

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493319075083

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012 D Employer identification number B Check if applicable THE JEITO FOUNDATION Address change 41-2152824 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 1819 EAST SOUTHERN AVE NO B-10 Terminated (480)505-9500 \_\_\_\_\_Amended return City or town, state or country, and ZIP + 4 MESA. AZ 852045219 Application pending **G** Gross receipts \$ 1,705,506 Name and address of principal officer **H(a)** Is this a group return for DALE JONES ┌ Yes 🗸 No affiliates? 1819 EAST SOUTHERN AVE NO B-10 MESA, AZ 852045219 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **▽** 501(c)(3) **┌ H(c)** Group exemption number ▶ Website: ► N/A **L** Year of formation 2004 **M** State of legal domicile AZ Part I Summary Briefly describe the organization's mission or most significant activities SUPPORTED THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) 4 2 0 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 5 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -2,915  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b -2,727 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 410,298 33,000 0 Program service revenue (Part VIII, line 2g) . . 1,354,414 1,636,153 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -137,648 36,353 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1,627,064 1,705,506 500,000 13 500,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15** 0 0 **Expenses** 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 0$ 217,509 **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 311,812 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 717,509 811,812 18 19 Revenue less expenses Subtract line 18 from line 12 909,555 893,694 t Assets or id Balances **Beginning of Current End of Year** Year 25,188,705 20 Total assets (Part X, line 16) . 24,525,725 21 41,778 Total liabilities (Part X, line 26) . . 22,103 22 Net assets or fund balances Subtract line 21 from line 20 24,503,622 25,146,927 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2013-11-12 Signature of office Sign Here DALE JONES TRUSTEE Type or print name and title

Preparer's signature

Print/Type preparer's name BRENDA BLUNT

Firm's name ► EIDE BAILLY LLP

Firm's address ► 1850 N CENTRAL AVE SUITE 400

PHOENIX, AZ 850044527 May the IRS discuss this return with the preparer shown above? (see instructions)

Paid

Preparer

Use Only

Date 2013-11-12

Check

self-employed

Firm's EIN F 45-0250958

Phone no (602) 264-5844

P00075126

✓ Yes ☐ No

1990 (2012)				Page 2
		· ·		<u>·</u>
PRIMARY PURP JS CHRIST OF L	OSE OF THE ORGANIZATION ATTER-DAY SAINTS (HERE-AF			
the prior Form 9	990 or 990-EZ?		which were not listed on	┌ Yes ┌ No
If "Yes," describ	be these new services on Schedi	ile O		
services? .		significant changes in how it cond	ducts, any program	┌ Yes ┌ No
Describe the or expenses Sect	ganization's program service acc ion 501(c)(3) and 501(c)(4) org	anizations are required to report t		
			500,000 ) (Revenue \$ CHRIST OF LATTER-DAY SAINTS DURI	0 ) NG 2012, THE FOUNDATION
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
Other program	n services (Describe in Schedula	0.)		
(Expenses \$			) (Revenue \$	)
Total program	service expenses -	500,000		
	Check if Briefly describe PRIMARY PURP JS CHRIST OF L LIATED ORGAN  Did the organize the prior Form 9 If "Yes," describe Did the organize services? If "Yes," describe Describe the or expenses Sect the total expense  (Code THE JEITO FOUND AWARDED CASH of  (Code  (Code  (Code  (Code	Check if Schedule O contains a response  Check if Schedule O contains a response  Briefly describe the organization's mission  PRIMARY PURPOSE OF THE ORGANIZATION OF CHRIST OF LATTER-DAY SAINTS (HERE-AFTEIATED ORGANIZATIONS)  Did the organization undertake any significant puthe prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule Of Did the organization cease conducting, or make services?  If "Yes," describe these changes on Schedule Of Describe the organization's program service accexpenses Section 501(c)(3) and 501(c)(4) organization to total expenses, and revenue, if any, for each of the organization of the total expenses, and revenue, if any, for each of the JEITO FOUNDATION PROVIDED GRANTS TO SUPPORT AWARDED CASH CONTRIBUTIONS TOTALING \$500,000 TO (Code ) (Expenses \$ (Co	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission  PRIMARY PURPOSE OF THE ORGANIZATION IS TO SUPPORT AND BENEFIT, IS CHRIST OF LATTER-DAY SAINTS (HERE-AFTER "THE CHRUCH"), AND FIVE LIATED ORGANIZATIONS  Did the organization undertake any significant program services during the year vithe prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conservices?  If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 500,000 including grants of \$ THE JEITO FOUNDATION PROVIDED GRANTS TO SUPPORT AND BENEFIT THE CHURCH OF JESUS (AWARDED CASH CONTRIBUTIONS TOTALING \$500,000 TO THE CHURCH  (Code ) (Expenses \$ including grants of \$ including	Check if Schedule O contains a response to any question in this Part III

