	plete Part II un	less you have already been o	granted an autom	atic 3-month extention on a previously fil	led Form 8868	
corporation request an e	required to file extension of tim With Certain Pe	Form 990-T), or an additionate to file any of the forms list	al (not automatic) ed in Part I or Pa ich must be sent	d a 3-month automatic extension of time 3-month extension of time. You can elect it II with the exception of Form 8870, Infecto to the IRS in paper format (see instruction Charities & Nonprofits	ctronically file Form ormation Return for	8868 to Transfers
Parell Mar	Automatic	3-Month Extension of	Time. Only su	bmit original (no copies needed)).	
A corporation	on required to fi	le Form 990-T and requesting	g an automatic 6-	month extension - check this box and c	omplete Part I only	▶ [
All other con income tax	rporations (incli returns	uding 1120-C filers), partners	ships, REMICs, ar	nd trusts must use Form 7004 to request Enter filer's ident	an extension of time	
	Name of exempt	organization or other filer, see instruc	tions		Employer identification	
Type or						
print		<u>ene Rife Brown Fo</u>			73-1542636	
File by the due date for	Number, street, a	nd room or suite number. If a P.O. bo	ox, see instructions		Social security ni	umber (SSN)
filing your	PO Box 7				1	
return See instructions		office, state, and ZIP code. For a for	eign address, see insti	uctions		
	<u> Stillwat</u>	<u>er</u>			OK 740	76
Enter the Re	eturn code for th	ne return that this application	ıs for (file a sepa	arate application for each return)		01
Application Is For			Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ		01	Form 990-T (corporation)		07
Form 990-Bl	L		02	Form 1041-A		08
Form 4720 (`		03	Form 4720		09
Form 990-PI		<u></u>	04	Form 5227		10
		or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other tha	n above)	06	Form 8870		12
	ks are in the ca	ore of •	FAX N	0 >		
• If the org	ganization does	not have an office or place	of business in the	United States, check this box		▶ □
• If this is	for a Group Re	turn, enter the organization's	four digit Group	Exemption Number (GEN)	If this is for the who	le group,
check th	nsion is for	If it is for part of the gro	oup, check this bo	and attach a list with the na	ames and EINs of al	I members
		3-month (6 months for a co	prporation require	d to file Form 990-T) extension of time	(7 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
until	<u>Aug. 15</u>	, 20 13 _, to file the exemp		urn for the organization named above	KEC:	EIVED
The ex	tension is for th	ne organization's return for			1 VOV 1	

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	3 a	\$ 0
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	3 ь	\$ 0
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	\$ 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

tax year beginning _____, 20 ___, and ending ____

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

Change in accounting period

Form 886	8 (Rev 1-2013) Faye Allene Rife Br	own Fou	ndation	73-1542636	Page 2	
	are filing for an Additional (Not Automatic) 3-Month			box	<u>►</u> X	
Note. Only	y complete Part II if you have already been granted	an automat	ic 3-month extension on a previously	filed Form 8868	_	
	are filing for an Automatic 3-Month Extension, com					
Partill	🕍 Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the original	(no copies needed	d).	
			Enter filer's i	dentifying number, see	instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or				
Type or						
print	Faye Allene Rife Brown Foundat	73-1542636				
Eila hii tha	Number, street, and room or suite number. If a P.O. box, see instructions			Social security number (SSN)		
File by the extended due date for						
filing your return See	PO Box 72					
instructions	City, town or post office, state, and ZIP code. For a foreign address	ess, see instruc	tions			
	Stillwater	OK 7	4076			
Enter the	Return code for the return that this application is for	r (file a sepa	arate application for each return)		01	
						
