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Form 990-PF

Department of the Treasury

Return of Private Foundation

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

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

2010

OMB No 1545-0052

Internal Revenue Service For calendar year 2010, or tax year beginning and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer identification number JKS FOUNDATION JKS FAMILY FOUNDATION 26-3948638 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 5741 RIDGE CREEK ROAD 801-268-4331 City or town, state, and ZIP code C If exemption application is pending, check here D 1. Foreign organizations, check here MURRAY, UT Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization: x Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: x Accrual under section 507(b)(1)(A), check here (from Part II, col (c), line 16) Other (specify) If the foundation is in a 60-month termination 005 228 (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part | Analysis of Revenue and Expenses (a) Revenue and (d) Disbursements for charitable purposes (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) Contributions, gifts, grants, etc., received 6,221 N/A Check Inf the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 413 413 STATEMENT1 4 Dividends and interest from securities 3,170 3,170 STATEMENT 2 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 1,105 1,105. 7 Capital gain net income (from Part IV, line 2) 1,105 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total Add lines 1 through 11 10 909 4.688 13 Compensation of officers, directors, trustees, etc 0 0 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 3 2,432 0 1,000 **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings Ø 2011 U Printing and publications 22 23 Other expenses ď STMT 4 247 222. 24 Total operating and administrative expenses. Add lines 13 through 23 2,679 25 1,222. Contributions, gifts, grants paid 50,000 50 000 26 Total expenses and disbursements Add lines 24 and 25 52 679 51,222 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements -41 770 b Net investment income (if negative, enter -0-) 4,663 C Adjusted net income (if negative, enter -0-) N/A

JKS	PAMILY	FOUNDATION

Page 2 26-3948638 Part II Balance Sheets Attached schedules and amounts in the description Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-intérest-bearing 2 Savings and temporary cash investments 1,000,000, 470,011 470 011 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 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations **b** Investments - corporate stock STMT 5 354,725 402,833. c Investments - corporate bonds STMT 6 120,824 119,596, 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other STMT 7 12,670 12,788. 14 Land, buildings, and equipment: basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers) 958,230, 1,005,228 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 þ 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds Net 30 Total net assets or fund balances 1,000,000 958,230 31 Total liabilities and net assets/fund balances 1 000 000 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1,000,000. 2 Enter amount from Part I, line 27a -41.770. 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 958 230. Decreases not included in line 2 (itemize) 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 958 230.

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Page 3

	be the kind(s) of property sold (e. ehouse; or common stock, 200 st			1 1	How acquired - Purchase - Donation	(c) Date a	acquired ay, yr.)	(d) Date solo (mo., day, yr
a CAPITAL GAINS DIVIDEND	S							
b								
c				<u> </u>			_	
d								
<u>e</u>								
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(h) Ga (e) plus	(mo., day, yr.) (mo., day, yr.	g)
1,105.								1,:
							<u> </u>	
1		 						
	gain in column (h) and owned by	the foundation	n on 12/31/69			(I) Coine (C	ol (b) goin	— — — — — — — — — — — — — — — — — — —
Complete only for absets showing	(j) Adjusted basis		cess of col. (i)	_	C	ol. (k), but n	oi. (11) yaiii 1 iot less than	11111148 1 -0-) o r
(i) F M.V. as of 12/31/69	as of 12/31/69		col (j), if any	- 1		Losses	(from col. (I	1))
1								
)		 				<u> </u>		1,:
)					-		_	
1							_	
		 			·		_	
<u> </u>			_	\neg				
Capital gain net income or (net cap	If gain, also ente (If (loss), enter -(er in Part I, line	7		2			
	`		. 7	기				1,1
Net short-term capital gain or (loss		ınd (6):		ا ر				
If gain, also enter in Part I, line 8, o	olumn (c).			 				
If (loss), enter -0- in Part I, line 8 Part V Qualification Ur	der Section 4940(e) for	r Reduced	Tay on Net	l Inv	estment in	come	N/A	
or optional use by domestic private							_	
or optional use by domestic private	oundations subject to the section	4940(a) tax 01	i ilet mvestillent i	псотпе	:-)			N/A
section 4940(d)(2) applies, leave th	s part blank.							
as the foundation liable for the east	on 4040 toy on the distributeble as	maunt of anusu	aar in the base se	ad				
as the foundation liable for the secti "Yes," the foundati <u>on d</u> oes not quali		, ,	•	riouz				Yes
Enter the appropriate amount in e								
		Tuotions below	making any char					(d)
Base period years	(b) Adjusted qualifying dis	strihiitions	Net value of no	(c) nchar	ıtable-use asse	te /	Distribi	ution ratio
Calendar year (or tax year beginnin	j III)		1401 14140 07 110	71101141	Table ase asse	(נטו (ט) מועו	ded by cor (c))
2009						-		
2008							_	
2007								
2006								
2005								
Total of line 1, column (d)						2	-	
Average distribution ratio for the 5		on line 2 by 5,	or by the number	of ye	ars			
the foundation has been in existen	e if less than 5 years					3		
Enter the net value of noncharitable	-use assets for 2010 from Part X,	, line 5				4		
Multiply line 4 by line 3						5		
Enter 1% of net investment income	(1% of Part I, line 27b)					6		
Add lines 5 and 6						7		
						'		
Enter qualifying distributions from	Part XII line 4					م ا		
• • •						[0]		
8 Enter qualifying distributions from If line 8 is equal to or greater than See the Part VI instructions.		e 1b, and comp	olete that part usin	ng a 1%	% tax rate	8		

