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### Form 990-PF

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

OMB No. 1545-0052

2012

Department of the Treasury Internal Revenue Service

Treated as a Private Foundation

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

Open to Public Inspection

For	caler	ndar year 2012, or tax year beginning				, 2012, and en	ding				, 20		
Nan	ne of	foundation					A En	nployer i	dentifi	cation	numb	ег	
TH	$\mathbf{E}$	ARCHER FAMILY CHARITA	BLE C	ORPORAT	ION		87-	04918	344				
		and street (or P O. box number if mail is not deli				Room/suite		lephone		r (see	ınstruc	tions)	
		X 58031						1)466				,	
		wn, state, and ZIP code				_ <del></del>		xempt. app			una aba	ok boro	$\Box$
_		Lake City UT 84158-0	<b>031</b>				"	xempt. app	Jiication	is penu	ing, cire	CKIIBIB	. П
		all that apply: Initial return	031	Instal return a		r auble chamb	٦,		<del>-</del> -	_*!			▶ □
G	HECK	· · · · · · · · · · · · · · · · · · ·	-			r public chanty	ו טו.	Foreign	organiz	auons,	cneck	nere	
		Final return	-	Amended ret				Foreign or					<b>.</b> $\Box$
		Address chang		Name change			_	test, checi					
		type of organization. 🛛 Section 501(	$\Box$				l ter	nvate for	under s	section	ì		. $\Box$
		on 4947(a)(1) nonexempt charitable trust		r taxable privat		ion	50	7(b)(1)(A	), chec	k here	• • • • •	• • • •	▶∐
I Fa	ur ma	rket value of all assets at end of	Accounting	g method: 🛚 🔯	Cash	Accrual	1_						
y€	ar (fr	om Part II, col. (c), line 16)		specify)				he found mination				ith	_
<u>\$</u>	<u> </u>	1,511,891 (Pa	art I, colum	n (d) must be d	on cash b	asis.)		7(b)(1)(B					▶∐
Pa	rt I	Analysis of Revenue and Expenses		venue and						(d)	Disburs	semen	ts
		(The total of amounts in columns (b), (c), & (d) may not necessarily equal the		enses per	· · ·	investment	٠.	djusted i	net	1	or cha		
		amounts in column (a) (see instructions).)		ooks	ır	ncome		income		(ca	purpo ash bas		/)
	1	Contributions, gifts, grants, etc., received						Å.	Ži:	<b>**</b> .	À	24	-jr si
	2	(attach schedule)  Check from the foundation is not required	**		386.4			, , , , , , , , , , , , , , , , , , ,	% () 30.84	1,000			
	3	Interest on savings and temp, cash investments	<del></del>			\$				40	e (b	<u></u>	343
	4	Dividends and interest from securities		9,013		9,013				1	- iii		100000
	•		-	3,013		3,013				1 24			
R	_	Gross rents · · · · · · · · · · · · · · · · · · ·	1		*					34	*		
E		income or (loss)	<del></del>		·	· ***		. ×	No.	) . k.8.	<del></del>		.5 . 504
v	_	Net gain/(loss) from sale of assets not on line 10		.,093,439	, Y		:	<u> </u>	· <b>(</b> ())	} <b>*</b>	<u> </u>	ė)	4
E		Gross sales price for all assets on line 6a 1,093,439	**	<u> </u>			1		<u> </u>	1	<u> </u>		- 2
N	7	Capital gain net income (from Part IV, line 2) -		**************************************		L,093,439	<u>*</u>			-115	<u> </u>	**	
U	8	Net short-term capital gain · · · ·	- 4		<b>\$</b> ,	7.6			0	, " <u> </u>			
_	9	Income modifications · · · · · · · · · · · · · · · · · · ·		W ir	` \$~*				0	< 1 € 8	\$2	\$11	4
	10 a	Gross sales less	×		٠			.* \$		1		f	
	b	Less Cost of goods sold · · ·	X	. ,	7 17	1,	*	~ 7	, í	:			£14' ·
	C	Gross profit or (loss) (attach schedule)			,	á.				,			$\overline{}$
	11	Other income (attach schedule) # 1.		-205,620		-205,620				3,74			~~
	12	Total. Add lines 1 through 11		896,832		896,832			0			***************************************	
0	13	Gempensation of officers,		0									
Р	14	Other employee salaries and wages	-							<del></del>			
E	١.	Pension plans, employee benefits											
Ä	100	Locality of the RAD and O								-			
Ţ	200	Legalites attach Schedule).  Accounting fees (attach schedule) #2		1,900		1,900				-			
I N		Compressional form	<del></del>	1, 500		1,900				<del> </del>			
G	111	Other professional fees (attach schedule)	<u> </u>							<u> </u>			
&	17		<u> </u>						<del>.</del>	<b> </b>			
Α	18	Taxes (attach schedule) (see instructions)	<b></b>							<u> </u>			<del></del> -,
D	19	Depreciation (attach sch.) and depletion								ļ			
M	20	Occupancy								<u> </u>			
N	21	Travel, conferences, and meetings $\cdot\cdot\cdot$											
Ε	22	Printing and publications · · · · · · · · ·											
X	23	Other expenses (attach schedule) - #-3		3		3							
P	24	Total operating and administrative											
EXSES		expenses. Add lines 13 through 23		1,903		1,903			0				0
S	25	Contributions, gifts, grants paid		83,950								83.	950
E	26	Total exp & disbursements. Add lines 24 and 25		85,853		1,903			0	_			950
_د_	27	Subtract line 26 from line 12:	<u> </u>	,		_,,,,,,				<u> </u>		<u> </u>	
		Excess of revenue over expenses	<del></del>	810,979						1			
		and disbursements		010,919		904 000		-		<del> </del>			
		Net investment income (if neg , enter -0-)	<u></u>		<u> </u>	894,929				ļ			
	С	Adjusted net income (if neg., enter -0-)	<u> </u>							<u> </u>			

For Paperwork Reduction Act Notice, see instructions.

