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Form 990-PF

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

OMB No 1545 0052

2010

SCANNED SEP 1 9 2010

Department Internal R	nt of the Treasury evenue Service	Note. The foundate	on may be able to use a copy of thi	s return to satisfy state reporti	ng requirements	
For cale	endar year 2010, or			, and ending		
G Che	ck all that apply	Initial return	Initial Return of a former p	ublic charity		Final return
		Amended return	Address	change Name	change	
	-			A	Employer identification	number
		N FOUNDATION,	INC.		20-4914701	
	SHOUP AVENUE D FALLS, ID 8	33402		В	Telephone number (see	•
IDMI	o radio, id c	13402		<u></u>	208-522-23	
				C		on is pending, check here
H C	heck type of organiz	zation X Section	501(c)(3) exempt private f		1 Foreign organizations,	meeting the 85% test, check
ř) nonexempt charitat		private foundation	here and attach compl	itation
	ir market value of all ass	ets at end of year J	Accounting method X C		If private foundation s under section 507(b)(1	tatus was terminated
(fi	rom Part II, column (c), lu	ne 16)	Other (specify)	F		a 60-month termination
► \$			rt I, column (d) must be or	n cash basis)	under section 507(b)(
Part I	☐ Analysis of R		(a) Revenue and	(b) Net investment	(c) Adjusted net	
		e total of amounts ın and (d) may not nec	es- expenses per books	income	ıncome	for charitable purposes
	sarily equal the a	amounts ın column (a)			(cash basis only)
	(see the instructi	ions)) s. grants, etc. received (att s	(h) 82,011.			
		foundn is not req to att Sch				
1	3 Interest on sa	ivings and temporary				
	cash investme	ents terest from securities		-		
	5a Gross rents	ierest from securities	-			1
	b Net rental income or (loss)		,			
R		m sale of assets not on line	10.		, , , ,	i
Ĕ	b Gross sales price a assets on line 6a	for all		,		,
Ē		ncome (from Part IV, line 2)	·	<u> </u>		
N U	8 Net short-term 9 Income modif			<u> </u>		ι'
E	10 a Gross sales less					1 ,
	allowances		,	,	<u> </u>	
	b Less Cost of goods sold	-3	* ,		<u> </u>	
	c Gross profit/(los:					
	11 Other income	Anach scheduleX				
	12 Total Add In	es 1 through 11	82,011.	0.		0.
	13 Compensation of	officers directors, trustees, e				<u> </u>
	14 Offier employee s	alaries and wages				
		s, employee benefits				
A D	16 a Legal fees attach	attachech) SEE ST	1 1 540			1 540
M I	b Accounting fees (c Other prof fees (1,548.			1,548.
οı	17 Interest	additi soil)			 	
O I P S E T R R	18 Taxes (attach schedule	Xsee instr)			1	
A A T T	19 Depreciation					
- 1 j	sch) and depl	letion	2,374.			2,374.
N V G E		rences, and meetings			-	30,089.
A E N X D P	22 Printing and	publications				007003.
	23 Other expens	es (attach schedule) SEE STATEMENT	2 6 071			C 071
E N S	24 Tatal anamati					6,071.
Ĕ	24 Total operation expenses. Ac	ng and administrative Id lines 13 through 23	40,082.			40,082.
-	25 Contributions, gif	ts, grants paid PART 🗴	V 53,357.	,		53,357.
	26 Total expens	es and disbursemen	is.			0 02 420
	Add lines 24 27 Subtract line	and 25 26 from line 12:	93,439.	0.	•	0. 93,439.
	a Excess of rev	venue over expenses				
	and disburse	ments	-11,428.			<u> </u>
		ncome (if negative, enter -0-)		0		
544-		ome (if negative, enter -0-)	<u></u>	I		0.