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8b

10

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

of each state as required by General Instruction G? If "No," attach explanation

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)

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

P	urt VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of		Γ	[
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12	ĺ	x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	х	
	Website address ► N/A			
14	The books are in care of ► JOSEPH SORENSON Telephone no. ►801-268-4	1331		
	Located at ► 5471 RIDGE CREEK ROAD, MURRAY, UT ZIP+4 ►84:			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		x
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of	ł		
_	the foreign country			
Pa	rt 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
1a	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?	1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(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]	
	(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 x No			
	(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 x No	}		
U	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	4.		
	Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	_1b		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2010?	10	'	х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			Α
	defined in section 4942(j)(3) or 4942(j)(5)):			
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?			
	If "Yes," list the years >,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section $4942(a)(2)$ (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1		
	Form 4720, to determine if the foundation had excess business holdings in 2010) N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a_		X
D	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4.		
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	<u> 4b</u> ո 990	_DE /	X 2010)
	FOR	11 220	-rr(ZU IU)

JKS FOUNDATION					
Form 990-PF (2010) JKS FAMILY FOUNDATION	Farm 4700 March B	3	26-3948638	<u>Pa</u>	ge 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	requirea (contin	nued)		 1
5a During the year did the foundation pay or incur any amount to:	404E(-)\B	<u> </u>			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section (3)). Influence the buttons of any execution while closely of control (405).	• * * * * * * * * * * * * * * * * * * *		es 🗓 No		
(2) Influence the butcome of any specific public election (see section 4955);	or to carry on, directly or indire				
any voter registration drive?	0		es x No		1
(3) Provide a grant to an individual for travel, study, or other similar purposit		Y6	es 🛌 No		,
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section	[
509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literar	v or advectional purposes or t		es 🗷 No		
the prevention of cruelty to children or animals?	y, or educational purposes, or i		es 🗴 No		
•	ndar the exceptions described		es LX_INU		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u section 53.4945 or in a current notice regarding disaster assistance (see inst		in n e gulations	77/7	5b	
Organizations relying on a current notice regarding disaster assistance check	•		N/A,	00	—
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ined			
expenditure responsibility for the grant?		/A Y	es No		
If "Yes," attach the statement required by Regulations section 53 49		(44			
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	• •				
a personal benefit contract?	o pay promiumo on	ΠY	es 🗴 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es 🗴 No		
b If "Yes," did the foundation receive any proceeds or have any net income attri			N/A	7b	
Part VIII Information About Officers, Directors, Trus	tees, Foundation Ma	nagers, Highl	у		
Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their	r compensation				
List all officers, directors, trustees, foundation managers and the		(c) Compensation	(d) Contributions to	(e) Exper	
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, o	ther
	to position	enter -0-)	compensation	allowanc	es_
	\dashv				•
SEE STATEMENT 8		0.	0.		0.
					