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JVA

TWF 990

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Capital Gains and Losses for Tax on Investment Income

Fôrm 990-PF (2012)

Part IV

<b>,</b> ,	he kind(s) of property sold (e.g., real	•	(b) How acquired P Purchase	· '	te acquired	(d) Date sold
	ouse; or common stock, 200 shs. MLC	C Co.)	D Donation	(mo.	, day, yr.)	(mo., day, yr.)
1a See attachment	#6			_		
<u>b</u>				_		
<u> </u>				_		
_d						
_e	·					
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens	i i		• •	n or (loss) ) minus (g)
а						
b						
С						
_d			<u> </u>			
e				_		
Complete only for assets sho	owing gain in column (h) and owned	by the foundation or	n 12/31/69	(1	l) Gains (Col.	(h) gain mınus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j	```	col		less than +0-) <b>or</b> om col. (h))
а						
<b>b</b>		,				
c						
d						
е						
2 Capital gain net income or (n	et capital loss) · · · · · If gain, al	so enter in Part I, lin enter -0- in Part I, lir	e7	2		1,093,439
3 Net short-term capital gain o	r (loss) as defined in sections 1222(5)			_		
· -	e 8, column (c) (see instructions) · ·		¬			
If (loss), enter -0- in Part I, III			👌 · · ·	з		C
	Jnder Section 4940(e) for R		Net Investm	ent li	come	<del></del>
If section 4940(d)(2) applies, leav Was the foundation liable for the If "Yes," the foundation does not	e this part blank. section 4942 tax on the distributable qualify under section 4940(e). Do not	amount of any year complete this part.	in the base perio	d?		Yes X No
1 Enter the appropriate amour	nt in each column for each year, see t	the instructions befo	re making any en	tries.		
(a)	(b)		(c)			(d)
Base period years Calendar year (or tax year beg. in	Adjusted qualifying distribution		Net value of intable-use assets		Dıs (col. (b)	tribution ratio divided by col. (c))
2011		150	840,			0.013260
2010		991		878		0.031436
2009		467	262,		_	0.024681
2008		749		746		0.063015
2007	27,	, 582	551,	633		<u>0.050001</u>
2 Total of line 1 column (d)					2	0 102202
, , ,						0.182393
	the 5-year base period divide the been in existence if less than 5 years	-	•		3	_0.036479
,	Jeen in oxidionic in loss than o years			····		
4 Enter the net value of nonch	nantable-use assets for 2012 from Pa	rt X, line 5 · · · · · ·			4	1,104,185
5 Multiply line 4 by line 3 · · · · · · · · · · · · · · · · · ·						40,280
					6	9 040
	income (1% of Part I, line 27b) · · · ·				6	8,949
7 Add lines 5 and 6 · · · · · ·				.  -	7	49,229
8 Enter qualifying distributions	from Part XII, line 4			[	8	83,950
If line 9 is equal to or greate	r than line 7, check the box in Part VI	liboath and same		40/		

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	see i	nstruc	tions)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary see inst.)		7,			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			8,	,949
	here Mand enter 1% of Part I, line 27b			7		
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%		L			
	of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0
3	Add lines 1 and 2	3			8,	, 949
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	5			8,	,949
6	Credits/Payments·		-			
а	2012 estimated tax payments and 2011 overpayment credited to 2012 · · · · · 6a 12			*	W.	, ,
b	Exempt foreign organizations tax withheld at source 6b		,			
С	Tax paid with application for extension of time to file (Form 8868)		<b>*</b>	v	٤	, Ar
d	Backup withholding erroneously withheld · · · · · · · · · · · · · · · · · · ·					
7	Total credits and payments. Add lines 6a through 6d · · · · · · · · · · · · · · · · · ·	7				12
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here	8				264
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			9,	,201
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10				
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶	11		·		
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 participates	ate or		á	Yes	No
	Intervene in any political campaign? · · · · · · · · · · · · · · · · · · ·			1a		Χ
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions	s for				
	definition)? · · · · · · · · · · · · · · · · · · ·			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ned		à		
	or distributed by the foundation in connection with the activities.				6° 6	÷
C	Did the foundation file Form 1120-POL for this year?			1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					٠,
	(1) On the foundation .   \$ 0 (2) On foundation managers  \$		0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					l
	on foundation managers · · · · ▶ \$0			^	*	*
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? · · · · · · · · · · · · · · · · · · ·			2		Х
	If "Yes," attach a detailed description of the activities.				ģ.	۴ ۵
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes · · · · · ·			3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		• • • •	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		• • • •	5		Х
	If "Yes," attach the statement required by General Instruction T.					1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					1
	By language in the governing instrument, or			÷		ĺ
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>					
	conflict with the state law remain in the governing instrument? · · · · · · · · · · · · · · · · · · ·	• • • •		6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part II (c), & Part III	art XV	,	7	X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	▶ <u>UT</u>					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or					
	designate) of each state as required by General Instruction G? If "No," attach explanation			8b		Х
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," cor	nplete	e			
	Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their name	es				
	and addresses · · · · · · · · · · · · · · · · ·		<u>.</u> .	10		Х
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Par	VII-A	Statements Regarding Activities (continued)			
11	At any tu	me during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning	of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	1	Х
12	Did the f	oundation make a distribution to a donor advised fund over which the foundation or a disqualified person			
		sory privileges? If "Yes," attach statement (see instructions).	12	1	X
13		oundation comply with the public inspection requirements for its annual returns and exemption application?	13		
		address ►N/A			
14		ks are in care of See attachment #7 Telephone no.			
1-4	Located				
45		4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041 Check here			$\overline{}$
15			• • •		
		er the amount of tax-exempt interest received or accrued during the year		T.v	T
16	•	me during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,	1	Yes	No
		s, or other financial account in a foreign country?	16	1	X
		instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the		ž	1 *
8-		ountry •	لـ		<i>&gt;&gt;&gt;</i> €
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required	_		
	File For	m 4720 if any item is checked in the "Yes" column, unless an exception applies.	3 3	Yes	No
1a	During ti	ne year did the foundation (either directly or indirectly):			<i>A</i> .
	(1) Eng.	age in the sale or exchange, or leasing of property with a disqualified person?	W. 4		
	(2) Borr	ow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a de	squalified person?	"	"" "	1 77 1
	(3) Furr	iish goods, services, or facilities to (or accept them from) a disqualified person?		" "	"
	(4) Pay	compensation to, or pay or reimburse the expenses of, a disqualified person?	**	5. <sup>55</sup> ~	
		isfer any income or assets to a disqualified person (or make any of either available	1	*	***
	for t	he benefit or use of a disqualified person)?	à	ar 1	- #
		ee to pay money or property to a government official? (Exception. Check "No"	e 5°	< ·	2
		e foundation agreed to make a grant to or to employ the official for a period		e r	S .
		termination of government service, if terminating within 90 days.)	44	ļ,	
ь		swer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1		
-		ons section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	<u> </u>	X
	_	ations relying on a current notice regarding disaster assistance check here · · · · · · · · · · · · · · · · · ·		<del> </del>	+~
С	-	oundation engage in a prior year in any of the acts described in 1a, other than excepted acts,		*	
-		e not corrected before the first day of the tax year beginning in 2012? · · · · · · · · · · · · · · · · · · ·	1c	<del> </del>	X
2		n failure to distribute income (section 4942) (does not apply for years the foundation was a private		<del> </del>	+^-
_		g foundation defined in section 4942(j)(3) or 4942(j)(5))	25	×. ,	; .
_	•			, 4	]., ,
а		nd of tax year 2012, did the foundation have any undistributed income (lines 6d			İ
	-	Part XIII) for tax year(s) beginning before 2012? Yes X No			1.
		list the years > 20, 20, 20, 20	*		1.
b		e any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	*	*	* 1
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			+* . <i>!</i>
	_	ars listed, answer "No" and attach statement see instructions.)	2b	<b>.</b>	X
С	_	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 _	<del></del>			
3a		foundation hold more than a 2% direct or indirect interest in any business			
	-	se at any time during the year? Yes 🔀 No		1	
b		did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation			
	or disqu	alified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the C	commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3)			
	the laps	e of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the fou	Indation had excess business holdings in 2012.)	3b	1	X
4a		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
b		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its chantable			1
		that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	1	X
			1	4	1 41