D	117	Attached schedules and amounts in the description	Beginning of year	End∈	of year
Part	<u> - </u>	Balance Sheets Attached screenings and amounts in the description column should be for end-of year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing			
	2	Savings and temporary cash investments	33,305.	11,082.	11,082.
	3	Accounts receivable			
		Less allowance for doubtful accounts			
	4	Pledges receivable			
		Less allowance for doubtful accounts ►			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions)			
	7	Other notes and loans receivable (attach sch)			,
S		Less allowance for doubtful accounts ▶			
ş	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges	479.		
S	10 a	Investments – US and state government obligations (attach schedule)			
	b	Investments corporate stock (attach schedule)			
	c	: Investments — corporate bonds (attach schedule)			
	11	Investments — land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments - other (attach schedule)		•	
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
		Other assets (describe ► SEE STATEMENT 3)	1,125.	767.	. 767.
	16	Total assets (to be completed by all filers – see instructions. Also, see page 1, item I)	34,909.	11,849.	. 11,849.
L	17	Accounts payable and accrued expenses	27,970.	16,338	
Ī	18	Grants payable	2.,,,,,,,		7
A B	19	Deferred revenue			7
ŀ	20	Loans from officers, directors, trustees, & other disqualified persons			7
ī	21	Mortgages and other notes payable (attach schedule)			·
Ţ	22	Other liabilities (describe)			7
Ė			27, 070	16 220	7 .
<u> </u>	23	Total liabilities (add lines 17 through 22)	27,970.	16,338	╡ .
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24	Unrestricted			_
TN	25	Temporarily restricted			_
ΔD	26	Permanently restricted			
A S B S A		Foundations that do not follow SFAS 117, check here X and complete lines 27 through 31.			
EL	27	Capital stock, trust principal, or current funds			
SŅ	28	Paid-in or capital surplus, or land, building, and equipment fund			
O E	29	Retained earnings, accumulated income, endowment, or other funds	6,939.	-4,489	
RS	30	Total net assets or fund balances (see the instructions)	6,939.	-4,489	.]
	31	Total liabilities and net assets/fund balances (see the instructions)	34,909.	11,849	
Par	111	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total end-	l net assets or fund balances at beginning of year – Part II, coli of-year figure reported on prior year's return)	umn (a), line 30 (must ag	ree with	6,939.
2		r amount from Part I, line 27a		2	
		increases not included in line 2 (itemize).		3	
4	Add	lines 1, 2, and 3		4	-4,489.
5		ases not included in line 2 (itemize)		5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), II	ne 30 6	-4,489.

(a) List and describ	the kind(s) of property sold (e.g., ruse, or common stock, 200 shares ML	eal estate,	(b) How acc P — Purch D — Dona	nase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year
1a N/A		 	D Dona	1011		
b	· · · · · · · · · · · · · · · · · · ·					
c			_		!	
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	
a						
b						
С						
d						·
е						
Complete only for assets show	ving gain in column (h) and owned by	the foundation on 12/31/6	9		(I) Gains (Coli	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a			ain minus column (l an -0-) or Losses (fr	
<u>a</u> b					· - ···········	
C						_
d				•		
е					· · · · · · · · · · · · · · · · · · ·	_
2 Capital gain net income or (ne	et capital loss) If gain, also	enter in Part I, line 7 ter -0- in Part I, line 7	-	2		
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)		}	2		
· -		_				
If gain, also enter in Part I, Iir in Part I, Iir	ne 8, column (c) (see the instructions)) If (loss), enter -0-	-	3		
	er Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco			
	ection 4942 tax on the distributable an	• •	se period?		Yes	No
	alify under section 4940(e) Do not co					
(a) Base period years Calendar year (or tax year	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as			(d) Distribution umn (b) divided	
beginning in)				Ľ.		<u> </u>
2009						
2008						
2007						
2006				ļ		
2005		<u>.</u>			ү	
2 Total of line 1, column (d)			,	2		
3 Average distribution ratio for	the 5-year base period – divide the to	otal on line 2 by 5, or by the	е			
number of years the foundation	on has been in existence if less than	o years		3		
4 Enter the net value of noncha	iritable-use assets for 2010 from Part	X, line 5		4		
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment in	ncome (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7		
8 Enter qualifying distributions	from Part XII, line 4			8		
If line 8 is equal to or greater Part VI instructions	than line 7, check the box in Part VI	, line 1b, and complete that	part using	ja 19	% tax rate See	the

Form 990-PF (2010) DAVID O. KINGSTON FOUNDATION, INC.	20-	4914701		Р	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 – see	the instruc	tions)		
1 a Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.	7			٠	
Date of ruling or determination letter (attach copy of letter if necessary – see instr.)					
b Domestic foundations that meet the section 4940(e) requirements in Part V,	F	1			0.
check here ► and enter 1% of Part I, line 27b		'-		, (٠, .
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)			,		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable					_
foundations only Others enter -0-).		2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others en	ter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 Credits/Payments]			
a 2010 estimated tax pmts and 2009 overpayment credited to 2010	_				
b Exempt foreign organizations — tax withheld at source 6b					
c Tax paid with application for extension of time to file (Form 8868) 6c		-			
d Backup withholding erroneously withheld 7. Taket and assuments. Add less 6s through 6d		7			Ω
7 Total credits and payments. Add lines 6a through 6d		8			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	•	9			0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10			<u> </u>
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be Credited to 2011 estimated tax Refunde	d ►	11			
Part VII-A Statements Regarding Activities					
			- [Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation participate or intervene in any political campaign?	or did it		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?			1 b		_X
If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities and copies of any more or distributed by the foundation in connection with the activities	aterials pi	ublished			
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					,
(1) On the foundation \$\\$ 0. (2) On foundation managers \$\\$ \\$		0	<u>-</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tages foundation managers ▶ \$ 0.	mposed	on			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
If 'Yes,' attach a detailed description of the activities					
					1
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrum of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the component of the compone	ent, article <i>hanaes</i>	25	3		Х
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
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					Ī.
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					<i>\ '</i> . '
By language in the governing instrument, or			•		
 By state legislation that effectively amends the governing instrument so that no mandatory direct with the state law remain in the governing instrument? 	ions that d	conflict	6	Х	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XI			7	X	
8a Enter the states to which the foundation reports or with which it is registered (see the instructions)			<u>-</u>		
NV					
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G² If 'No,' attach explanation</i>		-	8b	Х	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4 for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Ye	942(j)(3) c s,' comple	or 4942(j)(5 te Part XIV	9	Х	
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule lis					
and addresses SEE ST	<u>ATEMEN'</u>	T 4	10	Χ	
BAA		F	orm 99	n-PF	(2010)