art IV	Checl	clist of	Required	Schedules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	Check if Schedule O contains a response to any question in this Part V		Yes	
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   9		163	''
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	_		
		1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		ľ
Ь				
	If "Yes," enter the name of the foreign country ▶			
_	Was the organization a party to a prohibited tay chalter transaction at any time during the tay year?	Fa		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
2	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than $$100,000$ , and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		١
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		ı
•	services provided to the payor?	7b		
2	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
i	file Form 8282?	7c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	]		
=	contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
ı	Sponsoring organizations maintaining donor advised funds.	8		
		0-		
a h	Did the organization make any taxable distributions under section 4966?	9a Ob		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
_	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	1		
	facilities  Continue FOI(a)(10) agraphical Foice			
_				
	Gross income from members or shareholders	-		
O	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	_		
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
ь	Enter the amount of reserves the organization is required to maintain by the states			
_	In which the organization is licensed to issue qualified health plans	-		
-	Did the organization receive any payments for indoor tanning services during the tax year?	] ]	 	 
		14a		1

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	a \
	the internal in the second sec	C V C//C	ic cou	e.)
			Yes	No No
10a	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes	No No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes	No No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes	No No No No No No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes	No No No No No No No

- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►KEVIN WOLFE 1819 EAST SOUTHERN AVE B-10 MESA, AZ (480) 505-9500

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's

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

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

▼ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		,						,		
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
(1) WILFORD A CARDON TRUSTEE	10	х						0	0	0
(2) WILFORD R CARDON	10	х						0	0	0
TRUSTEE (3) DEAN M DAVIES	10	х						0	0	0
TRUSTEE  (4) DALE JONES  TRUSTEE	10	х						0	0	0
TRUSTEE (5) DAVID MOORE TRUSTEE	10	х						0	0	0
										Form <b>990</b> (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	tion ( han d on is	one l both	box, an c r/trus	unless fficer stee)		(D) Reporta compens from t organizati 2/1099-1	able sation the on (W-	(E) Reportable compensation from related organizations (W 2/1099-MISC)	-   (	<b>(F)</b> Estima mount of compens from t	ted fother ation he
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2,2333	,	2,2000		relate organiza	ed l
												-		
												-		
								<u> </u>						
1b	Sub-Total				•			<b>•</b>						
c	Total from continuation sheet	•			•	•				0		0		0
d 	Total (add lines 1b and 1c) .  Total number of individuals (in							- N	ho received			<u> </u>		
_	\$100,000 of reportable compe						a abov	C) W	mo received	more ti	ian			
													Yes	No No
3	Did the organization list any fo					key	emplo	yee	, or highest	compen	sated employee			
_	on line 1a? If "Yes," complete S					•	•	•				3		No
4	For any individual listed on line organization and related organ													
_	individual		•		•	•		•				4		No
5	Did any person listed on line 1 services rendered to the organ											5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	ve highest comp											<b></b>	
	compensation from the organiz	zation Report co (A)	ompens	ation	tor	tne c	aienda	arye	ear ending w	ith or Wi	(B)	on's	tax year (C	
	N	lame and business	address							Des	cription of services		Comper	
												$\pm$		
												+		
												$\neg$		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

