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990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2014 or tax year beginning and ending A Employer identification number Name of foundation JNF FOUNDATION Number and street (or PO box number if mail is not delivered to street address) Room/suite 26-0523149 C/O WARBURTON, 1968 LINCOLN LANE 2A B Telephone number (see instructions) State ZIP code City or town SALT LAKE CITY UT 84124-2753 (801) 987-8946 Foreign postal code Foreign country name Foreign province/state/county C If exemption application is pending, check here G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, Address change Name change check here and attach computation Check type of organization Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here J Accounting method X Cash Accrual Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col (c). Other (specify) under section 507(b)(1)(B), check here (Part I, column (d) must be on cash basis) line 16) ▶ \$ 1,281,297 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily expenses per income income purposes books equal the amounts in column (a) (see instructions)) (cash basis only) . Jan Pedirer 200.000 Contributions, gifts, grants, etc , received (attach schedule) \$. 45 F 4363401416 2 Check ► ☐ if the foundation is **not** required to attach Sch B Interest on savings and temporary cash investments 9,625 9,625 3 35,135 35,135 4 Dividends and interest from securities 1,100 1,100 5a Gross rents Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 -57.795 44.64 6a 14826 397,296 þ Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 7 8 Net short-term capital gain 14663 1470 10 9 Income modifications Gross sales less returns and allowances 10a Less Cost of goods sold b C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 188,065 45.860 13 Compensation of officers, directors, trustees, etc 85,000 Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a 7,702 Legal fees (attach schedule) b Accounting fees (attach schedule) Other professional fees (attach schedule) С 2 2015 MAY 17 Interest . 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion Ăå 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 45 Other expenses (attach schedule) Total operating and administrative expenses. 24 92,747 Add lines 13 through 23 218,665 218,665 25 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 26 311.412 0 218,665 Subtract line 26 from line 12. 27 Excess of revenue over expenses and disbursements -123.347·X;:********** 45,860 Net investment income (if negative, enter -0-) \$ 120 Pet Adjusted net income (if negative, enter -0-)

SCANNED MAY AG

D,	art II	Attached schedules and amounts in the description column	Reginnir	ng of year		End o	of year
		Balance Sheets Attached Scriedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Boo	ok Value	(b) Book Valu	е	(c) Fair Market Value
	1	Cash—non-interest-bearing		101,310	228	3,623	228,623
	2	Savings and temporary cash investments		849,594	893	3,737	1,052,674
	3	Accounts receivable >	1133		`	re-E	11. 11. 11. 11. 11.
		Less allowance for doubtful accounts					
	4	Pledges receivable ▶	2 2 2 3	. *			
		Less allowance for doubtful accounts					
	5	Grants receivable .					
	6	Receivables due from officers, directors, trustees, and other		<u>- </u>			
	-	disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule)	7 7 7 3		4	1	** * * * *
	-	Less allowance for doubtful accounts	· ` · · · · ·	284,803			
Ś	8	Inventories for sale or use			•		·
Assets	9	Prepaid expenses and deferred charges					
Ąŝ	10a	Investments—U S and state government obligations (attach schedule)		-			-
	b	Investments—corporate stock (attach schedule)					-
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				\$ « ·
	''	Less accumulated depreciation (attach schedule)	· 	· · · · · · · · · · · · · · · · · · ·			<u></u>
	12	Investments—mortgage loans	-				
	13	Investments—includage loans Investments—other (attach schedule)			· · -		
		Land, buildings, and equipment basis	368 8 3843		. 2434 8 8 8 8 8	<u> </u>	· · · · · · · · · · · · · · · · · · ·
	14		 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 		<u>' </u>	244	
	4-	Less accumulated depreciation (attach schedule)	-				
	15	Other assets (describe)					
	16	Total assets (to be completed by all filers—see the		4 005 707	4 400	200	4 204 207
	4=	instructions Also, see page 1, item I)	 	1,235,707	1,122	.,360	1,281,297
	17	Accounts payable and accrued expenses	-				
ŝ	18	Grants payable					
Liabilities	19	Deferred revenue					
ğ	20	Loans from officers, directors, trustees, and other disqualified persons					
===	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe)		_			
	23	Total liabilities (add lines 17 through 22)		0		0	Sand we to some
(Ç)		Foundations that follow SFAS 117, check here					
alances		and complete lines 24 through 26 and lines 30 and 31.					
au	24	Unrestricted .		1,235,707	1,122	<u>,360</u>	
3a	25	Temporarily restricted					
_ _	26	Permanently restricted .					
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here					
ll.		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds .					
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds					
¥	30	Total net assets or fund balances (see instructions) .		1,235,707	1,122	,360	
Že.	31	Total liabilities and net assets/fund balances (see					
_		instructions) .		1,235,707	1,122	,360	
Pa	ırt 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 (n	nust agree	with		
	end-o	of-year figure reported on prior year's return)	-			1	1,235,707
2		amount from Part I, line 27a			Ī	2	-123,347
3		increases not included in line 2 (itemize)			Ī	3	
4		nes 1, 2, and 3				4	1,112,360
5		eases not included in line 2 (itemize)			ļ	5	
6		net assets or fund balances at end of year (line 4 minus line 5)—Par	t II, columr	(b), line 3	o	6	1,112,360
_							Form 990-PF (2014)

