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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OMB No 1545-0047

	A F	or the	2012 calendar year, or tax year beginning SEP 24, 2012 and e	ending I	DEC 31, 2	012		
	<u>В</u> с	heck if oplicable	C Name of organization		D Employer id		on number	
		Addres	THE INTERPRETER FOUNDATION					
		Name change		<u> </u>	1 4	6-086	9962	
	X	Initial return		Room/suite				
		Term:rated			8	01-22	5-1096	
]Ameno	City, town, or post office, state, and ZIP code		G Gross receipts \$		62,081	ī.
		Applic	OREM, OI 04030		H(a) Is this a gr	oup returi	n	
		pendir	F Name and address of principal officer. DANIEL C. PETERSON		for affiliate	s?	Yes X N	lo
			152 WESTVIEW DRIVE, OREM, UT 84058		H(b) Are all affilia	tes include	:d? 🔲 Yes 🔲 N	ło
		_	empt status. X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) oi	r 527	′∐ If "No," att	ach a list.	(see instructions)	
			e: WWW.MORMONINTERPRETER.COM	<u> </u>	H(c) Group exe			
			organization: X Corporation	L Year	of formation: 20	12 M St	ate of legal domicile: T	<u>JT</u>
	Pa	rt I	Summary					
	ce		Briefly describe the organization's mission or most significant activities: TO RE					
	Jan		RESTORATION OF THE GOSPEL OF JESUS CHRIST					
	Activities & Governance		Check this box I if the organization discontinued its operations or dispose	ea ot more	e than 25% of its	net asset	s.	4
	Ĝ		Number of voting members of the governing body (Part VI, line 1a)		•	3		_4
	త		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a)		•	5		0
	itie		Total number of individuals employed in calendar year 2012 (Fart v, line 2a) Total number of volunteers (estimate if necessary)		•	6		0
	Ęį		Total unrelated business revenue from Part VIII, column (C), line 12		•	7a		.
	Ă		Net unrelated business taxable income from Form 990-T line 34.			7b		<u>).</u>
			RECEIVED		Prior Year	110	Current Year	_
	ø)	8		ا ان			62,081	<u>.</u>
) June		Program service revenue (Part VIII, line 2g)	31				<u>.</u>
	Revenue		Investment income (Part VIII, line 2g) 50 NOV 14 2013					<u>.</u>
	æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ξ! <u></u>				<u>.</u>
~		12	Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12)				62,081	<u>. </u>
2013		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	↵. ∟				<u>o.</u>
		14	Benefits paid to or for members (Part IX, column (A), line 4)					<u>) .</u>
% ⇔	es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_				<u>).</u>
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	_			(<u>).</u>
LEC	≅xp		Total fundraising expenses (Part IX, column (D), line 25)	0.			4 = 0	_
	_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				4,722	<u>2 -</u>
			Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				4,722	
3	SS	_19	Revenue less expenses. Subtract line 18 from line 12			V	57,359	<u>,</u>
	sets or lances	20	Total assets (Part X, line 16)	В	eginning of Current	Year	End of Year 57,359	
<u>Q</u>	Assi		Total liabilities (Part X, line 16)					<u>.</u>
⊌2	Net unc		Net assets or fund balances Subtract line 21 from line 20		· · · · · · · · · · · · · · · · · · ·		57,359	-
	Pa	rt II	Signature Block					<u> </u>
	Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and staten	nents, and to the bes	st of my kn	owledge and belief, it i	IS
			t, and Complete. Decl aration of preparer (othe r than officer) is based on all information of whi			-		
					11 Nov	20/3		
	Sigr	1	Signature of officer		Date			
	Her	е	DANIEL C. PETERSON, PRESIDENT					
•			Type or print name and title		Data		l prin	
			Print/Type preparer's name Preparer's signature	_		eck	PTIN	
	Paid		BRENT J. BELL				P00027320	
	Prep		Firm's name BRENT J. BELL CPA, PC		Firm's E	N ▶ 8	7-0507914	—
	Use	Ulliy	Firm's address 5882 SOUTH 900 EAST, SUITE 200 SALT LAKE CITY, UT 84121		Dhon- a	. / 0 ^	1 \ 716 _ 2010	า
	Mar	the I	SALT LAKE CITI, UT 04121 S discuss this return with the preparer shown above? (see instructions)		Phone n	<u>u. , 0 U</u>	1)716-301(X Yes	10 7
)1 12-1		ns.		·-	Form 990 (20	
								,