art VIII	Statement of Revenue Check if Schedule O contains a res	sponse to any question i	n this Part VIII .			
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
1a	Federated campaigns	1a				
<u>а</u> Б	Membership dues	1b				
,   E	Fundraising events	1c				
a   a	Related organizations	1d				
Σ≝  e	Government grants (contributions)	1e				
and Other Similar Amounts	All other contributions, gifts, grants, and similar amounts not included above	1f 33,000				
∯   g	Names de contributo no malcidad in linea	33,000				
and P			33,000			
		Business Code				
⊒ 2a	·					
§   p						
- C						
ੂੰ   d						
្ត្ហ e						
Program Service Revenue  Ta b c d e f e	All other program service revenue					
<u> </u>						
3	Investment income (including dividend other similar amounts)		1,030,529			1,030,52
4	Income from investment of tax-exempt be	-				
5	Royalties					
	(ı) Real	(II) Personal				
6a						
Ь	expenses					
С	Rental income 39,214 or (loss)					
d	Net rental income or (loss)		39,214			39,21
7a	(I) Securities Gross amount from sales of 605,624	(II) Other				
	assets other than inventory					
ь	Less cost or other basis and 0	ı				
c	sales expenses Gain or (loss) 605,624					
d	Net gain or (loss)		605,624			605,62
8a			·			· · ·
, В с	\$ of contributions reported on line 10	=)				
<u> </u>	See Part IV, line 18	a				
ь	Less direct expenses	ь				
, c	Net income or (loss) from fundrais	ing events 🛌				
9a	Gross income from gaming activiti See Part IV, line 19					
Ь	Less direct expenses	а b				
С	Net income or (loss) from gaming a					
10a	Gross sales of inventory, less returns and allowances					
L .		а b				
	Net income or (loss) from sales of					
	Miscellaneous Revenue	Business Code				
11a	INSURANCE PREMIUMS	900099	54			5
ь		900099	-2,915		-2,915	
С						
d	All other revenue					
е	Total. Add lines 11a-11d		-2,861			
12	Total revenue. See Instructions		1 705 506	_	-2 915	1 675 42

1,705,506

# Form 990 (2012) Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	olete column (A )	_
	Check if Schedule O contains a response to any question in this Pa	rt IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	500,000	500,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	73,099		73,099	
b	Legal	27,110		27,110	
C	Accounting	31,052		31,052	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,942		20,942	
12	Advertising and promotion				
13	Office expenses	46		46	
14	Information technology				
15	Royalties				
16	Occupancy	1,414		1,414	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	36,289		36,289	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,002		1,002	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	FLOW-THROUGH INVESTMENT	77,899		77,899	
b	PROPERTY TAX	38,280		38,280	
C	TAXES, LICENSES AND FEE	4,679		4,679	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	811,812	500,000	311,812	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Pa	rt x	(A)		(B)
	Ι.			Beginning of year		End of year
	1	Cash—non-interest-bearing		3,624,269		3,610,051
	2	Savings and temporary cash investments		567,120		605,956
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		868,258	4	66,948
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees. Complete Part I Schedule L	l of		5	
<del>‡</del>	6	Loans and other receivables from other disqualified persons (as de $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contand sponsoring organizations of section $501(c)(9)$ voluntary employeranizations (see instructions) Complete Part II of Schedule L	rıbutıng employers		6	
Assets	7	Notes and loans receivable, net		310,322	7	243,913
	8	·		310,322	8	245,915
	_	Inventories for sale or use			_	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  10		4		
	b	Less accumulated depreciation		12,683,107	10c	12,716,107
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11	6,472,632	12	7,945,730	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		17	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		24,525,725	16	25, 188, 705
	17	Accounts payable and accrued expenses		6,424	17	5,459
	18	Grants payable			18	
	19	Deferred revenue		15,679	19	36,319
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule	e D		21	
<u>.a</u>	22	Loans and other payables to current and former officers, directors, key employees, highest compensated employees, and disqualified				
Liabilit		persons Complete Part II of Schedule L			22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related to and other liabilities not included on lines 17-24) Complete Part X	third parties,			
		D			25	
	26	Total liabilities. Add lines 17 through 25		22,103	26	41,778
ري d)		Organizations that follow SFAS 117 (ASC 958), check here ► ✓ a	nd complete			
ĕ	27	lines 27 through 29, and lines 33 and 34.		24 502 622	~	25 146 027
<u>ස</u>	27	Unrestricted net assets		24,503,622	27	25,146,927
<u>.</u>	28	Temporarily restricted net assets			28	
Fund Balance	29	Permanently restricted net assets			29	
o. Fu		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.	►   and			
	30	Capital stock or trust principal, or current funds			30	_
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
	32	Retained earnings, endowment, accumulated income, or other fund	5		32	
₹	33	Total net assets or fund balances		24,503,622	33	25,146,927
_	34	Total liabilities and net assets/fund balances		24,525,725	34	25.188.705