	1990-PF (2010) DAVID O. KINGSION FOUNDATION, INC.	20-	4914/0.	<u> </u>	Pa	age 5
ar	VII-A Statements Regarding Activities (Continued)					
11	At any time 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		<u>X</u> _
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemptive website address N/A	tion applica	tion?	13	Х	
14		one no 🟲	208-52	2-23	365	
	Located at ► 477 SHOUP AVENUE IDAHO FALLS ID ZIP + 4		02			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check he	ere		N/A	-	\prod
	and enter the amount of tax-exempt interest received or accrued during the year	▶	15			N/A
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other bank, securities, or other financial account in a foreign country?	er authority	over a	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the foreign country ►	e name of t	ne			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	During the year did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No		ļ	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	.		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	1	.	,
	(5) Transfer any income or assets to a disqualified person (or make any of either available					
	for the benefit or use of a disqualified person)?	Yes	XNo			I
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	Yes	XNo		,	i
1	olf any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see the instr	l in uctions)?		1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•	- 🗌	,	,	
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted a that were not corrected before the first day of the tax year beginning in 2010?	cts,		1c	•	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$)			,		•
i	a At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	Yes	XNo			١.
	If 'Yes,' list the years \(20_ \), 20_ 20_ 20_ \	Les	NO NO			
	are there any years listed in 2a for which the foundation is not applying the provisions of section 4 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4)					
	all years listed, answer 'No' and attach statement — see the instructions)	•		2b	N	/A
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years $^{\triangleright}$ 20, 20, 20, 20	ars here				
3:	a Did the foundation hold more than a 2% direct or indirect interest in any business					
	enterprise at any time during the year?	Yes	X No		•	-
١	b If 'Yes,' did it have excess business holdings in 2010 as a result of (1) any purchase by the founda or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period apping by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift_or bequest,	tion oved				
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720, to	or o				i
	determine if the foundation had excess business holdings in 2010)	~	-	3b	N	/A -
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		x
	b Did the ferrade has made any more than the property of the Company of the Compa				•	
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of	•			,	,.
<u> </u>	the tax year beginning in 2010?			4b	0.55	X (2010)
BAA	· ·		Fo	rm 99	U-PF	(2010)

Form 990-PF (2010) DAVID O. KINGSTON			20-491	4701	Page 6
Part VII-B Statements Regarding Activit		1 4720 May Be Req	uired (continued)	, , , , , , , , , , , , , , , , , , , 	 ,
5a During the year did the foundation pay or incu(1) Carry on propaganda, or otherwise attempt	•	on (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	1 4955), or to carry	☐ Yes ☒	No .	->
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc, organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (6) If any answer is 'Yes' to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c If the answer is 'Yes' to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes If 'Yes,' attach the statement required by Regulations section 53 4945-5(d)			No		
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, o 4940(d)(2) ⁷ (see instri	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No	•
described in Regulations section 53 4945 or in (see instructions)?	a current notice regar	ding disaster assistance	tions	5 b	N/A_
Organizations relying on a current notice rega	rding disaster assistani	ce check here	▶ ∐		
tax because it maintained expenditure respon	sibility for the grant?	•	N/A Yes	No	
6a Did the foundation, during the year, receive as on a personal benefit contract?			Yes X	No .	
b Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indired	tly, on a personal bene	fit contract?	6b	X
7a At any time during the tax year, was the found	dation a party to a proh	nbited tax shelter transa	action? Yes X	No	
b If yes, did the foundation receive any proceed				I/A 7b	
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees,	
and Contractors					
1 List all officers, directors, trustees, foundation	n managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
DAVID O KINGSTON	PRESIDENT	0.	0.		0.
5250 SOUTH RAINBOW UNIT #2109	1.00				
LAS VEGAS, NV 89118					
JANAE KINGSTON	SECRETARY	0.	0.		0.
477 SHOUP AVE #207	1.00		j		0.
IDAHO FALLS, ID 83402	1.00				
DEAN ARMSTRONG	DIRECTOR	0.	0.		
580 S. ORANGE	80.00]	"		0.
	00.00				
LOS ANGELES, CA 90036	DIDECTOR			<u> </u>	
BRANDON SNYDER	DIRECTOR	0.	0.		0 .
5055 W. HACIENDA AVE.	1.00				
LAS VEGAS, NV 89118	<u>l </u>		<u> </u>		
2 Compensation of five highest-paid employee			nstructions). If none, e	nter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
NONE				-	
Total number of other employees paid over \$50,000	TEF 403061	07/23/10		Form 990.	0