	990 (2012) THE INTERPRETER FOUNDATION 46-0869962 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	TO RESEARCH AND DESCRIBE THE RESTORATION OF THE GOSPEL OF JESUS CHRIST
	AS REVEALED TO JOSEPH SMITH AND WITH QUALITY, FAITH PROMOTING
	SCHOLARSHIP BY PUBLISHING ON-LINE A JOURNAL FREE OF CHARGE TO THE
	PUBLIC. TO RESPOND TO QUESTIONS FROM THOSE GENUINELY INVESTIGATING
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$
	TO RESEARCH AND DESCRIBE THE RESTORATION OF THE GOSPEL OF JESUS CHRIST
	AS REVEALED TO JOSEPH SMITH AND WITH QUALITY, FAITH PROMOTING
	SCHOLARSHIP BY PUBLISHING ON-LINE A JOURNAL FREE OF CHARGE TO THE
	PUBLIC.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,722.

Form **990** (2012)

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Form 990 (2012) THE INTERPRETER FOUNDATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		-100	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		<u> </u>	_
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<u> </u>
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-	ļ	
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X			<u> </u>
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	İ	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	_	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	_22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		!	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		i	l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X_
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	Ц

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\neg		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0		İ	ı
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ı
	(gambling) winnings to prize winners?	1c		ı
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ı
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	İ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	į		
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	F	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_	- 1	37
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
·		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	''		
e		7e	1	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g		7g		
h		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1	İ	
b 44	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
122	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	-54		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	tema and the second of the sec	14b		
		Earm	990 ((2012

Page 6 Form 990 (2012) Part VI | 'Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					\mathbf{x}	
Sec	tion A. Governing Body and Management						
		_			Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a					
	If there are material differences in voting rights among members of the governing body, or if the governing			1			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1				
2							
_	officer, director, trustee, or key employee?		a, oo.	2		х	
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision	_			
•	of officers, directors, or trustees, or key employees to a management company or other person?		. топротителен.	3		x	
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5	_	X	
6	Did the organization have members or stockholders?	0.01		6		X	
-	Did the organization have members, stockholders, or other persons who had the power to elect or ap	noint	one or	ا			
, u	more members of the governing body?	ponit	one or	7a		Х	
.	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	ookba	oldere or	1a			
	persons other than the governing body?	.OCKI K	Jidera, Oi	7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv th	a following:	10			
_	The governing body?	ווט טייי	e lollowing.	0-	Х		
a	Each committee with authority to act on behalf of the governing body?		•	8a	X		
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ما ما	* * * * * * * * * * * * * * * * * * *	8b			
9		illea a	ı tri o	9		х	
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re	V05.11	Code	<u> </u>			
000	tion b. I oncles (his section b requests information about policies not required by the lifternal he	veriue	Code.j		V	No	
10-	Did the erganization have level chanters, branches, or affiliates?			10-	Yes	No X	
	Did the organization have local chapters, branches, or affiliates?	ontor	offiliatos	10a			
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?	apter	s, allillates,	10b			
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body	hofo	re films the form?		х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Delo	te ming the form?	11a		-	
				40-		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		floate O	12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u> </u>	 -	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	s, a	escribe	100			
40	In Schedule O how this was done			12c	 	v	
13	Did the organization have a written whistleblower policy?	•		13		X	
14	Did the organization have a written document retention and destruction policy?		J	14			
15	Did the process for determining compensation of the following persons include a review and approva	ı by ın	aepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			l	Ì	7.7	
a	The organization's CEO, Executive Director, or top management official			15a		X	
ø	Other officers or key employees of the organization		•	15b	-	^	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		uth o		1	İ	
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements and the contribute assets to, or participate in a joint venture or similar arrangements.	ient w	nın a	40-		_v	
_	taxable entity during the year?	4		<u>16a</u>	-	X	
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•		İ		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		ns	405			
800	exempt status with respect to such arrangements?tion C. Disclosure			16b		L	
	List the states with which a copy of this Form 990 is required to be filed ▶UT						
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	/Saa+	ion 501(a)(3)a ant 4	availat			
18		(O U CI	ion ao n(c)(a)s only)	avallat	и О		
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain	in Cat	nodulo (O)				
40			•	منته است	!		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	IIIICT (interest policy, a	ia tinai	icial		
00	statements available to the public during the tax year.	.al	nuda of the	.41			
20	State the name, physical address, and telephone number of the person who possesses the books ar	u rec	orus of the organiz	ition.	_		
	DANIEL C. PETERSON - 801-225-1096 152 WESTVIEW DRIVE, OREM, UT 84058						
_	APPIATOTATEM DUTAE! CURBII! OT 04030						