Dar	t XI	Reconcilliation of No	 et Δesets				•	-9
- CI				any question in this Part XI				৮
1	Total	revenue (must equal Part \	√III, column (A), lır	ne 12)	1		1,7	05,506
2	Total	expenses (must equal Part	t IX, column (A), lın	ne 25)	2		8	311,812
3	Rever	ue less expenses Subtrac	t line 2 from line 1		3		8	393,694
4	Net as	sets or fund balances at b	eginning of year (m	nust equal Part X, line 33, column (A))	4		24,5	503,622
5	Net u	realized gains (losses) on	investments		5			
6	Donat	ed services and use of fac	ılıtıes		6			
7	Inves	ment expenses			7			
8	Prior	eriod adjustments			8			
9	Other	changes in net assets or f	fund balances (expla	aın ın Schedule O)	9		- 2	250,389
10	Net as colum		nd of year Combine	e lines 3 through 9 (must equal Part X, line 33,	10		25,1	.46,927
Par	t XII	Financial Statemen	its and Reportin	ng				
		Check if Schedule O con	tains a response to	o any question in this Part XII				. Г
							Yes	No
1		organization changed its m		Grom a prior year or checked "Other," explain in				
2a	Were	he organızatıon's fınancıal	statements compil	led or reviewed by an independent accountant?		2a		Νo
		,' check a box below to ind rate basis, consolidated b		inancial statements for the year were compiled or revie	wed on			
	Γs	eparate basis	nsolidated basis	☐ Both consolidated and separate basis				
b	Were	he organızatıon's fınancıal	statements audited	d by an independent accountant?		2b		Νo
		,' check a box below to ind consolidated basis, or bot		inancial statements for the year were audited on a sepa	arate			_
	Γs	eparate basis	nsolidated basis	Both consolidated and separate basis				
c				e a committee that assumes responsibility for oversighents and selection of an independent accountant?	nt of the	2c		
	If the Sched		er its oversight proc	cess or selection process during the tax year, explain i	n			
За		esult of a federal award, wa Audit Act and OMB Circu		required to undergo an audit or audits as set forth in th	е	За		No
b				audit or audits? If the organization did not undergo the	required	3 <b>b</b>		_

**Employer identification number** 

Open to Public Inspection

## **SCHEDULE A**

(Form 990 or 990EZ)