Part	V Capital Gains an	d Losses for Tax on Investr	nent Income			
		he kind(s) of property sold (e g , real estate ouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	NOTE RECEIVABLE			D	8/25/2010	11/25/2014
b	FIDELITY SHORT TERM		· -	Р	VARIOUS	12/31/2014
С	FIDELITY LONG TERM			Р	VARIOUS	12/31/2014
d	FIDELITY SHORT TERM			P	VARIOUS	12/31/2014
е	FIDELITY LONG TERM			P	VARIOUS	12/31/2014
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		n or (loss) f) minus (g)
а	219,000			284,803		-65,803
b	204,804			199,439		5,365
С	18,676			19,516		840
d	82,458			85,496		-3,038
e	37,635	-		35,153		2,482
	Complete only for assets sl	howing gain in column (h) and owned	d by the foundation	n on 12/31/69	(I) Gains (Col	(h) gain minus
	(ı) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) (j), if any	col (k), but not	less than -0-) or rom col (h))
a						-65,803
b_			_			5,365
c						-840
d				. =.		-3,038
<u>e</u>			L			2,482
2	Capital gain net income or	r /net canital loss) 1	also enter in Pa), enter -0- in Pa	· · · · · · · · · · · · · · · · · · ·	2	-57,791
3	, -	n or (loss) as defined in sections 1 , line 8, column (c) (see instructio		er -0- ın)		
	Part I, line 8	. , , , , , , , , , , , , , , , , , , ,		. }	3	658
Part		der Section 4940(e) for Red	uced Tax on N	let Investment	Income	
Was t	tion 4940(d)(2) applies, leave the foundation liable for the the foundation does not to	/e this part blank section 4942 tax on the distributa qualify under section 4940(e) Do	ble amount of ar	ny year in the bas	e period?	☐ Yes ☐ No
1		ount in each column for each year			ng any entries	
	(a)		, see the matruci		ig any entires	(d)
	Base period years	(b) Adjusted qualifying distribution:	s Net value	(c) of nonchantable-use as		tribution ratio
Cale	endar year (or tax year beginning in	<u> </u>			0 (col (b) (divided by col (c))
	2013		0,527		- 0	0 000000
	2012					0 000000
	2011			· · · · · · · · · · · · · · · · · · ·		0 000000
	2010					0 000000
	2009		L			0 000000
2	Total of line 1, column (d)	for the formance and advanta	- 4b - 4-4a1 - a lua -		2	0 000000
3	•	for the 5-year base period—divide dation has been in existence if les		• •	. 3	0 000000
4	Enter the net value of non-	charitable-use assets for 2014 fro	om Part X, line 5		4	
5	Multiply line 4 by line 3				5	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	0
7	Add lines 5 and 6				7	0
8	Enter qualifying distribution If line 8 is equal to or great Part VI instructions	ns from Part XII, line 4 ter than line 7, check the box in P	Part VI, line 1b, a	nd complete that	8 part using a 1% tax	rate See the

Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940	(b), 494	0(e), or 4948—se	e inst	ructio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here	and ent	er "N/A" on line 1.	· }		ı		
b	Date of ruling or determination letter (attach copy of letter if no Domestic foundations that meet the section 4940(e) requirements in Part				1		917	
b	here ▶ ☐ and enter 1% of Part I, line 27b	v, chec			-		317	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations	nızatıon	s enter 4% of			ı		
	Part I, line 12, col (b)							
2								
3	Add lines 1 and 2							
4								
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or Cradite/Payments.	iess, en	iter -u-		-		917	
а								
b	Exempt foreign organizations—tax withheld at source	6b				! •		
С	Tax paid with application for extension of time to file (Form 8868)	6c			Í		>	
d	Backup withholding erroneously withheld	6d				<u>k</u> _		
7	Total credits and payments Add lines 6a through 6d						0	
8	Enter any penalty for underpayment of estimated tax. Check here		2220 is attached	_	8		19	_
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ov		aarnaid		9		936 0	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the a Enter the amount of line 10 to be Credited to 2015 estimated tax	mount (overpaid Refunded		11		0	+
	/II-A Statements Regarding Activities							1
1a	During the tax year, did the foundation attempt to influence any national,	state, or	local legislation of	or did i	t	* * .	Yes	No
	participate or intervene in any political campaign?	•				1a	\perp	X
b	Did it spend more than \$100 during the year (either directly or indirectly)	for politi	cal purposes (see	!				1
	Instructions for the definition)?					1 <u>b</u>	1	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the act		nd copies of any n	nateria	ils			
•	published or distributed by the foundation in connection with the activities Did the foundation file Form 1120-POL for this year?	5				1c	-	X
c d	Enter the amount (if any) of tax on political expenditures (section 4955) ii	moosed	during the year			113	- 3300	
•	(1) On the foundation \blacktriangleright \$ (2) On foundation m					*	1.	3 3
е	Enter the reimbursement (if any) paid by the foundation during the year f			ımpo	sed		,	
	on foundation managers > \$							
2	Has the foundation engaged in any activities that have not previously bed	en repor	ted to the IRS?			. 2	+	X
3	If "Yes," attach a detailed description of the activities Has the foundation made any changes, not previously reported to the IRS, in its	dovernir	a instrument article	26		li.	. Éi.	\$ 2.61
J	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo					3	I	X
4a	Did the foundation have unrelated business gross income of \$1,000 or m					4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?		•			4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction	n during	the year?			. 5	 	X
_	If "Yes," attach the statement required by General Instruction T					ļ,	.*	**
6	Are the requirements of section 508(e) (relating to sections 4941 through	1 4945) \$	satisfied either			li.		
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so 	that no	mandatory direct	ione th	nat	F		
	conflict with the state law remain in the governing instrument?	, triat no	mandatory direct		iai	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes,"	complete	Part II, col (c), and F	art XV		7	X	_
8a	Enter the states to which the foundation reports or with which it is registe			•		74.5	1	1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Fo			Gene	erai	8b	X	
9	(or designate) of each state as required by General Instruction G? If "No, is the foundation claiming status as a private operating foundation within			342/11/	3)	00	+^	
J	or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 201		-					·
	"Yes," complete Part XIV .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		··· •)		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their						Ī .	
	names and addresses				. 	10		X
						Form 99	10-PF	(2014)