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Par	l VI	I_B Statements Regarding Activ	vities for Which	Form 4720 May Be	Required (continued	)	
5 a	Dur	ing the year did the foundation pay or incur	any amount to				
	(1)	Carry on propaganda, or otherwise attemp	ot to influence legislatio	n (section 4945(e))? · ·	· · · · · 🗌 Yes 🔯 N	lo l	
	(2)	Influence the outcome of any specific publi	lic election (see section	1 4955); or to сагту			
		on, directly or indirectly, any voter registra				lo	
	(3)	Provide a grant to an individual for travel,	study, or other similar p	ourposes? · · · · · · · ·	··· ··· 🗌 Yes 🛛 N	lo "	
	(4)	Provide a grant to an organization other th	an a chantable, etc., o	rganization described		* 1	
		in section 509(a)(1), (2), or (3), or section 4	4940(d)(2)? (see instru	ctions) · · · · · · · · · · · · · · · · · · ·	· · · · Yes 🛛 Y	lo	
	(5)	Provide for any purpose other than religiou	us, chantable, scientific	, literary, or			-
		educational purposes, or for the prevention				lo	
þ	If a	ny answer is "Yes" to 5a(1)-(5), did any of t	the transactions fail to	qualify under the exception	ons described in	,	* *
	Reg	gulations section 53.4945 or in a current not	ice regarding disaster a	assistance (see instruction	ns)? N/	A 5b	
	Org	anizations relying on a current notice regard	ding disaster assistance	e check here	▶		*
C	If th	ie answer is "Yes" to question 5a(4), does th	ne foundation claim exe	emption from the tax			
	bec	ause it maintained expenditure responsibilit	y for the grant?		N/A Yes N	lo 🏌	` ' ~
		res," attach the statement required by Regu		· ·		A.	* 4
6a	Did	the foundation, during the year, receive any	y funds, directly or indi	rectly, to pay premiums		<i>A</i> 76.	er 10% (6);
	on a	a personal benefit contract?			····· 📙 Yes 🔣 N	lo 🐇	· 4
b	Dıd	the foundation, during the year, pay premiu	ıms, directly or ındırect	ly, on a personal benefit o	contract?	6b	X
		es" to 6b, file Form 8870.				1 🐇	<i>»</i> .
		any time during the tax year, was the founda					· * < /
		es," did the foundation receive any proceed					
Par	t∌V.		Directors, Truste	es, Foundation Ma	nagers, Highly Pa	id Employ	yees,
		and Contractors					
	List	all officers, directors, trustees, foundati					
		(a) Name and address	(b) Title, and avg. hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense	
		++	devoted to position	(if not paid, enter -0-)	employee benefit plans and deferred comp.	other allo	wances
See	e a	ttachment #8					
						•	
2	14 -	npensation of five highest-paid employe one, enter "NONE."	es (otner than those	included on line 1 se	ee instructions).		
		<u> </u>	(b) Title and ave	<del></del>	(d) Contributions to		
(a	) Na	me and address of each employee paid	(b) Title, and avg. hours per week	(c) Compensation	employee benefit	(e) Expense	account,
		more than \$50,000	devoted to position	(b) compensation	plans and deferred	other allo	wances
NON	IF.		<u> </u>		compensation		
Total	ทนก	nber of other employees paid over \$50,000				🕨	0
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Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, High	ly Paid Employees,
3 Five highest-paid independent contractors for professional services (see	instructions). If none, enter "NO!	NE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1		
2		
3		
4		
Part X-B Summary of Program-Related Investments (see inst	tructions)	
Describe the two largest program-related investments made by the foundation dur		Amount
1	mg me anyou en mee . ano a	7.000.00
2	P. A. Anna and an anna anna anna anna anna an	

Form **990–PF** (2012)

All other program-related investments. See instructions.