					
· 					
		1			
		1			
2 Compensation of five highest-paid employees (other than those in	ncluded on line 1). If none,	enter "NONE."			_
(a) Name and addrage of each amplayed had mare than \$50,000	(b) Title, and average	(a) Companyation	(d) Contributions to employee benefit plans and deferred	(e) Exper	ise
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	and deferred compensation	(e) Exper account, o allowanc	es
NONE					

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

Part VIII Information About Officers, Directors, Trustees, Foundary Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five highest-paid independent contractors for professional services. 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 number of organizations and other beneficiaries served, conferences convened, research paper	statistical information such as the sproduced, etc.	Expenses
1 N/A		
2		
3		
<u> </u>		
4		
Port IV P O (P P I I I I I I I I I I I I I I I I I		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax years.	par on lines 1 and 2	Amount
1 N/A	sai on intes Tand 2.	Amount
I M/A		
		•
2		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	•	0
		5 000 DE (0040)

4940(e) reduction of tax in those years.

Forn	1990-PF (2010) JKS FAMILY FOUNDATION	<u> 26-3948638</u>	Page 8
Pa	IT X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	oundations, see instruct	ions.)
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	1a	475,000,
b	Average of monthly cash balances	1b	470,000.
C	Fair market value of all other assets	10	0.
đ	Total (add lines 1a, b, and c)	1d	945.000
е	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	945,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	14 175
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	930,825,
6	Minimum investment return Enter 5% of line 5	6	46 541
	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	and certain	
1	Minimum investment return from Part X, line 6	1	46,541,
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	46,541,
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	46,541,
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	46,541.
Pa	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	51,222.
b	Program-related investments - total from Part IX-B	1b	0.
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)	3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	51,222.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ncome Enter 1% of Part I, line 27b	_ 5	
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	51,222,
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	n qualifies for the section	

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				
line 7				46,541,
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			0,	
b Total for prior years:				
,,		0,		
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	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ► \$51_222_				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	····	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				46,541.
e Remaining amount distributed out of corpus	4,681,			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0,
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	4.681.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.		·	0.	
f Undistributed income for 2010. Subtract			•	
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0,			
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0,	<u> </u>		
9 Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a	4,681.			
10 Analysis of line 9:				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010 4 681.			<u> </u>	5 000 DE (00.10)

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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 Recipient Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year FREEDOM FOUNDATION VALLEY NONE CHECK GENERAL CONTRIBUTION 5,000. AND MISSON OF FORGE RECEIVED ORGANIZATION 1601 VALLEY FORGE ROAD AND CASHED VALLEY FORGE, PA 19482 MAKE-A-WISH FOUNDATION NONE CHECK GENERAL CONTRIBUTION 5,000. 771 EAST WINCHESTER RECEIVED AND MISSON OF AND CASHED ORGANIZATION MURRAY, UT 84107 THARCE-GULU NONE CHECK GENERAL CONTRIBUTION 25,000. 16 HIGHLAND PARK NEWTON RECEIVED AND MISSON OF MA 02460 AND CASHED ORGANIZATION KUED NONE CHECK GENERAL CONTRIBUTION 5,000. 101 SOUTH WASATCH DRIVE RECEIVED AND MISSON OF AND CASHED ORGANIZATION SALT LAKE CITY, UT 84112 ORPHANAGE SUPPORT NONE CHECK GENERAL CONTRIBUTION 5,000. SERVICES ORG RECEIVED AND MISSON OF AND CASHED ORGANIZATION PO BOX 345 REXBERG, ID 83440 GENERAL CONTRIBUTION 5,000. PEOPLE TO PEOPLE NONE CHECK AND MISSON OF RECEIVED INTERNATIONAL AND CASHED ORGANIZATION 911 MAIN STREET, SUITE 2100 KANSAS CITY, MO ➤ 3a Total 50,000. b Approved for future payment NONE ▶ 3b Total