Form 990-PF (2010) DAVID O. KINGSTON FOUNDATION, INC. 20-491 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A	Amount
2	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3 BAA	0 . Form 990-PF (2010)

, Form 990-PF (2010) DAVID O. KINGSTON FOUNDATION, INC. 20	-4914701	Page 8
Part X Minimum Investment Return (All domestic foundations must complete this part. For		
see instructions.)	J	•
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities.	1 a	
b Average of monthly cash balances	1 b	10,621.
c Fair market value of all other assets (see instructions)	1 c	767.
d Total (add lines 1a, b, and c)	1 d	11,388.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0.		
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	11,388.
		11,500.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	171.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,217.
6 Minimum investment return. Enter 5% of line 5	6	561.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private oper	ating founda	tions
and certain foreign organizations check here ► X and do not complete this pa	art.)	
1 Minimum investment return from Part X, line 6 N/A	1	
2a Tax on investment income for 2010 from Part VI, line 5	<u> </u>	
b Income tax for 2010 (This does not include the tax from Part VI)]	
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1a	93,439.
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes.	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	93,439.

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

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)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

BAA

Form 990-PF (2010)

93,439.

5

6

Part XIII Undistributed Income (see Instri	uctions)	N/A		
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI, line 7	·			
2 Undistributed income, if any, as of the end of 2010.		; ; ;		
a Enter amount for 2009 only	.′			
b Total for prior years 20, 20, 20				
3 Excess distributions carryover, if any, to 2010	•			
a From 2005	•			•
b From 2006				
c From 2007		· ·		
d From 2008				
e From 2009				
f Total of lines 3a through e		<u> </u>		
4 Qualifying distributions for 2010 from Part				
XII, line 4. ► \$				
a Applied to 2009, but not more than line 2a				
 b Applied to undistributed income of prior years (Election required — see instructions) 	,			
c Treated as distributions out of corpus (Election required — see instructions)			•	
d Applied to 2010 distributable amount			-	
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2010				
(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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed	-			
d Subtract line 6c from line 6b Taxable amount — see instructions	•			
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount — see instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011			,	
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see instructions)		,		
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2006]			
b Excess from 2007				
c Excess from 2008]			
d Excess from 2009	1			
e Excess from 2010			1	

Form 990-PF (2010) DAVID O. KINGSTON FOUNDATION, INC. 20-4914701 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, show any relationship to any foundation manager or substantial contributor Foundation status of Recipient Purpose of grant or contribution **Amount** recipient Name and address (home or business) a Paid during the year SEE STATEMENT 6 53,357. Total 3a **b** Approved for future payment 3Ь Total

Part XVI-A Analysis of Income-Producing Activities	?art XVI-A`	llysis of Income-Produci	ng Activitie:
--	-------------	--------------------------	---------------

inter gross a	mounts unless otherwise indicated		business income	1	y section 512, 513, or 514	(e)
1 0		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (see the instructions)
_	n service revenue			code		
				+		
		 	 	 		
		1		+ +		
				1 1	······································	
f			-			
q Fees an	d contracts from government agencies			1 1		
•	ship dues and assessments					
3 Interest or	n savings and temporary cash investments			14		
4 Dividend	ds and interest from securities					
5 Net rent	al income or (loss) from real estate					
a Debt-fin	anced property	<u> </u>				
b Not deb	t-financed property					
6 Net rental	income or (loss) from personal property					
7 Other in	vestment income					
	oss) from sales of assets other than inventory					
	ome or (loss) from special events					
IO Gross p	rofit or (loss) from sales of inventory	ļ				
11 Other re	evenue	ļ				ļ
a		ļ <u> </u>			 .	
b		<u> </u>	· · · · · · · · · · · · · · · · · · ·	1		
c		 	- 			
		1 1				1
		 		+ +		+
d e		L			·	
de 12 Subtota	I Add columns (b), (d), and (e)	-				
de 12 Subtota 13 Total. A	I Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e)				13	0
de 12 Subtota 13 Total. A	I Add columns (b), (d), and (e)				13	0
de 12 Subtota 13 Total. A	I Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e)	ons)	shment of Exem	pt Purpos		0
d e 12 Subtota 13 Total. A See workshe	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	I Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculation	ons)			ses	
d e 12 Subtota 13 Total. A See workshe	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
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d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e I2 Subtota I3 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e I2 Subtota I3 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e I2 Subtota I3 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A Gee workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e I2 Subtota I3 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e I2 Subtota I3 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e I2 Subtota I3 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	
d e 12 Subtota 13 Total. A See workshe Part XVI-B Line No. E	Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) set in line 13 instructions to verify calculations Relationship of Activities to the	ons)			ses	