TWF 990

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Total. Add lines 1 through 3.....

12 990PF7

THE ARCHER FAMILY CHARITAB 87-0491844 Form 990-PF (2012) Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 630,000 1a 288,000 1b 203,000 1c 1,121,000 Total (add lines 1a, b, and c). 1d Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). 2 2 1,121,000 3 Cash deemed held for chantable activities. Enter 1 1/2% of line 3 (for greater amount, see 16,815 instructions).... Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4 1,104,185 5 55,209 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating Part XI foundations and certain foreign organizations check here | | | and do not complete this part.) Minimum investment return from Part X, line 6..... 55,209 1 8,949 2a Tax on investment income for 2012 from Part VI. line 5..... 2a Income tax for 2012. (This does not include the tax from Part VI.)...... 2b 8,949 c 20 46,260 3 4 4 46,260 Add lines 3 and 4... 5 5 6 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 46,260 line 1 Part XII. Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

•	randario para (incidantig darrimonasto experiedo) to decempion enantable, cien, purposed.		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	83,950
b	Program-related investments total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		 
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	83,950
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	8,949
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	75,001

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.

Form	990-PF (2012) THE ARCHER FAMILY CHAR	TAB 87-0491844			Page <b>9</b>
Par		instructions)		•	
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				46,260
2	Undistributed income, if any, as of the end of 2012				
_	Enter amount for 2011 only			34,848	
	Total for prior years. 20, 20, 20				
3	Excess distributions carryover, if any, to 2012				
	From 2007				
_	From 2008	1			
c	From 2009	1	b		
d	From 2010				
e	From 2011				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2012 from Part XII,				
	line 4 ▶ \$ 83,950				
а	Applied to 2011, but not more than line 2a			34,848	
	Applied to undistributed income of prior years				
	(Election required see instructions)	* * ***		1	
С	Treated as distributions out of corpus	<u> </u>	, as in		
_	(Election required see instructions)				
d	Applied to 2012 distributable amount			<u> </u>	46,231
	Remaining amount distributed out of corpus	4 -4/8,4.77			
5	Excess distributions carryover applied to 2012 · · ·	- """			
•	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
•	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		, ,		
	Prior years' undistributed income. Subtract	4.4			
•	line 4b from line 2b	3.3		. *4	) }
c	Enter the amount of prior years' undistributed	° .		. · · · · · · · · · · · · · · · · · · ·	
·	income for which a notice of deficiency has been	<b>.</b>			
	issued, or on which the section 4942(a) tax has				
	been previously assessed				
d	Subtract line 6c from line 6b. Taxable				
_	amount see instructions				
	Undistributed income for 2011. Subtract				
·	line 4a from line 2a. Taxable amount				
	see instructions				
f	Undistributed income for 2012. Subtract				<del></del>
•	lines 4d and 5 from line 1. This amount				
	must be distributed in 2013				29
7	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed				٠
	by section 170(b)(1)(F) or 4942(g)(3) (see				
	Instructions)				•
8	Excess distributions carryover from 2007		·		
•	not applied on line 5 or line 7 (see			ł	
	Instructions)				
9	Excess distributions carryover to 2013.		<u> </u>		· · · · · · · · · · · · · · · · · · ·
3	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2008				
		1			
	Excess from 2010	1			
	Excess from 2010	-			
	Excess from 2011 2,871	4			
е	Excess from 2012	<u>- j</u>	L	}	

•	,					
						D 10
	990-PF (2012)  Private Operating Found	lations (see instru	ctions and Part VII-	A guestion 9)	- · · · · · · · · · · · · · · · · · · ·	Page <b>10</b>
	If the foundation has received a ruling or					· · · · · · · · · · · · · · · · · · ·
	foundation, and the ruling is effective for		•	▶		
b	Check box to indicate whether the found		-	escribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		
	Income from Part I or the minimum Investment return from Part X for each year listed	(a) 2012	<b>(b)</b> 2011	(c) 2010	(d) 2009	(e) Total
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct exempt act.					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test enter:  (1) Value of all assets					
	(2) Value of assets qualifying under		_			
b	section 4942(j)(3)(B)(i)					
C	"Support" alternative test enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on secunties 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					
L-MARKET	(4) Gross investment income					<u> </u>
Pa	Supplementary Informat			tne foundation	nad \$5,000 or	more in assets
	at any time during the y Information Regarding Foundation Ma		ructions.)			
1 a	List any managers of the foundation who	•	ore than 2% of the t	ntal contributions rec	eived by the foundat	ion before the
_	close of any tax year (but only if they hav				erved by the loundar	don belore the
	None		00,000). (000 0	333011 337 (47(27.7)		
b	List any managers of the foundation who	own 10% or more o	of the stock of a corp	oration (or an equally	y large portion of the	ownership
	of a partnership or other entity) of which	the foundation has a	a 10% or greater inte	rest.		
	None					
2	Information Regarding Contribution, C					
	Check here ▶ ☐ If the foundation only					
	requests for funds. If the foundation make	es gifts, grants, etc.	(see instructions) to	ındividuals or organiz	zations under other o	conditions,
_	complete items 2a, b, c, and d.				44	
а	The name, address, and telephone number See attachment # 9	oer or e-mail of the i	person to whom app	Dications should be a	daressed:	
<u> </u>	The form in which applications chould be	an boottad and				

JVA

c Any submission deadlines

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

87-0491844 Form 990-PF (2012) THE ARCHER FAMILY CHARITAB Page **11** Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of **Amount** contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year See attachment #10 83,950 Total········· Approved for future payment