Part XVI-A Analysis of Income-Producing Activities

JKS FAMILY FOUNDATION

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
a	Coue		code			
b						
c						
d	-		1			
e						
f				-		
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash	-					
investments			14	413,		
4 Dividends and interest from securities			14	3,170,		
5 Net rental income or (loss) from real estate:				3,170,		
a Debt-financed property						
b Not debt-financed property			1			
6 Net rental income or (loss) from personal						
property						
7 Other investment income						
8 Gain or (loss) from sales of assets other						
than inventory			14	1,105.		
9 Net income or (loss) from special events	-		14	1,103.	<u> </u>	
O Gross profit or (loss) from sales of inventory			 			
1 Other revenue:						
a b					·	
d		-			 ·	
e		· .			-	
2 Subtotal. Add columns (b), (d), and (e)		0.		4.688.	0.	
3 Total Add line 12, columns (b), (d), and (e)				•	4 688.	
See worksheet in line 13 instructions to verify calculations)						
Part XVI-B Relationship of Activities to	the Acco	mplichment of Ex	omn	t Durnosos		
rait XVI-B Helationship of Activities to	I IIIE ACCC	mpusiment of Ex	cilib	t Fulposes		
Line No Explain below how each activity for which incom	ne is reported i	n column (e) of Part XVI-A	contril	outed importantly to the accord	iplishment of	
the foundation's exempt purposes (other than b						
		· 				
					-	

Part)				and Transaction	ns an	nd Relation		948638 Incharitable		ige 13
	the organization directly or ind Code (other than section 501(o	irectly engage in any					ction 501(c) of		Yes	No
	nsfers from the reporting found				J					
(1)	Cash							1a(1)		х
(2)	Other assets							1a(2)		х
	er transactions:									
	Sales of assets to a noncharita							<u>1b(1)</u>	1 1	х
	Purchases of assets from a no		organization					1b(2)	-	х
	Rental of facilities, equipment,							1b(3)		Х
٠,	Reimbursement arrangements Loans or loan guarantees	,						1b(4)		Х
	Performance of services or ma	emhershin or fundr:	neina colicitatio	nne				1b(5) 1b(6)		<u>X</u>
	ring of facilities, equipment, ma							10(0)		x
d If th or s colu	e answer to any of the above is ervices given by the reporting t imn (d) the value of the goods,	s "Yes," complete the foundation. If the for other assets, or ser	following sche undation receiv vices received.	edule. Column (b) show ed less than fair marke		ın any transactıd	on or sharing arrange	goods, other as ement, show in		
(a) Line no	(b) Amount involved	(c) Name (e exempt organization		(u) Descripti	on of transfers, transacti	ons, and sharing ar	rangeme	nts
			N/A	 						
							*			
								_		
								· · · ·		
				=						
				-						
		-								
								_		
							-	-		
			-						_	
	-									
ın sı	\ ne foundation directly or indirectly or	er than section 501(d		tion 527?		tions described	-	Yes	X] No
	(a) Name of org	janization		(b) Type of organizat	tion		(c) Description of r	elationship		
	N/A						<u></u>			
					-					
		· · · · · · · · · · · · · · · · · · ·							_	
Sign	Under penalties of perjury, I declar and complete Declaration of prepared	e that I have examined	this return, includ r or fiduciary) is ba	I ing accompanying schedul ased on all information of v	les and si	latements, and to to	the best of my knowledg	e and belief, it is tri	ue, correc	ot,
Here	1 46HM/	STANA		5/	2//	'// 🕨 <u>T</u> I	REASURER			
	Signature of officer or tri	·	Tp .	Da <u>y</u> é	· /		Title	D.T.W.		
	(Print/Type preparer's n	ame	Preparer's s	ignature	D	ate	Check if self- employed	PTIN		
Paid	KELLY PURSER		\perp KU	uglo	05	5/18/11			_	
Prepa Use C	Am la c	ASSOCIATES, :		(00	_		Firm's EIN ►			

Form **990-PF** (2010)