THE JEITO FOUNDATION

Total

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

41-2152824

Ра	111	Reason for Pu	iblic Charity Sta	tus (All org	<u>janization</u> :	s must com	piete this p	oart.) See ii	istructions	
The	rganız	ation is not a priva	te foundation becaus	eitis (Forl	ınes 1 thro	ugh 11, check	only one b	ox)		
1	$\sqcap$	A church, convent	ion of churches, or a	ssociation of	churches c	lescribed in <b>s</b> e	ection 170(l	o)(1)(A)(i).		
2	$\sqcap$	A school described	d in <b>section 170(b)(1</b>	L)( <b>A)(ii).</b> (At	tach Sched	ule E)				
3	Γ	A hospital or a cod	perative hospital se	rvice organiz	ation descr	ıbed ın <b>sectio</b>	n 170(b)(1)	(A)(iii).		
4	Г	A medical researc	h organization opera	ted ın conjun	ction with a	hospital desi	cribed in <b>se</b> c	tion 170(b)(	1)(A)(iii). E	nter the
		hospital's name, c	ity, and state	_		·				
5	$\sqcap$	An organization op	erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmen	al unit desc	ribed in
		section 170(b)(1)(	( <b>A)(iv).</b> (Complete P	art II )						
6	$\vdash$	A federal, state, or	local government o	r government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	l)(A)(v).		
7		=	at normally receives		•	support from	a governme	ental unit or f	om the gen	eral public
8			on 170(b)(1)(A)(vi). : described in <b>sectio</b> i			mnlete Part II				
9	_	•	at normally receives			-	-	utions mam	harchin faac	and aross
,			rities related to its e							
			oss investment inco							
			ganization after June						cax) nom be	1311163363
10			ganization after June ganized and operated							
11	_	<del>-</del>	-	•					o carry out	the nurneces of
11	,		ganized and operated ly supported organiz							
			ibes <u>th</u> e type of supp							
			<b>b</b> Type II <b>c</b>							
е			ox, I certify that the							
		section 509(a)(2)	ion managers and ot	her than one	or more pul	olicly support	ed organiza	tions describ	ed in section	n 509(a)(1) or
f		. , , ,	received a written de	etermination	from the IR	S that it is a	Type I. Typ	e II. or Type	III support	ing organization.
•		check this box	Toda a miceon a				. , p = 1, . , p	, , , ,	тт очрро.	
g		Since August 17, 2	2006, has the organ	ızatıon accep	ted any gift	or contributi	on from any	of the		
		following persons?								
			rectly or indirectly o				persons de	scribed in (ii)		Yes No
			governing body of th			n?			11g	
		(ii) A family memb	er of a person descr	ibed in (i) abo	ove?				11g	
		(iii) A 35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11g	(iii) No
h		Provide the followi	ng information about	the supporte	ed organizat	ion(s)				
(i) I	Name o	f (ii) EIN	(iii) Type of	(iv) Is t	-he	(v) Did you	ı notıfv	(vi) Is	the	(vii) A mount of
	ported		organization	organizati		the organiz		organizat		monetary
	nizatio		(described on	col (i) list		ın col (i) d		col (i) org		support
_			lines 1- 9 above	yourgove		suppor	t?	in the U	S?	''
			or IRC section	docume	nt?					
			(see							
			instructions))	Yes	No	Yes	No	Yes	No	
(A) T										
	RCH OF S CHRIS	T   227222425		V		,,,,				F00.000
	TTER-	237300405	1	Yes		Yes		Yes		500,000
DAY S	SAINTS									

500,000

Sch	edule A (Form 990 or 990-EZ) 2012							Page <b>2</b>
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	<u>iplete Pa</u>	rt III.)	
	ection A. Public Support endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	<b>Total.</b> Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) <b>Public support.</b> Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 20	)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV )							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	<b>First five years.</b> If the Form 990 is this box and <b>stop here</b>							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and <b>stop here.</b> The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	<b>►</b> □
b	<b>33</b> 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and <b>stop here.</b> The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,rF3	<b>▶</b> □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							<b>▶</b> ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Liberal Counties and	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493319075083