Part XVI-A Analysis of Income-Prod	ucing Activi	ities			'
Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
,	(a)	(b)	(c)	(d)	Related or exempt
	Business	Amount	Excl.	Amount	function income (See instructions.)
1 Program service revenue:	code		code		(00002000)
a					
b					
С					
d					
e					-
f					
9 Fees & contracts from government agencies					
2 Membership dues and assessments					14
3 Interest on savings and temporary cash investments		<u> </u>			
4 Dividends and interest from securities			14	9,013	
5 Net rental income or (loss) from real estate:	& Facal	*			
a Debt~financed property· · · · · · · · · · · · · · · · · · ·					
<b>b</b> Not debt-financed property					
6 Net rental income or (loss) from personal property- · · ·		· <u> </u>			
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	1,093,439	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		- · · · · ·			
11 Other revenue. a			1		
<b>b</b> See attachment #11				-205,620	
c		<del></del>	1		
d				=	
е					
12 Subtotal. Add columns (b), (d), and (e)	<b>以</b>	C		896,832	0
13 Total. Add line 12, columns (b), (d), and (e)				13	896,832
(See worksheet in line 13 instructions to verify calculated	ations.)				
Part XVI B Relationship of Activities	to the Acco	omplishment of Ex	xempt	Purposes	
Line No. Explain below how each activity for		-	-		ntly to the
<ul> <li>accomplishment of the foundation's</li> </ul>					

Part	XVII	Information I Exempt Orga		ransfers To a	nd Transact	tions a	nd Relatio	nships Wit	th Nonchari	table	
1 D	id the	organization directly		age in any of the f	ollowing with ar	ny other o	rganization de	escribed in sec	ction	Yes	No
		of the Code (other tha		-	-	•	-		[		
ат	ransfe	ers from the reporting	foundation to a r	nonchantable exer	mpt organizatioi	n of		•	Į.		
(1	i) Ca	ısh							1a(1)		Х
(2	2) Ot	her assets							1a(2)		Х
<b>b</b> C	ther to	ransactions.									200
(1	I) Sa	des of assets to a non	chantable exemp	pt organization					1b(1)		Х
(2	2) Pu	rchases of assets from	m a nonchantabl	e exempt organiza	ation · · · ·				1b(2)		Х
(3	3) Re	ental of facilities, equip	ment, or other a	ssets·····					1b(3)		X
		eimbursement arrange									X
(5	5) Lo	ans or loan guarantee	es · · · ·						1b(5)		X
(6	6) Pe	erformance of services	or membership	or fundraising sol	icitations · · · ·				1b(6)		X
c s	hanng	of facilities, equipme	ent, mailing lists, o	other assets, or pa	aid employees ·				1c		X
(a) Line	no. (I	b) Amount involved	(c) Name of no	ncharitable exemp	pt organization	<b>(d)</b> Desc	cription of transf	ers, transactions	s, and sharing arrai	ngements	i
S	ection "Yes,	oundation directly or in 501(c) of the Code (c) " complete the following	other than sectioning schedule.	n 501(c)(3)) or in s	section 527? · ·		· · · · · · · · ·		Y		No
	(i	a) Name of organizat	tion	<b>(b)</b> Type	of organization	1	<u> </u>	(c) Descriptio	n of relationshij	)	<del></del> -
Sia-	Ur Ur	nder penalties of perjury, blief, it is true, correct, and	l declare that I have L'complete. Declara	examined this return tion of preparer (othe	ı, ıncludıng accomp er than taxpayer) ıs	based on	nedules and state all information of	ements, and to the which preparer	ne best of my know has any knowledç	vledge ar je	nd
Sign		5/ 500	L 11/21	1- 1	1 m m	13.5	•		May the IRS discus		
Here		- CI MEN	2 HWW/	W VIII	1000, NI	7	icer	<u>`</u>	vith the preparer s	hown be	$\neg$
	<u> </u>	Signature of officer of		Date	Andrea	Fitte	D-1-	<del></del>	see instructions)?	XI Yes	No
Paid		Print/Type prepare	rs name	Preparate Dox		~ ~	Date	Check	_	^ <u>^ ~ ~</u>	40
Prepa	ırer	IVIAN C 191	DANTECT A	Mark Par	<u>pana kola</u>	S	JO-12-2		nployed P00		42
Use (		Firm's name ► PA	PANIKOLA		7MP 205				87-0450		
		Firm's address ▶ 3	000 111011		STE 325			Phone no. 8			
JVA	12 9	<b>990PF13</b> TWF 990	Copyright For	ms (Software Only) -	2012 TW				Form <b>990</b>	-rr (2	∠U12)

### 990 SCHEDULE OF OTHER INCOME

Attachment 1: page 1 - 990-PF Page 1, Part I, Line 11
Open to Public

Inspection

from For calendar year 2012 or tax period beginning

, and ending

Name of Organization Employer Identification Number
THE ARCHER FAMILY CHARITABLE CORPORATION 87-0491844

HE ARCHER FAMILY CHARITABLE CORPORATION	1	87-049184	4
Description of Other Income	Revenue and Expenses	Net Investment Income	Adjusted Net Income
ASS THROUGH LOSS - ASHLEY CREEK			Net income
ROPERTIES LLC K-1 - 73-1638383 ASS THROUGH LOSS - WILLIAM PARNTERS	-203,553	-203,553	
0-2485124	-2,067	-2,067	
		:	
	}		

### 990 SCHEDULE OF ACCOUNTING FEES

page 1 - 990-PF Page 1, Part I, Line 16b Attachment Open to Public Inspection For calendar year 2012, or tax period beginning , and ending Name of Organization Employer Identification Number THE ARCHER FAMILY CHARITABLE CORPORATION 87-0491844 Adjusted Disbursements for Net Investment **Accounting Category Amount** Income Net Income Chanty 1,900 1,900 TAX PREPARATION 1,900 1,900 Total:

### 990 OTHER EXPENSES SCHEDULE

Attachment 3: page 1 990-PF Page 1, Part I, Line 23
Open to Public Inspection , and ending For calendar year 2012, or tax period beginning Name of Organization Employer Identification Number 87-0491844 THE ARCHER FAMILY CHARITABLE CORPORATION Disbursements for Revenue and Net Investment Adjusted Description of Activity Net Income Expenses Income Chanty OTHER EXP PER WILLIAMS PARTNERS K-1 - 20-2485124