801-328-4408

Phone no

50 WEST BROADWAY, SUITE 600

Firm's address > SALT LAKE CITY, UT 84101

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

Name of the organization	on	Employer identification number
1	JKS FOUNDATION	
		26-3948638
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	ganization type (check one) ers of: Section: m 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 600 etck if your organization is covered by the General Rule or a Special Rule. 600 etc. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule 701 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more contributor. Complete Parts I and II 802 etcal Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 509(a)(1) and 170(b)(1)(A)(v), and received from any one contributor, during the year, a contribution of the amount on (i) Form 990, Part VIII, line 1 hor (ii) Form 990-EZ, line 1 Complete Parts I and II 603 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, lit the prevention of cruefly to children or animals Complete Parts I, II, and III 604 For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions of it it is box is checked, enter here the total contributions that were received during the year for an expurpose Do not complete any of the parts unless the General Rule applies to this organization becreligious, charitable, etc., contributions of \$5,000 or more during the year 604 United Parts 1 and II	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	x 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	n is covered by the General Pule or a Special Pule	
	·	Rule See instructions
General Rule		
		money or property) from any one
Special Rules		
509(a)(1) and 17	70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the	
aggregate conti	ributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literar	
contributions fo If this box is che purpose Do no	r use <i>exclusively</i> for religious, charitable, etc., purposes, but these contributions did not ecked, enter here the total contributions that were received during the year for an <i>exclus</i> t complete any of the parts unless the General Rule applies to this organization becaus	aggregate to more than \$1,000 ively religious, charitable, etc.
but it must answer "No"	on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on lin	•
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedul	e B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule B (F	Form 990, 990-EZ, or 990-PF) (2010)		Page 1 of 1 of Part I
Name of or		Emp	loyer identification number
JKS FOUR			
	ILY FOUNDATION		26-3948638
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JOSEPH SORENSON		Person x Payroll
1	5741 RIDGE CREEK ROAD	\$6,221	1
	MURRAY, UT 84107		(Complete Part II if there is a noncash contribution)
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
No. (a)		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Pavroll

(a)

No.

Person Payroll Noncash

(c)

Aggregate contributions

Noncash

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

\$

(b)

Name, address, and ZIP + 4

of Part II

Name of organization

JKS FOUNDATION

Employer identification number

JKS FAMILY FOUNDATION 26-3948638 Noncash Property (see instructions) (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY (CASH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
BNY ACCOUNTS							413.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				413.
FORM 990-PF DIVIDEN	DS ANI	INTER	EST FROI	M SECUI	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT)
BNY ACCOUNTS			4,275		1,105.	3,	170.
TOTAL TO FM 990-PF, PART I,	LN 4		4,275	· -	1,105.	3,	170.
FORM 990-PF		LEGAL	FEES			STATEMENT	3
DESCRIPTION	EXPE		NET IN		ADJUSTED	(D) CHARITA E PURPOS	
LEGAL FEES		2,432.	_	0.		1,	000.
TO FM 990-PF, PG 1, LN 16A		2,432.		0.		1,	000.
FORM 990-PF	C	THER E	XPENSES			STATEMENT	4
DESCRIPTION	EXPE	A) INSES BOOKS	(B NET IN MENT II	JEST-	(C) ADJUSTED NET INCOM		
BANK FEES SUPPLIES		25. 222.		25. 0.			0. 222.
TO FORM 990-PF, PG 1, LN 23		247.		25.			222.

FORM 990-PF	CORPORATE STOCK		STATEMENT !	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE 402,833.	
BNY- INVETMENT ACCOUNT		354,725.		
TOTAL TO FORM 990-PF, PART II,	LINE 10B	354,725.		
FORM 990-PF	CORPORATE BONDS		STATEMENT (
DESCRIPTION		FAIR MARKET BOOK VALUE VALUE		
BNY- INVETMENT ACCOUNT		120,824.	119,596	
TOTAL TO FORM 990-PF, PART II,	LINE 10C	120,824.	119,596.	
FORM 990-PF	OTHER INVESTMENTS		STATEMENT '	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
BNY- ISHARES S&P	FMV	12,670.	12,788	
TOTAL TO FORM 990-PF, PART II,	LINE 13	12,670.	12,788	

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
JOSEPH SORENSON 5741 RIDGE CREEK RD. MURRAY, UT 84107	0.00	0.	0.	0.
KATHLEEN SORENSON 5741 RIDGE CREEK RD. MURRAY, UT 84107	0.00	0.	0.	0.
HOLLY GRIERSON 5741 RIDGE CREEK RD. MURRAY, UT 84107	0.00	0.	0.	0.
HEATHER S BAUGH 5741 RIDGE CREEK RD. MURRAY, UT 84107	0.00	0.	0.	0.
JASON SORENSON 5741 RIDGE CREEK RD. MURRAY, UT 84107	0.00	0.	0.	0.
JESSICA SORENSON 5741 RIDGE CREEK RD. MURRAY, UT 84107	0.00	0.	0.	0.
KATELYN SORENSON 5741 RIDGE CREEK RD. MURRAY, UT 84107	0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.
	PART XV - LINE 1A OF FOUNDATION MANAGE	ers	STATI	EMENT 9