Form	aan	(2012)	

THE INTERPRETER FOUNDATION

46-0869962

Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization	nor any related	org	anıza	ation	COL	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)			_ ((C)			(D)	(E)	(F)
Name and Title	Average	1,40	not c	Pos			ODA	Reportable	Reportable	Estimated
	hours per	box	c, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	\vdash	T	I	I	7700	100)	from	from related	other
	(list any	월	ĺ				İ	the	organizations	compensation
	hours for related	§	<u>s</u>			sate		organization	(W-2/1099-MISC)	from the
	organizations	불	E		, e	튵	l	(W-2/1099-MISC)		organization and related
	below	層	를	_	싎	3 st C0	<u> </u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key e	Highest compensated employee	Former			o gamaanono
(1) DANIEL C. PETERSON	40.00	-								
PRESIDENT		X		X				0.	0.	0.
(2) WILLIAM J. HAMBLIN	10.00									, , , , , , , , , , , , , , , , , , , ,
TRUSTEE		\mathbf{x}		X				0.	0.	0.
(3) BRYCE HAYMOND	10.00									
TRUSTEE	_	\mathbf{x}		X				0.	0.	0.
(4) ALISON V.P. COUTTS	10.00									
TRUSTEE		X		X			<u> </u>	0.	0.	0.
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Pa	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	frustee or director go Q Op	not cor, unle	Pos heck iss pe	c) intion more erson directo		one th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		(F) Estimated amount of other compensation from the organization and related organization		of ation ie tion ted
		line)	Individual	ınsttu	Officer	Key en	High emple	Former					u nzac	
													-	
			_	 						·	\dashv			
				<u>.</u>										
			_								 -			
	-			-		-				:	\dashv	-		_
	_													
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											\Box			
1h	Sub-total Sub-total		l					<u> </u>	0.).			
	Total from continuation sheets to Part VI	 I, Section A			• •				0.		5.1			<u>0</u> .
	Total (add lines 1b and 1c)	·					>		0.	().			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wł	no re	eceived more than \$100	,000 of reportable				,
	compensation from the organization									 -			Yes	No
3	Did the organization list any former officer,		ste	e, ke	у ег	nplo	yee,	or h	highest compensated e	mployee on				
4	line 1a? If "Yes," complete Schedule J for s		ı			. 4		الد ـ ا			F	3_		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4		X
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr			dual for services				
	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedul	e <i>J f</i>	or s	ıch	pers	on		·		丄	5		X
1	Complete this table for your five highest co	mpensated inc	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of comp		tion f	rom	
	the organization. Report compensation for													
	(A) Name and business	address	37/	``	7				(B) Description of s	enuces	Co	((C) nsatio	_
	ivalio alla basilloss		INC	INC	<u> </u>			\dashv		ervices		Hillipe	iisalio	
								İ						
								\dashv				-		
	 							\dashv						
2	Total number of independent contractors (i		ot lır	mite	d to			sted	above) who received m	ore than				
	\$100,000 of compensation from the organic	zation -				(<u>) </u>							