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

	Exempt Organ	iizations						
1 Did the	e organization directly	or indirectly e	ngage in any of the following	ng with any of	her organization		Yes	No
relating	g to political organizat	tions?	ther than section 501(c)(3)	-) or in section 527,			
a Transfe	ers from the reporting	, foundation to	a noncharitable exempt or	ganızatıon of.			.	
(1) Ca	ish					1 a (1)		<u>X</u>
(2) Oth	her assets					1 a (2)		Χ
b Other	transactions							
(1) Sa	les of assets to a non	ncharitable exe	mpt organization			1 b (1)		X
(2) Pu	irchases of assets from	m a noncharita	able exempt organization			1 b (2)		X
(3) Re	ental of facilities, equip	pment, or othe	r assets			1 b (3)		X
(4) Re	eimbursement arrange	ements				1 b (4)		X
(5) Lo	ans or loan guarantee	es				1 b (5)		Х
(6) Pe	erformance of services	s or membersh	ip or fundraising solicitation	ns		1 b (6)		Х
			sts, other assets, or paid er			1c		Х
the ao	ods other assets or s	services given arrangement, sl	by the reporting foundation	n If the found e of the goods	n (b) should always show the fa ation received less than fair ma s, other assets, or services rece Description of transfers, transactions,	arket value in eived		ts
N/A	(S) / SINGER MYORAGE	1 Comment		- \	The state of the s		<u> </u>	
17.22								
		+				•		
		+						
		 						
		 		- 				
				- -				
		<u> </u>						
			··-					
		<u> </u>						
								
descri	foundation directly or bed in section 501(c) s,' complete the follow	of the Code (o	nated with, or related to, on other than section 501(c)(3)	e or more tax) or in sectior	-exempt organizations i 527?	Ye	s X	No
	(a) Name of organizat		(b) Type of organi	zation	(c) Description of	relationship		
N/A								
· · · · · · · · · · · · · · · · · · ·								
								
		-	 					
Sign Here	er penalties of perjury, I decla ect, and complete Declaration	are that I have exam n of preparer (other	nined this return, including accompa i than taxpayer of fiduciary) is based	nying schedules ar on all information	d statements, and to the best of my know of which preparer has any knowledge	rledge and belief,	ıt ıs true	·,
	Signature of officer or trustee	3	<u> </u>	Date	Title			
	Print/Type preparer's na	ame	Preparer's signature	174	Date Check if	rf PTIN		
Paid	J. BRIAN HI	LL	1 Dunt	146	S/Jy (self-employed	' N/A		
			MPANY PLAC	1	Firm's EIN ► N/			
Preparer	.		ODRUFF AVE.					
Use Only	Firm's address	IDAHO FALI			Phone no (2	208) 529-	9276	5
BAA					1	Form 9 9		
OAA						1 01111 3	7U-LL	12011

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2010

Name of the organization		Employer identification number
DAVID O. KINGSTON FOUNDATION,	INC.	20-4914701
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as 527 political organization	s a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a p 501(c)(3) taxable private foundation	private foundation
Check if your organization is covered by the Ge Note. Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule anization can check boxes for both the General Rule and	a Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II)	Z, or 990-PF that received, during the year, \$5,000 or mo	re (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and received	form 990 or 990-EZ, that met the 33-1/3% support test of d from any one contributor, during the year, a contribution VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts	n of the greater of (1) \$5,000 or
	ation filing Form 990 or 990-EZ, that received from any of for use <i>exclusively</i> for religious, charitable, scientific, linals Complete Parts I, II, and III	
contributions for use <i>exclusively</i> for religiou If this box is checked, enter here the total of	ation filing Form 990 or 990-EZ, that received from any one of the contributions did received from any of these contributions did recontributions that were received during the year for an expunites the General Rule applies to this organization because.	not aggregate to more than \$1,000 cclusively religious, charitable, etc,
religious, charitable, etc, contributions of \$5	5,000 or more during the year	► \$
990-PF) but it must answer 'No' on Part IV, line	y the General Rule and/or the Special Rules does not file e 2 of their Form 990, or check the box on line H of its Fi ig requirements of Schedule B (Form 990, 990-EZ, or 990	orm 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	ee the Instructions for Form 990, Sche	dule B (Form 990, 990-EZ, or 990-PF) (2010