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

> ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

**Supplemental Financial Statements** 

Open to Public

tema	Revenue Service F Attach to For	m 990. ► See separate instructions.		Inspection
	<b>me of the organization</b> E JEITO FOUNDATION		Emp	oloyer identification number
			41-	2152824
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
	<u> </u>	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
;	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	<del>-</del>	nor adv	rsed Yes No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
2a	rt II Conservation Easements. Complete if	the organization answered "Ves" t	o Forn	
L 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education)	certifie	rically important land area d historic structure n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
ь	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	juired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►			
ŀ	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and <b>Yes No</b>
;	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year
,	Amount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
3	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	ction 17	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports col balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia		•
a	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Ot	her Similar Assets.
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	t, His	torio	cal Tr	reasu	res, or C	the	r Simila	r Asse	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	neck a	ny of	the foll	owing that	are a	ısıgnıfıcan	it use of	its	
а	Public exhibition		d	Γ	Loan	or excl	nange prog	rams	;			
b	Scholarly research		e	$\Gamma$	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	aın hov	w they	furthe	er the o	rganızatıor	ı's ex	kempt purp	ose in		
5	During the year, did the organization solicit								nılar	_		_
	assets to be sold to raise funds rather than t										Yes	☐ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						ı answere	a "Y	es" to Fo	rm 990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	ediary	for c	ontribu	itions o	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	II and complete the	e follov	ving ta	able		_		1			
							-			Amou	ınt	
С.	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	ne 21?								Yes	□ No
ь	If "Yes," explain the arrangement in Part XII											ı
Pai	rt V Endowment Funds. Complete										<b>N</b>	bl-
1a	Beginning of year balance	(a)Current year	(D	<b>)</b> Prior y	rear	<b>D</b> (C) (\	wo years back	( (a)	inree years	раск (е	)Four ye	ears back
b	Contributions							+				
c	Net investment earnings, gains, and losses							+				
-								_				
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses							_				
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ice (lir	ie 1g,	colum	nn (a)) h	neld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	zatıon	that a	re hel	d and a	dmınıstere	d for	the			
	organization by (i) unrelated organizations		_		_	_			_	3a(i)	Yes	No
	(ii) related organizations									3a(ii)		
b	If "Yes" to 3a(II), are the related organization				ule R?	· . · .		٠.		3b		
4	Describe in Part XIII the intended uses of the	ne organization's er	ndowm	ent fu	ınds						•	
Par	t VI Land, Buildings, and Equipme	e <b>nt.</b> See Form 99	90, Pa				I					
	Description of property				Cost o s (Inves	r other stment)	( <b>b)</b> Cost or o basis (othe		(c) Accumu depreciat		( <b>d</b> ) Boo	ok value
								$\neg \neg$				
1a L	Land				12,	716,107	<u> </u>				1	2,716,107
	_and		•		12,	716,107					1	2,716,107
b E		· · · · · · · · · · · · · · · · · · ·	· ·		12,	716,107					1	2,716,107
<b>b</b> E <b>c</b> L	Buildings	  	· · ·		12,	7,140				7,140	1	2,716,107
b E c L d E	Buildings	· · · · · · · · · · · · · · · · · · ·	· · ·			7,140				7,140	1	

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	).
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of end-of-year market value
(2)Closely-held equity interests		
(3)Other (A)LOBO PARTNERS, LLC	839,053	С
(A) LOBO FARTNERS, LLC	039,033	
(B) HORSE CREEK FARMS LENDERS, LLC	914,036	С
(C) JWL IV LLC - RWLS IV INVEST	3,194,207	С
(D) K-1 PRIVATE INVESTORS LLC	959,954	С
(E) RLWS V (JWL IV)	1,038,590	С
(F) SUGARLOAF VII LLC (JWL IV)	999,890	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. See	. / /	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, lir		
(a) Descrip		(b) Book value
-		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15		
Part X Other Liabilities. See Form 990, Part X	·	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	t of the feetnets to the serve	Nantion's financial statements that reports the

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines <b>2a</b> through <b>2d</b>	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII )	
e	Add lines 2a through 2d	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines $1a$ and $4$ , Part IV, lines	1b and 2b,

Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493319075083

**Inspection** 

Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization THE JEITO FOUNDATION **General Information on Grants and Assistance** 

Employer identification number 41-2152824

		recipient that receive	Organizations in d more than \$5,000				. 100 10
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
THE CHURCH OF GUS CHRIST OF TTER-DAY SAINTS E NORTH TEMPLE REET LT LAKE CITY, UT 150	23-7300405	501(C)(3)	500,000	0			SUPPORTED THE CHURCH OF JESUS CHRIST OF LATTE DAY SAINTS IN RESPONSE TO ITS NEEDS

 ·	
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part I'	√, line 22
Part III can be duplicated if additional space is needed.	