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections 512, 513, or 514 Related or Total revenue exempt function business revenue revenue 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 62,081. 1f g Noncash contributions included in lines 1a-1f \$ 62,081 h Total. Add lines 1a-1f **Business Code** 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV. line 19 а **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total, Add lines 11a-11d 62,081 0. Total revenue. See instructions. 0.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		s Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16		 		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				-
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include		······································		
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	, ,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	715.	715.		
14	Information technology				
15	Royalties				
16 17	Occupancy				
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	•			
- · 22	Depreciation, depletion, and amortization				· -
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
a	amount, list line 24e expenses on Schedule 0.) EDITING AND RESEARCH	3,057.	3,057.		
b	TAX AND FEES	950.	950.		
c		2231			
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	4,722.	4,722.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response to any o	uestion in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		0.	1	57,359.
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net	[3	
	4	Accounts receivable, net .	[4	
	5	Loans and other receivables from current and form	ner officers, directors,		-	
		trustees, key employees, and highest compensate	ed employees. Complete			
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqualifie	d persons (as defined under			
		section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section	n 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) C	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use		-	8	
1	9	Prepaid expenses and deferred charges	. [9	
	10a	Land, buildings, and equipment: cost or other	1			
			10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments · program-related. See Part IV, line 11	·		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	0.	16	57,359.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable	į.		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	[·	20	
S	21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former of	fficers, directors, trustees,			
iab		key employees, highest compensated employees,	and disqualified persons.			
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelate	d third parties		23	
	24	Unsecured notes and loans payable to unrelated t	hırd parties		24	
	25	Other liabilities (including federal income tax, paya	bles to related third			
		parties, and other liabilities not included on lines 1	7-24). Complete Part X of		j	
		Schedule D .			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	<u> </u>
		Organizations that follow SFAS 117 (ASC 958),			ł	
Ses		complete lines 27 through 29, and lines 33 and	34.			
anc	27	Unrestricted net assets			27	
Bal	28	Temporarily restricted net assets			28	
Net Assets or Fund Balances	29	Permanently restricted net assets	· ·		29	
Fu		Organizations that do not follow SFAS 117 (ASC	C 958), check here ► X			
S OI		and complete lines 30 through 34.		_		_
set	30	Capital stock or trust principal, or current funds		0.	30	<u> </u>
As	31	Paid-in or capital surplus, or land, building, or equi		0.	31	0.
Net	32	Retained earnings, endowment, accumulated inco	me, or other funds	0.	32	57,359.
	33	Total net assets or fund balances	.	0.	33	<u>57,359.</u>
	34	Total liabilities and net assets/fund balances		0.	34	<u>57,359.</u>

orm	990 (2012) THE INTERPRETER FOUNDATION	46-0	869962	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	62	,081.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,722.
3	Revenue less expenses. Subtract line 2 from line 1	_3		,359.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		0.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	57	,359.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			`	Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		
	separate basis, consolidated basis, or both.		i	1
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2012)

SCHEDULE A.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE INTERPRETER FOUNDATION