	B (Form 990, 990-EZ, or 990-PF) (2010)	Ę.	Page 1	of 1 of Part	1
Name of org	O. KINGSTON FOUNDATION, INC.		1 '	1 1 4 7 0 1	
Part !	Contributors (see instructions)		120 11		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contribution	
1	DAVID KINGSTON 5250 SOUTH RAINBOW UNIT #2109	 \$10	0,000.	Person X Payroll Noncash	
	LAS VEGAS, NV 89118			(Complete Part II if ther is a noncash contribution	re n)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contribution	
2	KINGSTON PROPERTIES			Person X Payroll	
	477 SHOUP AVE, STE 207	\$40	0,000.	Noncash (Complete Part II if ther	
	IDAHO FALLS, ID 83402			is a noncash contribution	n)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	te ons	(d) Type of contribution	
3	BAUCHMAN-KINGSTON ENERGY GROUP INC.		'	Person X Payroll	
	477 SHOUP AVE, STE 207	\$12	2 <u>,000</u> .	Noncash	
	IDAHO_FALLS, ID_83402			(Complete Part II if ther is a noncash contribution	re n)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contributi	ite ions	(d) Type of contribution	
4	KINGSTON & ASSOCIATES MARKETING			Person X	
	477 SHOUP AVE, STE 207	\$2	0 <u>,000.</u>	Payroll Noncash	
	IDAHO_FALLS, ID_83402	-		(Complete Part II if their is a noncash contribution	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contribut	ite ions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II if the is a noncash contribution	re in)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggrega contribut	ate ions	(d) Type of contribution	
		\$		Person Payroll Noncash (Complete Part II if the is a noncash contribution	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

	3 (Form 990, 990-EZ, or 990-PF) (2010)	Pag		of	
lame of orgai	D. KINGSTON FOUNDATION, INC.			yer ideni 4914	tification number 7∩1
	Noncash Property (see instructions)		120_	1011	702
(a) No. from Part I	(b) Description of noncash property given	FM\ (see	(c) / (or estima e instruction	te) 15)	(d) Date received
	N/A				
		\$	<u>-</u>		
(a) No. from Part I	(b) Description of noncash property given	FM\(sec	(c) V (or estima e instruction	te) 1s)	(d) Date received
		\$			
(a) No. from Part i	(b) Description of noncash property given	FM\(se	(c) V (or estima e instruction	ite) ns)	(d) Date received
		\$			
(a) No. from Part I	(b) Description of noncash property given	FM'	(c) V (or estima e instruction	ite) ns)	(d) Date received
		_			
		\$			
(a) No. from Part I	(b) Description of noncash property given	FM (se	(c) V (or estima e instructio	nte) ns)	(d) Date received
		 \$			
		4			

BAA

(a) No. from Part I

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

(d) Date received

(c) FMV (or estimate) (see instructions)

(b) Description of noncash property given

Schedule B	3 (Form 990, 990-EZ, or 990-PF) (2010)		Page 1	of 1	of Part III
Name of organ				Employer identificatio	n number
). KINGSTON FOUNDATION, INC.			20-4914701	
Part III	Exclusively religious, charitable, et	c, individual contribution	ns to section 501(c)(7), (8), or (10)	
	organizations aggregating more the	an \$1,000 for the year.Cor	mplete cols (a) through	(e) and the following	line entry
	For organizations completing Part III, enter to contributions of \$1,000 or less for the year	otal of <i>exclusively</i> religious, ch (Enter this information once So	aritable, etc, ee instructions)	► \$	N/A
(a)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift	Des	scription of how gift	is held
,	N/A				
				<u> </u>	
		(-)			
		(e) Transfer of gift			
	Transferee's name, address		Relationship o	of transferor to transf	feree
			 		
(a)	(b)	(c)		(d)	
No. from	Purpose of gift	Use of gift	Des	scription of how gift	is held
Part I					
					
		(e)			
	Transferee's name, address	Transfer of gift	Relationship o	of transferor to trans	feree
	Transieree's name, address	5, una 211 1 4	- Netationship C	Transferor to trans	
				•	
(a) No. from	(b)	(c)	Do.	(d)	ادادها د:
Part I	Purpose of gift	Use of gift	De	scription of how gift	is neid
	<u></u>	(e)			
		Transfer of gift			
	Transferee's name, address	s, and ZIP + 4	Relationship o	of transferor to trans	feree
	\				
(a)	(b)	(c)		(d)	
No. from	Purpose of gift	Use of gift	De	scription of how gift	is held
Part I					
	 				

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

$\Delta \Omega$	4	Ω
ZU	-	u

FEDERAL STATEMENTS

PAGE 1

DAVID O. KINGSTON FOUNDATION, INC.

20-4914701

STATEMENT 1 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

(A)	(B) NET INVESTMENT INCOME	(C)	(D)
EXPENSES		ADJUSTED	CHARITABLE
<u>PER_BOOKS</u>		NET INCOME	PURPOSES
\$ 1,548. TOTAL \$ 1,548.	\$ 0.	\$ 0.	\$ 1,548. \$ 1,548.

STATEMENT 2 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE <u>PURPOSES</u>
BANK CHARGES DUES FEES INSURANCE MISCELLANEOUS POSTAGE PRINTING SUPPLIES TELEPHONE	\$ 859. 223. 60. 1,994. 1,494. 404. 282. 203. 552. TOTAL \$ 6,071.		\$ 0.	\$ 859. 223. 60. 1,994. 1,494. 404. 282. 203. 552. \$ 6,071.