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	<b>(d)</b> A mount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Supplemental Information	Part IV	Supplemental Information.
--------------------------	---------	---------------------------

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	l '	SCHEDULE I, PART I, LINE 2 THE TRUSTEES AFFILIATED WITH THE SUPPORTED ORGANIZATION REPORT TO THE FOUNDATION'S BOARD AS TO THE USE OF THE GRANT FUNDS

Schedule I (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

**Noncash Contributions** 

DLN: 93493319075083

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Department of the Treasury ► Attach to Form 990. Internal Revenue Service

Name of the organization THE JEITO FOUNDATION

**Employer identification number** 

Da	rt I Types of Property				41-2152824			
ra.	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d noncash contrib	etermı		ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
LO	Securities—Closely held stock .							
l <b>1</b>	Securities—Partnership, LLC, or trust interests							
.2	Securities—Miscellaneous							
L3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other	Х	1	33,000	COMPARABLE SAL	ES		
8	Collectibles							
9	Food inventory							
:0	Drugs and medical supplies .							
1	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	O ther ► ()							
26	O ther ►()							
	O ther ►()							
	O ther ► ()				1			
	Number of Forms 8283 received for which the organization comple				29			
20-	During the year, did the organiza	tion rocoly	a by contribution any prope	arty reported in Part I. lines	1 - 20 +bat it		Yes	No
JUa	must hold for at least three year							
	•			on, and which is not required	a to be used			No.
	for exempt purposes for the enti					30a		No
ь 31	If "Yes," describe the arrangement of the organization have a gif			review of any non-standard	contributions?	31		No
						<u> </u>		
32a	Does the organization hire or us contributions?	e third parti • • •	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a	a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493319075083

OMB No 1545-0047

2012

Open to Public
Inspection

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
THE JEITO FOUNDATION

Employer identification number

41-2152824

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	WILFORD A CARDON AND WILFORD R CARDON HAVE A FAMILY AND A BUSINESS RELATIONSHIP THE CHURCH AT ALL TIMES APPOINTS A MAJORITY OF THE TRUSTEES
	FORM 990, PART VI, SECTION A, LINE 7A	TWO OF THE TRUSTEES (OR THE WHOLE NUMBER ROUNDED UP FROM ONE-THIRD OF ALL TRUSTEES) SHALL BE APPOINTED BY WILFORD A CARDON ALL OF THE REST OF THE TRUSTEES (A MAJORITY) SHALL BE APPOINTED BY THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS
	FORM 990, PART VI, SECTION B, LINE 11	THE FOUNDATION WILL FURNISH A COPY OF FORM 990 TO LEGAL COUNSEL AND TRUSTEES FOR THEIR REVIEW ANY COMMENTS OR QUESTIONS WILL BE ADDRESSED PRIOR TO THE FILING OF THE FORM
	FORM 990, PART VI, SECTION C, LINE 19	THE FOUNDATION COMPLIES WITH THE LEGAL REQUIREMENTS TO PROVIDE COPIES OF THE ANNUAL IRS FORM 990 AND THE APPLICATION FOR EXEMPTION, BY RETAINING THESE DOCUMENTS AND PROVIDING COPIES TO THE PUBLIC UPON REQUEST THE FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC
COMPENSATION FROM RELATED ORGANIZATIONS		TWO OF THE BOARD MEMBERS ARE FULL-TIME EMPLOYEES OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS OR ONE OF ITS CHARITABLE AFFILIATES THEIR COMPENSATION IS DETERMINED SOLELY WITH REFERENCE TO THEIR DUTIES IN SUCH FULL-TIME EMPLOYMENT, AND IS NOT AFFECTED BY THEIR DUTIES OR SERVICE AS TRUSTEE OF THE FOUNDATION THE BOARD MEMBERS HAVE BEEN ASKED TO PROVIDE THE INFORMATION REQUIRED FOR THE FORM 990, PART VII AND, IF APPLICABLE, SCHEDULE J THE BOARD MEMBERS HAVE BEEN INSTRUCTED BY THEIR EMPLOYER THAT THEIR COMPENSATION IS CONFIDENTIAL AND THEY ARE NOT AT LIBERTY TO DISCLOSE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	BOOK-TAX DIFFERENCE FROM K1 PRIVATE INVESTORS 27-5411266 -250,389

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

DLN: 93493319075083 OMB No 1545-0047

Schedule R (Form 990) 2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization **Employer identification number** THE JEITO FOUNDATION 41-2152824