Application	on	Return	Application		Return	
Is For		Code	Is For	1 - 100 () () () () () () () () () (Code	
	or Form 990-EZ	01	新生活的 100mm	。 第一次的特殊的人工學學	08	
Form 990-		02	Form 1041-A			
	O (individual)	03	Form 4720			
Form 990-		04	Form 5227			
	T (section 401(a) or 408(a) trust)	05 06	Form 6069			
Form 990-T (trust other than above)			Form 8870			
Teleph If the o If this i	organization does not have an office or place of bus is for a Group Return, enter the organization's four up, check this box If it is for part of the	iness in the digit Group l			s is for the	
members	the extension is for					
5 For 6 If the(0) 7 State	quest an additional 3-month extension of time untilicalendar year 2012, or other tax year beginning tax year entered in line 5 is for less than 12 month. Change in accounting period in detail why you need the extension. Due thirtional time is needed for communication accurate tax return.	g ns, check re	<u>"</u> mstances beyond_our_co	ntrol,		
8 a if this	s application is for Form 990-BL, 990-PF, 990-T, 47	20, or 6069	, enter the tentative tax, less any			
nonr	efundable credits. See instructions			8a \$	0.	
b If this payn with	tax 8bs	0.				
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions						
	Signature and Verific	ation mus	st be completed for Part II on	ıly.		
Under penaltic correct, and c	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying sch	nedules and statements, and to the best of my kr	nowledge and belief, it is true,		
Signature >	Title ►			Date ►		
BAA		FIFZ0502	01/21/13	Form 8868	(Rev 1-2013)	

(Rev January 2013)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury Internal Revenue Service		► File a sep	separate application for each return.				
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						▶ 🛛	
If you are	e filing for an	Additional (Not Automatic) 3-Month	Extension	, complete only Part II (on page 2 of this	form)		
Do not comp	plete Part II un	less you have already been granted	an automa	atic 3-month extention on a previously file	ed Form 88	368	
Electronic fi corporation is request an e Associated V	i ling (e-file). Yo required to file extension of tim With Certain Pe	u can electronically file Form 8868 Form 990-T), or an additional (not le to file any of the forms listed in F	If you need automatic) art I or Pai st be sent I	a 3-month automatic extension of time to 3-month extension of time. You can elect II with the exception of Form 8870, Infoto the IRS in paper format (see instruction)	to file (6 m tronically f ermation Re	onths for a ile Form 8868 to eturn for Transfers	
Parl	Automatic	3-Month Extension of Time	Only su	bmit original (no copies needed)			
A corporation	n required to fi	le Form 990-T and requesting an au	utomatic 6-i	month extension - check this box and co	mplete Pa	irt I only	
All other cor income tax i	porations (incli returns	uding 1120-C filers), partnerships, F	REMICs, an	d trusts must use Form 7004 to request			
	Name of exempt	organization or other filer, see instructions		Enter mer's identi		ber, see instructions dentification number (EIN) or	
Type or	Thanks or example	organization of care more described				,.	
print	, ,,				72 15	40606	
F 1. 1. 1.		ene Rife Brown Founda ind room or suite number If a PO box, see in			73-15	4 Z 6 3 6 Il security number (SSN)	
File by the due date for					1	, , ,	
filing your return See	PO Box 7 City, town or pos	Z t office, state, and ZIP code. For a foreign add	ress, see instri	uctions			
instructions	Stillwat	er			ок	74076	
	, DCIAINGC		·		<u> </u>	71070	
Enter the Re	turn code for th	ne return that this application is for	(file a sepa	rate application for each return)		04	
Application Is For			Return Code	Application Is For			
Form 990 or Form 990-EZ			01	Form 990-T (corporation)			
Form 990-BL	-		02	Form 1041-A		08	
Form 4720 (individual)		03	Form 4720			
Form 990-PF	-		04	Form 5227			
Form 990-T	(section 401(a)	or 408(a) trust)	05	Form 6069			
Form 990-T	(trust other tha	n above)	06	Form 8870	70		
Telephon If the org If this is to check this the external	ne No (405) janization does for a Group Re is box hasion is for	nre of Mark E Gunkel, C: 6) 624-9999 not have an office or place of busing turn, enter the organization's four d If it is for part of the group, che	FAX No ness in the igit Group E eck this bo	United States, check this box Exemption Number (GEN) x ▶ and attach a list with the na		the whole group, INs of all members	
		•	•	d to file Form 990-T) extension of time	ļ		
until Aug 15, 20 13 _, to file the exempt organization return for the organization named above The extension is for the organization's return for X calendar year 20 12 or tax year beginning, 20, and ending, 20 NOV 18 2013							
	, , ,						
	ax year entered ange in accoun	I in line 1 is for less than 12 months ting period	s, спеск rea	eson Initial return Fir	nal return	OGDEN, UT	
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.							
b If this application is for Form 990-PF, 990-T, 4720, or 606 payments made. Include any prior year overpayment allow				ny refundable credits and estimated tax redit	3 b \$	0.	
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 yo	ou are going to	make an electronic fund withdrawa	I with this f	Form 8868, see Form 8453-EO and Form	8879-EO	for	