STATEMENT 3 FORM 990-PF, PART II, LINE 15 OTHER ASSETS

STATEMENT 4
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

NAME OF SUBSTANTIAL CONTRIBUTOR	ADDRESS OF SUBSTANTIAL CONTRIBUTOR
KINGSTON PROPERTIES LP	477 SHOUP AVE SUITE 207 IDAHO FALLS, ID 83402
KINGSTON & ASSOCIATES MARKETING LLC	477 SHOUP AVE, STE 207

2010

FEDERAL STATEMENTS

PAGE 2

DAVID O. KINGSTON FOUNDATION, INC.

20-4914701

STATEMENT 4 (CONTINUED)
FORM 990-PF, PART VII-A, LINE 10
SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR

BAUCHMAN-KINGSTON ENERGY GROUP INC

477 SHOUP AVE, STE 207 IDAHO FALLS, ID 83402

STATEMENT 5 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

DAVID O KINGSTON

CARE OF:

STREET ADDRESS:

477 SHOUP AVE STE 207

CITY, STATE, ZIP CODE:

IDAHO FALLS, ID 83402 208-522-2365

TELEPHONE:

FORM AND CONTENT: GRANT AP

GRANT APPLICATION COVERSHEET; A DESCRIPTION OF THE PROJECT; AN ITEMIZED PROJECT BUDGET SHOWING HOW MAJOR EXPENSES ARE ESTIMATED AND HOW FOUNDATION FUNDS ARE TO BE SPENT; DESCRIPTION OF THE ORGANIZATION REQUESTING FUNDS; LIST OF THE BOARD OF DIRECTORS; ORGANIZATIONS FINANCIAL STATEMENT; INFORMATION ABOUT THE ORGANIZATION'S FINANCIAL SUPPORT FOR THE INDIVIDUAL PROJECT; COPY OF IRS TAX EXEMPT LETTER; AND LETTER OF ENDORSEMENT FROM PERSON AUTHORIZED

TO RECEIVE FUNDS.

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

N/A N/A

STATEMENT 6 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
QUEST TO CURE SICKLE CELL FDN, INC 519 E THOMAS ROAD PHOENIX, AZ 85012	NONE	EXEMPT	IMPROVE CHILDREN'S QUALITY OF LIFE	\$ 17,000.
JOE FOSS INSTITUTE 14415 N 73RD STREET #109 SCOTTSDALE, AZ 82260	NONE	EXEMPT	EDUCATE PEOPLE ABOUT THE US	7,500.
IDAHO FALLS ARTS COUNCIL 498 A STREET IDAHO FALLS, ID 83402	NONE	EXEMPT	TO PROMOTE CULTURAL ARTS IN THE REGION	500.

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FEDERAL STATEMENTS

PAGE 3

DAVID O. KINGSTON FOUNDATION, INC.

20-4914701

STATEMENT 6 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
IDAHO FALLS HISTORIC DOWNTOWN 450 B STREET IDAHO FALLS, ID 83402	NONE	EXEMPT	TO HELP SPONSOR A BIKE RACE TO HELP DOWN TOWN	\$ 150.
FAMILY CARE FOUNDATION PO BOX 1039 SPRING VALLEY, CA 91979	NONE	EXEMPT	TO PROVIDE HUMANITARIAN SERVICES IN DEVELOPING NATIONS, MAKE GRANTS AND PROVIDE TRAINING FOR GRASSROOTS ORGANIZATIONS IN THE DEVELOPING WORLD.	10,535.
GOLD RIVER HAWKS PO BOX 1152 GOLD RIVER, VCP1GO CANADA	NONE	EXEMPT	TO HELP SPONSOR A YOUTH SOFTBALL TEAM THAT PROMOTES TEAM COMPETITION AND SPORTSMANSHIP.	12,000.
MISCELLANEOUS INDIVIDUALS N/A	NONE	NONE	TO PROVIDE FOOD AND OTHER ESSENTIALS TO INDIVIDUALS.	4,847.
SNAKE RIVER ANIMAL SHELTER PO BOX 51741 IDAHO FALLS, ID 83405	NONE	EXEMPT	TO SAVE ANIMALS LIVES BY PROMOTING QUALITY CARE AND COMPASSION AND BUILDING A SHELTER THAT WILL SERVE THE UPPER SNAKE RIVER VALLEY.	225.
CARMELITAS MISIONERAS VIA DEL CASALETTO, 115 ROME, 00151 ITALY	NONE	EXEMPT	THE FOSTER STRENGTH AND HELP TO OTHERS THROUGH THE GOSPEL OF CHRIST.	600.
			TOTAL	\$ 53,357.