(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity		
(1) PALM BAY CONDO LENDER LLC 1819 EAST SOUTHERN AVE STE B-10 MESA, AZ 85204 20-3688358	INVESTMENT	AZ	0	2,500,000			
(2) JWL IV LLC 1819 EAST SOUTHERN AVE STE B-10 MESA, AZ 85204 41-2152824	INVESTMENT	AZ	1,431,118	5,301,698			
Part II Identification of Related Tax-Exempt Or or more related tax-exempt organizations dur		if the organization a	nswered "Yes" 1	to Form 990, Part	IV, line 34 because it	had one	5
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity statu (if section 501(c)(3		(g) Section 5 (13) cont entity	512( troll y?
(1) THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS	CHURCH	UT	501(C)(3)	LINE 1		Yes	No No
50 E NORTH TEMPLE							
SALT LAKE CITY, UT 84150 23-7300405							
(2) THE CARDON BRIMHALL FOUNDATION  1819 E SOUTHERN AVE B-10  MESA, AZ 85204	GRANT MAKING	AZ	501(C)(3)	LINE 11A, 1	THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS		No
20-4067393  (3) THE CARDON FOUNDATION  1819 E SOUTHERN AVE B-10	GRANT MAKING	AZ	501(C)(3)	LINE 11A, 1	THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS		No
MESA, AZ 85204 77-0647801					S. MITTO		

Cat No 50135Y

<b>(a)</b> Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Predominal Income(relat unrelated, excluded fro tax under sections 51.	ed, inco m	of total	(g) Share of en of-year assets	ıd- Disproj	n) prtionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	<b>(k)</b> Percentage ownership
RWLS IV HOLDINGS LLC		INVESTMENT	AZ	JWL IV LLC	INVESTMENT	1.37	78,692	3,212,43	Yes	No No		Yes	No No	53 660 %
E SOUTHERN AVENUE STE B10 A, AZ 85204 094374				3 HE IV LEG		1,3.		3,212, 13						
										<u> </u>				
										<u> </u>				
Identification of Related Org									answer	ed "Y	es" to Form	า 990	), Par	t IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or for country)	reign	Direct co	tity (	(e) De of entity C corp, S corp, or trust)	Share	of total Sh	(g) nare of end of-year assets		<b>(h)</b> Percentage ownership	(t cor	(i) tion 512 o)(13) ntrolled ntity?	2
		,										Ye		No
											_			

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes No

<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations li	sted in Parts II-IV?				,	
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No	
b	Gift, grant, or capital contribution to related organization(s)				1b		No	
c	Gift, grant, or capital contribution from related organization(s)				1c	Yes		
d	Loans or loan guarantees to or for related organization(s)				1d		No	
e	Loans or loan guarantees by related organization(s)				1e		No	
f	Dividends from related organization(s)				1f		No	
	Sale of assets to related organization(s)				1g	i i	No	
_	Purchase of assets from related organization(s)				1h		No	
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
•	Lease or lacing so, equipment, or other assets to related organization(s)							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No	
	Performance of services or membership or fundraising solicitations for related organization(s)				11		No	
m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)				10		No	
_	(-,				H			
D	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		No	
q	Reimbursement paid by related organization(s) for expenses				1q		No	
•								
r	Other transfer of cash or property to related organization(s)				1r		No	
s	Other transfer of cash or property from related organization(s)				1s		No	
						ıI		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	vered relationships	and transaction thresholds				
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining amo	ount ir	nvolved		
<b>1)</b> T	HE CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS	C	33,000	APPRAISAL				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	tity Primary activity Legal Predominant Are all partners Share of Some domicile Income section total en		(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership				
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

**Software Version:** 

**EIN:** 41-2152824

Name: THE JEITO FOUNDATION

Schedule R (Form 990) 2012

Page **5** 

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	PART II	THE FOUNDATION IS CONTROLLED BY THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS, WHICH IS A WORLD-WIDE ORGANIZATION THE FOUNDATION DOES NOT HAVE ACCESS TO A COMPLETE LIST OF ORGANIZATIONS THE CHURCH CONTROLS, ALL OF WHICH WOULD BE RELATED TO THE FOUNDATION IN A BROTHER-SISTER RELATIONSHIP THE FOUNDATION HAS DICLOSED ALL OF ITS KNOWN RELATIONSHIPS