Par	VIDA Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	<u>X</u>	<u> </u>
14	The books are in care of ► S WARBURTON Telephone no ► 801-660	5426		
17	Located at ► 1968 LINCOLN LANE APT 2A SALT LAKE CITY UT ZIP+4 ► 84124-2			
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 . 15			▶ [
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	'63	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1) If	_	 >` →	(3)
	"Yes," enter the name of the foreign country	§.,	1 .4	15
Part	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.	36.3.	Yes	No
1a	During the year did the foundation (either directly or indirectly)	, ,	4.8	2 13
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	W 1	% Q	1 1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		12	l dign!
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (X) Yes No	mag. S		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	, , ,	\$ \$	
	the benefit or use of a disqualified person)? Yes X No		1 1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	143		
	foundation agreed to make a grant to or to employ the official for a period after			(% %4 <u>)</u>
	termination of government service, if terminating within 90 days)			x - Y ()
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	- 15/		<u> </u>
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	Y 2000	X
	Organizations relying on a current notice regarding disaster assistance check here	* ·		
С	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 2014?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	. 234	:	ivit
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	250		
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and	***		
	6e, Part XIII) for tax year(s) beginning before 2014?	- , 1		
_	If "Yes," list the years 20 , 20 , 20 , 20	4	474	\$ ~ \frac{1}{4} \
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	\$	1	
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	38.8.2
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	25	₹ • .	¥ (}
	▶ 20 , 20 , 20 , 20		i.	- 414
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	2 3000		
	at any time during the year?	*	\$ * \ A \ \ \ \ \	
b	If "Yes," did it have excess business holdings in 2014 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	s <	1 1	*
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse	· ∳ .	- 1	
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	<u> </u>	·	لثا
40	foundation had excess business holdings in 2014)	3b	N/A	
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	34,	X
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		X
				<u></u>

Part	VII-B Statements Regarding Activities	for W	hich Form	4720 N	/lay Be Re	quire	d (contin	ued)	-		
5a	During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to it			section	4945(e))?		☐ Yes	X No			-
	(2) Influence the outcome of any specific public ele directly or indirectly, any voter registration drive		see section 49	955), or	to carry on	,	☐ Yes	X No			
	(3) Provide a grant to an individual for travel, study		er sımılar pur	poses?			Yes	⊠ No	, [
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? (see instructions)	charita	ble, etc , orga	anızatıo	n described	ın	☐ Yes	⊠ No			
	(5) Provide for any purpose other than religious, ch purposes, or for the prevention of cruelty to chil			terary, o	or educatior	nal	☐ Yes	⊠ No		, , , , , , , , , , , , , , , , , , ,	
b	If any answer is "Yes" to 5a(1)–(5), did any of the to Regulations section 53 4945 or in a current notice		-	-				d in	5b	N/A	
С						▶ □No	****				
6a	If "Yes," attach the statement required by Regulation	ent required by Regulations section 53 4945–5(d) the year, receive any funds, directly or indirectly, to pay premiums						` .	\$200		
b								X			
7a b	At any time during the tax year, was the foundation a pa If "Yes," did the foundation receive any proceeds of					e trans	☐ Yes action?	X No	7b	N/A], ₄ , § ``
Part	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors										
1	List all officers, directors, trustees, foundation	manag	ers and their			ee inst	ructions).				
	(a) Name and address	hou	e, and average irs per week ted to position	(lf ı	mpensation not paid, nter -0-)	emple	Contribution byee benefit erred compe	plans	(e) Expe	ense acc allowan	
See A	ttached Statement		00		0						
- -			00		0						
			00		0						
			00		0						
2	Compensation of five highest-paid employees (other t	han those in	cluded 	on line 1—	see ins			ne, ent	er 	
	(a) Name and address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	/eek	(c) Comper	sation	(d) Contribi employee plans and c compens	benefit deferred	(e) Expe	ense acc allowan	
NONE	: 					_				_	
						_	· ••				
otal	number of other employees paid over \$50,000							•			_

Page 6

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service NONE Total number of others receiving over \$50,000 for professional services Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc MONEY DONATED TO ORGANIZATIONS 218,665 Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 2 All other program-related investments. See instructions Total. Add lines 1 through 3

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	eign foundatie	ons,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances .	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	*	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Part :	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)	
1	Minimum investment return from Part X, line 6	1	
2a		917	
b	Income tax for 2014 (This does not include the tax from Part VI)	15	
С	Add lines 2a and 2b	2c	917
3	Distributable amount before adjustments Subtract line 2c from line 1	3	-917
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	-917
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1 .	7	-917
Part	XII Qualifying Distributions (see instructions)		_
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	20	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	218,665
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	218,665
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	218,665
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating will	hether the four	
	qualifies for the section 4940(e) reduction of tax in those years		