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part ton page 2 of this Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously



OMB No 1545 1709

Form 8868 (Rev. 1-2011)

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the

electronic fi	iling of this form, visitwww irs.gov/efile and click of	on e-file for	Charities & Nonprofits	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	011 410
Ranill A	Automatic 3-Month Extension of Time.	Only subr	nit original (no copies needed).		
A corporation	on required to file Form 990-T and requesting an	automatic 6	-month extension- check this box and co	mplete Part I only	▶
All other co income tax	rporations (including 1120-C filers), partnerships, returns.	REMICS, a	nd trusts must use Form 7004 to reques	! an extension of tin	ne to file
	Name of exempt organization			Employer identification	number
Type or					
print	DAVID O. KINGSTON FOUNDATION,	INC.		20-4914701	
File by the due date for	Number, street, and room or suite number. If a PO box, see in	nstructions			
iling your eturn See	477 SHOUP AVENUE				
instructions	City, town or post office, state, and ZIP code. For a foreign add	iress, see instru	uctions		
	IDAHO FALLS, ID 83402				
	Return code for the return that this application is fo	or (file a sep	parate application for each return)		04
Application	1	Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-E	BL	02	Form 1041-A		08
Form 990-E	Z	03	Form 4720		09
Form <u>990-F</u>	PF	04	Form 5227		10
Form <u>990-</u> T	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form <u>9</u> 90-1	(trust other than above)	06	Form 8870		12
If the or If this is check to the extension of the extens	rganization does not have an office or place of but is for a Group Return, enter the organization's four his box. If it is for part of the group, checkension is for. Lest an automatic 3-month (6 months for a corporate an automatic 3-month), to file the exempt or extension is for the organization's return for:	r digit Group ck this box ation require	De United States, check this box De Exemption Number (GEN) De I and attach a list with the names a led to file Form 990-T) extension of time	and EINs of all mem	
▶	tax year beginning, 20	, and endi	ng , 20 .		
2 If the	tax year entered in line 1 is for less than 12 mon			nal return	
	s application is for Form 990-BL, 990-PF, 990-T, 4 efundable credits. See instructions	720, or 606	9, enter the tentative tax, less any	3a \$	0.
	s application is for Form 990-PF, 990-T, 4720, or flents made. Include any prior year overpayment a			3b \$	0.
c Balar EFTP	nce due.Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	ir payment v instructions	with this form, if required, by using s.	3.c \$	0.
Caution. If	you are going to make an electronic fund withdra	wal with the	s Form 8868, see Form 8453-EO and Fo	rm 8879-EO for	

BAA For Paperwork Reduction Act Notice, see Instructions.

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• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part and check this box					► X
Note. Only	complete Part II if you have already been granted	an automa	tic 3-month extension on a previously	fled Form 8868	7
	re filing for an Automatic 3-Month Extension, con			CODV	
'Part' III	Additional (Not Automatic) 3-Month Exte	ension of	Time. Only file the original (n	o conje relided	
	Name of exempt organization		E	mp oyer identification number	· _
Type or print	DATATO O MINICEMON COUNTACTON I	INC		0 4014701	
	DAVID O. KINGSTON FOUNDATION, INC. Number, street, and room or suite number. If a P.O. box, see instructions			0-4914701	
File by the extended due date for filing the					
	RUDD & COMPANY PLLC 725 S. WOODRUFF AVE.				
return See	City, town or post office, state, and ZIP code For a foreign address, see instructions				
	IDAHO FALLS, ID 83401				
Enter the F	Return code for the return that this application is fo	or (file a sep	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990		01	BENEVICE STREET		
Form 990-BL		02	Form 1041-A		08
Form 990-EZ		03	Form 4720		09
Form 990-PF		04	Form 5227		10
Form 990-T (section 401(a) or 408(a) trust)		05	Form 6069		11
Form 990-T (trust other than above)		06	Form 8870		12
	not complete Part II if you were not already grant	ed an autor	natic 3-month extension on a previou	ısly filed Form 8868.	
	oks are in care of ► <u>JANAE_KINGSTON</u> one No. ► 208-522-2365	FAX No.			
	organization does not have an office or place of bu				► □
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the					
			ck this box► and attach a list with		
_	the extension is for	5			,
	uest an additional 3-month extension of time until	11/15	, 20 11		
5 For calendar year 2010, or other tax year beginning , 20, and ending , 20.					
5 For calendar year 2010, or other tax year beginning, 20, and ending, 20 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
	Change in accounting period				
7 State in detail why you need the extension TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO					
GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.					0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868					0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions					0.
			d Verification		
Under penalti-	es of perjury, I declare that I have examined this form, including accomplete, and that I am authorized to prepare this form	companying sch	edules and statements, and to the best of my know	wledge and belief, it is true,	
Signature >	· (Luni Stran Zolling on Title >	OP,	4	Date ► 8 · [[· [[
BAA		FIFZ0502L	11/15/10	Form 8868 (Rev 1-2011)