Employer identification number

D.	- I	Doccor '		ERPRETER FOU						4	6-086	9962	
_	ırt I			ity Status (All organiz			_		ructions.				
he	organ			because it is: (For lines 1	=		•	' - '					
1	\square	A church, cor	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2	\square	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3	닏			tal service organization (
4		A medical res	search organization (operated in conjunction	with a hos	pıtal desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	ıl's name	θ,
		city, and state									<u> </u>		
5	Ш	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6	Ш	A federal, sta	te, or local governm	ent or governmental und	t described	d in sectio	n 170(b)(1	1)(A)(v).					
7	Ш	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public des	cribed ir	1
		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8	Щ	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9	X	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershij	p fees, a	ınd gross re	eceipts f	rom
		activities rela	ted to its exempt fui	nctions - subject to certa	un excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	s investr	ment
		income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızation	after June	30, 197	5.
	_	See section	509(a)(2). (Complete	Part III.)									
10	\square	An organizati	on organized and or	perated exclusively to te	st for publi	ıc safety. S	See sectio	n 509(a)(4	I).				
11		An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes	of one c	or
		more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	2). See se c	ction 509(a	a)(3). Ch	eck the bo	x that	
			· · · · · · · · · · · · · · · · · · ·	organization and comple		•							
		a L Type I	-	•	ype III - Fui	•	•				n-functiona		
e				it the organization is not			-	=		•	-		1
				han one or more publicly						9(a)(1) or	section 50	9(a)(2).	
1		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
			rganization, check th	, , ,						-			Ш
ē	j	-		organization accepted ar			-		•			Г	
		• •		irectly controls, either al	one or tog	ether with	persons o	lescribed :	ın (ıı) and (ı	III) below	,	Yes	No
		_		upported organization?	•	•			•	•	. 11g(i)		
			,	n described in (i) above?					•		. 11g(ii)		
		• •	•	person described in (i) o	• •	•	•			•	11g(iii)	
r)	Provide the fo	ollowing information	about the supported or	ganization((s).							
				· ·	l				(11) 10	tho	<u> </u>		
(i	-	of supported	(ii) EIN	(iii) Type of organization	in col. (i) lis	organization		u notify the	(vi) Is organizatio	on in col.	(vii) Amour		etary
	orga	anization		(described on lines 1-9 above or IRC section		document?			(i) organız U.S		su;	pport	
				(see instructions))	Yes	No	Yes No		Yes	No	1		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Part II · Support Schedule for	r Organization	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	Page 2
(Complete only if you check	-			· · · ·		•
fails to qualify under the tes	ts listed below, ple	ase complete Part	III.)			_
Section A. Public Support						
alendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f) .						
6 Public support. Subtract line 5 from line 4	<u> </u>					
Section B. Total Support	· · · · · · · · · · · · · · · · · · ·			I		
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on					:	
securities loans, rents, royalties						
and income from similar sources						
9 Net income from unrelated business	5					
activities, whether or not the						
business is regularly carried on		-				
10 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV)			ļ <u> </u>			
11 Total support. Add lines 7 through 10	•		<u> </u>	<u> </u>		
12 Gross receipts from related activitie	•	•			12	
13 First five years. If the Form 990 is f	_	's first, second, thu	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
organization, check this box and st						. ▶∟
Section C. Computation of Pul					Т	
14 Public support percentage for 2012	• • • • • • • • • • • • • • • • • • • •	•	column (f))		14	%
15 Public support percentage from 20	11 Schedule A, Par	t II, line 14			15	%

16a 33 1/3% support test - 2012. If the organization did not check the box on	line 1	3, and line	14 is 33 1/3%	or more, chec	k this box and
stop here. The organization qualifies as a publicly supported organization					

b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	slow, please com	piete Part II)	<u> </u>	.		
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(5) 2000	(6) 20 10	(0) 2011	1-16/2012	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants ")					62,081.	62,081.
2	Gross receipts from admissions,					02/0010	02/0010
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						 -
_	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5	-				62,081.	62,081.
	Amounts included on lines 1, 2, and					1 2 7 2 2 2 3	<u> </u>
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received					1	
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b		,				0.
8	Public support (Subtract line 7c from line 6)						62,081.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6					62,081.	<u>62,081.</u>
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income					ļ į	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)		-			1	
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>		L	62,081.	62,081.
14	First five years. If the Form 990 is for	the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiza	tion,
<u></u>	check this box and stop here	in Commant Da					. •
	ction C. Computation of Publi	· ·		(0)	 .	11 1	00 00
	Public support percentage for 2012 (li			column (t))		_	.00.00 %
16 Sec	Public support percentage from 2011 ction D. Computation of Investigation					16	<u>%</u>
17				ne 13 column (fi)		17	.00 %
18	Investment income percentage from 2	•	•	ie 15, colainii (i))		18	**************************************
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than		
.50	more than 33 1/3%, check this box ar	•				•	▶ X
h	33 1/3% support tests - 2011. If the		-				-
~	line 18 is not more than 33 1/3%, che	_					
20	Private foundation. If the organization					-	

Schedule /	\ (Form !	990 or 9	90-EZ) 2	2012	THE	TNJ	LEK	PRI	<u>5 T E l</u>	K F	OUN	DA'.	i.TOI	<u>N</u>				<u>46-0</u>	<u>86996</u>	<u> 2 P</u>	<u>age 4</u>
Part IV	,		ntal In ne 12. A														art II, line	10, Part II	, line 17a	or 17	b;
SHORT	YEAI	R RE	QUIR	ED_	DUE	то	OR	GAI	NIZ:	ING	DA	TE.	OF	SEP	т 2	4,	2012	THRO	UGH_		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE INTERPRETER FOUNDATION