NAME OF MANAGER

JOSEPH SORENSON KATHLEEN SORENSON

FORM 990-PF PART XV - LINE 1B STATEMENT 10
LIST OF FOUNDATION MANAGERS

NAME OF MANAGER

HOLLY GRIERSON HEATHER S BAUGH JASON SORENSON JESSICA SORENSON KATELYN SORENSON

Form **8868** (Rev January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

► File a separate application for each return.

OMB No 1545 1709

Form 8868 (Rev 1 2011)

▶ x

• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).					
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868				
Electro	nic filing (e-file). You can electronically file Form 8868 if	ou need a	a 3-month automatic extension of time t	o file (6	6 months for a corpo	oration			
	to file Form 990-T), or an additional (not automatic) 3-mol								
	to file any of the forms listed in Part I or Part II with the exc				· ·				
	al Benefit Contracts, which must be sent to the IRS in pap								
	w irs gov/efile and click on e-file for Charities & Nonprofits		(- · · · · · · · · · · · · · · · · · · ·	,			
Part			bmit original (no copies needed)						
A corpo	ration required to file Form 990-T and requesting an autor			nolete					
Part I or				1	•				
	, corporations (including 1120-C filers), partnerships, REM	IICs and t	rusts must use Form 7004 to request ar	exter	ision of time				
	come tax returns	, oo, a,,a		0,110,1					
Type or	Name of exempt organization Employer identification								
print	JKS FOUNDATION				,				
P	JKS FAMILY FOUNDATION 26-3948638				5-3948638				
File by the due date for	e Name at a standard and a standard								
filing your	5741 RIDGE CREEK ROAD								
return See		reian add	ress see instructions	-					
	MURRAY UT 84107	oroigir ada	roos, oos mondonons						
	MORRAL OI 04107								
Enter th	e Return code for the return that this application is for (file	a senara	te application for each return)			0 1			
Litter til	e rictain code for the retain that this application is for the	a sopara	te application for cach return			L <u>V I I</u>			
Applica	tion	Return	Application			Return			
Is For		Code	Is For			Code			
Form 99						07			
Form 99		02 Form 1041-A				08			
Form 99		03 Form 4720				09			
Form 99		04	Form 5227			10			
	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
	io-T (trust other than above)	06				12			
JOSEPH SORENSON									
• The h	books are in the care of 5471 RIDGE CREEK ROAD	MIIDDA	V 11m 9.4107						
	whone No ► 801-268-4331	- MUKKA	FAX No ▶ 801-268-4365		<u>-</u>				
	organization does not have an office or place of business	e in the Lin							
	s is for a Group Return, enter the organization's four digit		, , , , , , , , , , , , , , , , , , ,	e ie fo	r the whole group o	hack this			
box ►	If it is for part of the group, check this box	,			•				
	equest an automatic 3-month (6 months for a corporation				era trie exterision is	101			
• ''	·	· ·	tion return for the organization named a		The extension				
	for the organization's return for	i Organiza	norretain for the organization harned a	DOVC	THE EXICUSION				
	x calendar year 2010 or								
	tax year beginning	an	d ending						
	tax year beginning	, an	a criding		_				
2 If	the tay year entered in line 1 is for less than 12 months of	hock reas	on Initial return Fina	ıl retur	'n				
- "	If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period								
L	Change in accounting period								
20 If	this application is for Form 900 BL 900 DE 900 T 4790	or 6069 o	nter the tentative tay loss any						
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						•			
nonrefundable credits. See instructions. 3a \$						0.			
	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 3b \$ Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,			Φ .	0.				
				20	•	^			
	vusing EFTPS (Electronic Federal Tax Payment System)			3c	CO for pourment unit	0.			
vautior	. If you are going to make an electronic fund withdrawal v	vitti tiliS FC	Jim Good, See roim 0453-EU and Form	00/ Y-	LO IOI payment insti	uctions			

LHA For Paperwork Reduction Act Notice, see Instructions.