Total:

### 990 SCHEDULE OF INVESTMENTS - CORPORATE STOCKS

Attachment 4: page 1 - 990-PF Page 2, Part II, Line 10b Open to Public Inspection For calendar year 2012, or tax penod beginning , and ending Name of Organization Employer Identification Number THE ARCHER FAMILY CHARITABLE CORPORATION 87-0491844 FMV at **Description of Property** Cost Book Value Fair Market Value Year End 960,926 MARKETABLE SECURITIES X 519,494 Χ Total: 519,494 960,926

### 990 SCHEDULE OF INVESTMENTS - OTHERS

Attachment 5: page 1 - 990-PF Page 2, Part II, Line 13
Open to Public Inspection , and ending For calendar year 2012, or tax penod beginning Name of Organization **Employer Identification Number** THE ARCHER FAMILY CHARITABLE CORPORATION 87-0491844 FMV at Description Cost Book Value Fair Market Value Year End INVEST IN ASHLEY CREEK PROERTIES LLC - 73-1638383 Χ Χ 303,158 202,712

Total:

303,158

### 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Att	achment 6: pag	<u>e 1 - 990-PF Page</u>	3, Part IV	V, line 1			
-		year 2012 or tax period beginning		, and ending	,		
	of Organization	year 2012 of tax period beginning		, and chang	Employer Identifi	cation Number	
		CHARITABLE CORPO	RATION		87-049184		
		the Kind(s) of Property Sold (e.g.,		(b) How Acquired	(c) Date Acquired	(d) Date Sold	
		ehouse; or Common Stock, 200 sh		P Purchase D Donation	(mo., day, yr.)	(mo., day, yr)	
1	LONG TERM CAP	GAIN PER K-1 - 73	-1638383				
	(e) Gross Sales Price	(f) Depreciation Allowed	(g) Cost or Ot	her Basis	(h) Gain o	r (loss)	
		(or allowable)	Plus Expen		(e) Plus (f) Minus (g)		
1	1,093,439					1,093,439	
ļ							
ļ							
ŀ							
<u> </u>	Complete		d bush of	10/01/22	m 0 (5 : :	1) 0 - 11	
	(i) F.M.V. as of 12/31/69	owing gain in column (h) and owne  (j) Adjusted Basis	(k) Excess if		(I) Gains (Col. ( Col. (k), But Not	h) Gain Minus Less Than -0-) <b>or</b>	
	(1) 1 (2) 61 12/61/66	as of 12/31/69	Over Col.			om col. (h))	
1				· · · · · · · · · · · · · · · · · · ·		1,093,439	
						1	
			1				
[	1						

### 990 BOOKS ARE IN CARE OF

<u>Attachment '</u>	<u>7 - 990-PF Page 5, Part VII-A</u>	, Line 14	
Open to Public			
Inspection Fe	or calendar year 2012, or tax period beginning	, and ending	•
Name of Organization		Er	nployer Identification Number
THE ARCHER 1	FAMILY CHARITABLE CORPORATION	87	-0491844
Part VII-A - Line 14	· · · · · · · · · · · · · · · · · · ·	•	
		ELIZABETH ARCHER	WILLIAMS
or Business Name.			
business ivame.			
		····	
Street Address		PO BOX 58031	
		<u> </u>	
			<del></del>
U.S. Address			
Zip code 8	4158-0031 City Salt Lake Cit	Y State	UT
or			<del></del>
Foreign Address			
City			
Province or Sta	ite		-
Country			
Postal code .			
Phone Number	·		•
Fax Number			
			<del></del>

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

Attachment 8: page 1 - 990-PF Page 6, Part VIII Open to Public Inspection For calendar year 2012, or tax penod beginning , and ending Name of Organization Employer Identification Number THE ARCHER FAMILY CHARITABLE CORPORATION 87-0491844 (A) Name and Address (E) Expense Account (B) Title and Average (C) Compensation (If (D) Cont. to Employee Hrs. per Week not paid, enter 0) Ben. Plans & Def. Comp. & Other Allowances ELIZABETH ARCHER WILLIAMSTRUSTEE PO BOX 58031 Salt Lake City, UT 84158-0031 LISA CHAVEZ Trustee PO BOX 58031 Salt Lake City, UT 84158 BROOKE BEAVES Trustee PO BOX 58031 Salt Lake City, UT 84158 HEATHER EBLE-POWELL Trustee PO BOX 58031 Salt Lake City, UT 84158

# 990 APPLICATION SUBMISSION INFORMATION

Attachment 9: page 1 990-PF Page 10, Part XV, Line 2

	Number		Restrictions on Awards		
and ending	Employer Identification Number	87-0491844	Submission Deadlines	September 30th	
60			Info and Materials Included	Historical info; Purpose of Organization; Reason for request; Contact info	
For Calendar year 2012, or tax year period beginning	איס ד היים לאיס היים להיים	CHARITABLE CORPORATION	Phone Number or e-mail		
Open to Public	of Organization	THE ARCHER FAMILY CHA	Name	Betsy Williams PO Box 58031 Salt Lake City, UT 84158	

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Attachment 10: page 1 990-PF Page 11, Part XV Line 3a