Employer identification number 46-0869962

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SMITH AND THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS WITH QUALITY,
FAITH PROMOTING SCHOLARSHIP BY PUBLISHING ON-LINE A JOURNAL FREE OF
CHARGE TO THE PUBLIC. TO RESPOND TO QUESTIONS FROM THOSE GENUINELY
INVESTIGATING THE RESTORATION. TO SPEAK IN DEFENSE OF THE RESTORATION
AGAINST CRITICS, ENEMIES AND DETRACTORS. TO PROVIDE AND PURSUE RELATED
CHARITABLE SERVICES AND PURPOSES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE RESTORATION. TO SPEAK IN DEFENSE OF THE RESTORATION AGAINST
CRITICS, ENEMIES AND DETRACTORS. TO PROVIDE AND PURSUE RELATED
CHARITABLE SERVICES AND PURPOSES.
FORM 990, PART VI, SECTION B, LINE 11: AVAILABLE UPON REQUEST
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

Form 886	68 (Rev. 1-2013)					Page 2		
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ktension, d	complete only Part II and check this	s box	_	$\triangleright \mathbf{X}$		
Note. On	ly complete Part II if you have already been granted an	automatic	3-month extension on a previously f	iled Form	8868.			
• If you	are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1).					
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies nee	ded).		
			Enter filer's	identifyir	ng number,	see instructions		
Type or	Name of exempt organization or other filer, see instru	uctions		Employe	r identificatio	on number (EIN) or		
print		46-0869962						
File by the	THE INTERPRETER FOUNDATION							
due date for	Number, street, and room or suite no. If a P.O. box, s	Social se	er (SSN)					
filing your return See	152 WESTVIEW DRIVE							
instructions								
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1		
Applicat	ion	Return	Application			Return		
ls For_		Code	Is For			Code		
Form 990	or Form 990-EZ	01						
Form 990)-BL	02	Form 1041-A		<u> </u>	08		
Form 472	20 (individual)	03	Form 4720			09		
Form 990		04	Form 5227	10				
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069 11					
	O-T (trust other than above)	06	Form 8870			12		
STOP! D	o not complete Part II if you were not already grante		natic 3-month extension on a prev	iously file	ed Form 886	8		
• That	DANIEL C. PETE		ODEM III 940E9					
	ooks are in the care of ▶ <u>152 WESTVIEW D</u> none No.▶ 801-225-1096	KIVE						
		a in tha Lir	FAX No.			▶ □		
	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit			f this is fo	r tha whala c	roup shock this		
box >	. If it is for part of the group, check this box	7			-	•		
	equest an additional 3-month extension of time until			an memb	CIS LITE GALG	rision is ior.		
	r calendar year, or other tax year beginning			a DEC	31 2	012 .		
	he tax year entered in line 5 is for less than 12 months, or			Final r				
	Change in accounting period				••••			
7 Sta	ate in detail why you need the extension SEE ST	ATEME	NT 1					
	,,,				***			
8a Ift	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any					
no	nrefundable credits See instructions.			8a	\$	0.		
b If t	nis 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 a	llowed as a	a credit and any amount paid					
<u>pr</u>	eviously with Form 8868	8b	\$	0.				
с Ва	lance due. Subtract line 8b from line 8a. Include your pa							
EF	TPS (Electronic Federal Tax Payment System). See instr			8c	\$_	0.		
Under nor	Signature and Verifica alties of perjury, I declare that I have examined this form, includ		st be completed for Part II o	-	f my knowlad	no and holist		
it is true, o	correct, and complete, and that I am authorized to prepare this f	orm.	dilying schedules and statements, and the	DESLU	THIS KHOWICU	ye anu benel,		
Signature	Title	PRESI	DENT	Date	► Hala	ionta 2013		
			 					

Date ► 11 Uovento Zot3
Form 8868 (Rev. 1-2013)

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

EXPLANATION

AN ATTEMPT TO OBTAIN INFORMATION NECESSARY FOR FILING A RETURN WAS REQUESTED IN A TIMELY FASHION, BUT THE INFORMATION WAS NOT FURNISHED IN SUFFICIENT TIME TO PERMIT THE TIMELY FILING OF THE RETURN, OR THE TAXPAYER PERSONALLY VISITED AN IRS OFFICE FOR THE PURPOSE OF SECURING INFORMATION OR ADVICE AND WAS UNABLE TO MEET WITH AN IRS REPRESENTATIVE