Open to Pu

Inspection For calendar year 2012, or tax period beginning Name of Organization

, and ending

Employer Identification Number

THE ARCHER FAMILY CHARITAE	BLE CORPORATI	ON	87-0491	nuncation Number
Recipient	If Recipient is an Individual, Show any Relationship to Any Foundation Manager	1	Purpose of Grant or Contribution	Amount
Name and Address (home or business)  JMCHS 650 S 1100 E SALT LAKE CITY, UT 84102	or Substantial Contributor NONE	ricopient	GENERAL DONATION	100
ST. AMBROSE 2315 REDONDO AVE SALT LAKE CITY, UT 84108	NONE		GENERAL DONATION	250
JAMES MCMINIMEE - PAY IT BACK FUND 6550 MILLROCK DR, STE 125 SALT LAKE CITY, UT 84121	NONE		GENERAL DONATION	250
PERPETUAL EDUCATON FUND 50 E N TEMPLE STE 832 SALT LAKE CITY, UT 84150	NONE		GENERAL DONATION	500
HOLY CROSS MINISTRIES 860 E 4500 S STE 204 SALT LAKE CITY, UT 84107	NONE		GENERAL DONATION	1,500
NEIGHBORHOOD HOUSE 1050 W 500 S SALT LAKE CITY, UT 84104	NONE		GENERAL DONATION	1,500
SALVALTION ARMY 438 S 900 W SALT LAKE CITY, UT 84104	NONE		GENERAL DONATION	1,000
ROAD HOME APPLE TREE 210 RIO GRAND ST SALT LAKE CITY, UT 84101	NONE		GENERAL DONATION	2,500
CATHOLIC COMMUNITY SERVICES 745 E 300 S SALT LAKE CITY, UT 84102	NONE		GENERAL DONATION	2,500
CARMELITE NUNS 5714 HOLLADY BLVD SALT LAKE CITY, UT 84121	NONE		GENERAL DONATION	1,500
ADOPTION EXCHANGE UTAH 975 E WOODOAK LANE STE 220	NONE		GENERAL DONATION	
SALT LAKE CITY, UT 84117  JE COSGRIFF	NONE	GENERA	AGENERAL DONATION Total:	2,000

Attachment 10: page 2 990-PF Page 11, Part XV Line 3a

Open to Pu

Inspection For calendar year 2012, or tax period beginning

, and ending

Name of Organization
THE ARCHER FAMILY CHARITABLE CORPORATION
Employer Identification Number 87-0491844

THE ARCHER FAMILY CHARITAE	BLE CORPORATI	ON			
Recipient	If Recipient is an Individual, Show any Relationship to Any Foundation Manager	Foundation Status of	Purpose of Gr Contribute		Amount
Name and Address (home or business)	or Substantial Contributor	Recipient			
2335 REDONDO AVE SALT LAKE CITY, UT 84108					100
WASATCH COMMUNITY FOUNDATION PO BOX 399 HEBER CITY, UT 84032	NONE		GENERAL DON	ATION	5,000
HOUSE OF HOPE 857 E 200 S SALT LAKE CITY, UT 84102	NONE		GENERAL DON	ATION	5,000
HUMANE SOCIETY OF UTAH 4242 S 300 W SALT LAKE CITY, UT 84107	NONE		GENERAL DON	ATION	1,000
HOLY CROSS MINISTRIES 860 E 4500 S STE 204 SALT LAKE CITY, UT 84107	NONE		GENERAL DON	ATION	10,000
HUNTSMAN CANCER INSTITUTE 2000 CIRCLE OF HOPE SALT LAKE CITY, UT 84112	NONE		GENERAL DON	ATION	2,500
RESCUE MISSION OF SL 463 S 400 W SALT LAKE CITY, UT 84101	NONE		GENERAL DON	ATION	1,500
PEOPLE HELPING PEOPLE 205 N 400 W SALT LAKE CITY, UT 84103	NONE		GENERAL DON	ATION	1,000
GUADALUPE SCHOOLS 340 S 1040 W SALT LAKE CITY, UT 84104	NONE		GENERAL DON	ATION	1,500
CLUB VISION 4894 S STATE ST SALT LAKE CITY, UT 84107	NONE		GENERAL DON	ATION	1,500
JE COSGRIFF 2335 REDONDO AVE SALT LAKE CITY, UT 84108	NONE		GENERAL DON	ATION	1,500
AMERICAN RED CROSS 555 E 300 S #200 SALT LAKE CITY, UT 84102	NONE		GENERAL DON	NOITA	1,000
		1		Total:	31,600

Attachment 10: page 3 990-PF Page 11, Part XV Line 3a

Open to Pu

Inspection For calendar year 2012, or tax period beginning

, and ending

THE ARCHER FAMILY CHARITAE		1	87-049	91844
Recipient	If Recipient is an Individual, Show any Relationship to Any Foundation Manager	Status of	Purpose of Grant or Contribution	Amount
Name and Address (home or business)	or Substantial Contributor	Recipient		
THE SHARING PLACE 1695 E 3300 S SALT LAKE CITY, UT 84106	NONE		GENERAL DONATION	500
ANIMAL ADOPTION CENTER 1955 N REDWOOD ROAD SALT LAKE CITY, UT 84116	NONE		GENERAL DONATION	1,000
PMC PENNIES BY THE INCH 100 N MARIO CAPECCHI DR SALT LAKE CITY, UT 84113	NONE		GENERAL DONATION	1,000
WONDER WORKS 420 FIFTH AVE, 27TH FLOOR NEW YORK, NY 10018	NONE		GENERAL DONATION	1,000
SALVATION ARMY 438 S 900 W SALT LAKE CITY, UT 84104	NONE		GENERAL DONATION	500
CROSSROADS URBAN CENTER 347 S 400 E SALT LAKE CITY, UT 84111	NONE		GENERAL DONATION	1,000
THE HAVEN 947 E SOUTH TEMPLE SALT LAKE CITY, UT 84102	NONE		GENERAL DONATION	750
U OF U WOMENS RESOURCE CENTER 201 PRESIDENTS CR SALT LAKE CITY, UT 84112	NONE		GENERAL DONATION	1,500
YWCA 322 E BROADWAY SALT LAKE CITY, UT 84111	NONE		GENERAL DONATION	1,500
SHRINERS HOSPITAL 1275 FAIRFAX RD SALT LAKE CITY, UT 84103	NONE		GENERAL DONATION	1,000
ST AMBROSE 2315 REDONDO AVE SALT LAKE CITY, UT 84108	NONE		GENERAL DONATION	1,000
ABILITY FOUNDATION 5236 S GREENPINE DRIVE SALT LAKE CITY, UT 84123	NONE		GENERAL DONATION	1,500
			Total:	12,250

Attachment 10: page 4 990-PF Page 11, Part XV Line 3a Open to Pu Inspection For calendar year 2012, or tax period beginning , and ending Name of Organization Employer Identification Number THE ARCHER FAMILY CHARITABLE CORPORATION 87-0491844 If Recipient is an Individual, Foundation Recipient Purpose of Grant or Show any Relationship to Amount Status of Any Foundation Manager Contribution Recipient Name and Address (home or business) or Substantial Contributor SMILE TRAIN NONE GENERAL DONATION PO BOX 96231 WASHINGTON, D C 20090 1,500 WESTMINSTER COLLEGE NONE ENDOWMENT 1840 S 1300 E SCHOLARSHIP SALT LAKE CITY, UT 84108 25,000

Total: 26,500

### 990 SCHEDULE OF OTHER REVENUE

Attachment 11: page 1 - 990-PF Page 12, Part XVI-A, Line 11
Open to Public

Inspection For calendar year 2012, or tax period beginning

, and ending

Name of Organization

Employer Identification Number 97-0491944

THE	ARCHER FAMILY CHARITABLE	CORPORATION			87-0491844		
1		Unrelate	Unrelated Business Income Excl		d by Section 512, 513 or 514	(e)	
Item	tem Program Service Revenue		(b)	(c) Excl. code	(d)	Related or Exempt Function Income	
	_	(a) Business Code	Amount	Excl.	Amount	(see instructions)	
a	PASSTHROUGH LOSS - ASHLEY			1000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CREEK PROP LLC -						
	73-1638383			16	-203,553		
	DACCERIDOUGH LOCC MILITAMO			1.0	203,333		
	PASSTHROUGH LOSS-WILLIAMS			1.0	2 2 2		
	PARNTERS 20-2485124			16	-2,067		
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		Totals:			-205,620		
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### Form **8868**

(Rev. January 2013)

Department of the Treasury

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

File a separate application for each return.

OMB No. 1545-1709

Internal Reve	une cervice		ation for each return.			
<ul><li>If you are</li></ul>	e filing for an Automatic 3-Month Extension, compl	ete only Par	t I and check this box			▶ 🛛
<ul><li>If you are</li></ul>	e filing for an Additional (Not Automatic) 3-Month E	xtension, c	omplete only Part II (on page	2 of this	s form).	
Do not con	nplete Part II unless you have already been granted	an automatic	3-month extension on a previ	ously file	ed Form 8868.	
corporation request an Associated	filing (e-file). You can electronically file Form 8868 if a required to file Form 990-T), or an additional (not autoextension of time to file any of the forms listed in Part I With Certain Personal Benefit Contracts, which must be ling of this form, visit www.irs.gov/efile and click on e-	omatic) 3-mo or Part II wit se sent to the	onth extension of time. You car th the exception of Form 8870, a IRS in paper format (see instri	electro Informa	nically file Form 886 tion Return for Trans	sters
Partil	Automatic 3-Month Extension of Time.			-		
A corporation Part I only	on required to file Form 990-T and requesting an autor	matic 6-mon	th extension check this box	and co	mplete 	▶ 🗌
All other co tax returns.	rporations (including 1120-C filers), partnerships, REM	IICs, and tru				
	T		Enter file		tifying number, see	
Type or	Name of exempt organization or other filer, see instru		DAD 3 = T 0 11		ployer identification num	
print	THE ARCHER FAMILY CHARITAB			<u> </u>  X	1	
File by the due date for	Number, street, and room or suite no. If a P.O. box, PO BOX 58031	see instruction	ons.		cial security number	(SSN)
filing your return See	City, town or post office, state, and ZIP code. For a f	oreign addre	ess, see instructions		<u> </u>	
instructions	Salt Lake City UT 84158-00	-	oo, ooo maaaana			
	eturn code for the return that this application is for (file					04
Application Is For	1	Return Code	Application Is For			Return Code
	f Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-E		02	Form 1041-A			08
Form 4720		03	Form 4720		<del>.</del>	09
Form 990-F	PF	04	Form 5227	,	10	
Form 990-1	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990-1	T (trust other than above)	06	Form 8870		12	
	oks are in the care of ▶ <u>See attachment</u>					-
	one No.		FAX No. ▶		· · · · · · · · · · · · · · · · · · ·	
	rganization does not have an office or place of busines		•	••••	• • • • • •	▶ ∐
for the who	s for a Group Return, enter the organization's four digit le group, check this box.	Group Exem	nption Number (GEN)			If this is
	ne names and EINs of all members the extension is for		ant of the group, check this bo	x		] and attach
	st an automatic 3-month (6 months for a corporation re		e Form 990-T) extension of time	Δ	<del></del>	
until	AUGUST 15, 20 13, to file the exempt organic				e extension is	
for the	organization's return for:					
▶ 🔯	calendar year 20 12 or					
▶ 🗍	calendar year 20 $\underline{12}$ or tax year beginning	0 , and	ending	1	. 20	
					_	
2 If the ta	x year entered in line 1 is for less than 12 months, che	ck reason:	Initial return Final	return	Change in accor	unting period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, o	r 6069, ente	r the tentative tax,			•
	y nonrefundable credits. See instructions.	ntor one rofe	andable eredite and	3a	\$	0
	pplication is for Form 990-PF, 990-T, 4720, or 6069, e ed tax payments made. Include any prior year overpay	-		3ь	\$	0
	e due. Subtract line 3b from line 3a. Include your payr			1 55		
_	(Electronic Federal Tax Payment System). See instruc-			3с	\$	0
	you are going to make an electronic fund withdrawal v		n 8868, see Form 8453-EO and		<del></del>	
for paymen	t instructions.					
F	A 1 - 1 B		<del></del>		C 9969 (D	4 0040;