Form 99	90-PF (2014) JNF FOUNDATIO	N									26-0)52314	9 ₁	Page 9
Part	XIII Undistributed Income	(see instructions	s)								-			
			ľ	(a)			(b)			(c)			(d)	
1	Distributable amount for 2014 from	n Part XI,		Corpus	\$	Year	s prior to	2013]	2013			2014	
	line 7													-917
2	Undistributed income, if any, as of the	end of 2014						-				·		
а	Enter amount for 2013 only										0			
b	Total for prior years 20,	20, 20												
3	Excess distributions carryover, if a	ny, to 2014												
а	From 2009 .				:									
b	From 2010 .							ŧ	`					
С	From 2011													
d	From 2012 .		4			4 8×	§					è		
e	From 2013	210,527	1											
f	Total of lines 3a through e			2	10,527				<u> </u>					
4	Qualifying distributions for 2014 from	om Part XII,	1	*	*	,		š		ζ	: 8,	7		
	line 4 ▶ \$218,665					8	. %	*				٠	.efer	
	Applied to 2013, but not more than		* ! !	8 5	≥\$} *	- (<u> 11 · </u>	<u> </u>	ļ <u>.</u>			* 1	<u> </u>	
b	Applied to undistributed income of				ž.									
	(Election required—see instruction	ns)	<u> </u>	4 X	√				<u>ζ</u> ν	. 3	, ;	· .	۰.	-
С	Treated as distributions out of corp	ous (Election												
	required—see instructions)							<u>« ì</u>		<u> </u>		m.š	ettiller se	, * k
d	Applied to 2014 distributable amou		ļ			1	* `	**	*}	**	1			
е	Remaining amount distributed out	•		2	18,665	1	là.		Å.	. Hu	1.	, <u>`</u>	À	
5	Excess distributions carryover app						`#\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	(\$ \$)	***	· \$	1,000			
	(If an amount appears in column (ji,							,	_	_	
	amount must be shown in column			- #} * *		1138	• '	S	3.7	: ,	35) +	\$. 	*	
6	Enter the net total of each colum	nn as						1	á.	.3		mb.A.	<i>#</i> .	à.
	indicated below:		<u>%</u>			÷ ~	4:1						: 18	
а	Corpus Add lines 3f, 4c, and 4e S			4	29,192		_1(_		127	***	, 54 &			
b	Prior years' undistributed income	Subtract		ác.				_			, ,,	3,14	% v	, (
	line 4b from line 2b		<u> </u>	13	- 1			0	, ,	"kr.		3.		38.5
С	Enter the amount of prior years' ur									^ <				. (
	income for which a notice of deficie	•												"
	been issued, or on which the section	on 4942(a)							.3:	, ** 	\$25	å a .	`	
	tax has been previously assessed	LI.	<u>√ (38, 3)</u>	4°%, 2	*				14 ⁽¹⁾	71.73	×}i :	\$. \$; `	` *	7 % -
d	Subtract line 6c from line 6b Taxal	ble							38.	. 🏭		4	á.	Å.
_	amount—see instructions Undistributed income for 2013 Su	him at luna				*	78 1			,i .	<u> </u>			2 (Max.)
е	4a from line 2a Taxable amount—				در	:	e z Lak	2.2				3000	*** 2	**
		-See					4 🖔 🗴				0	34	**	. 1
f	Instructions . Undistributed income for 2014 Su	htract lines	1	- '* W.	130	* 9	· ×				- 0			- 1
	4d and 5 from line 1 This amount			. \$. 4		1	×į	×4 2 2	٠ %	~#i}			
	distributed in 2015 .	mast be	1,14.					*	`*	***	79)7			0
7	Amounts treated as distributions o	ut of cornus				. 🚵	, <u>(4)</u> v	- No.		1	- 5		- A	
•	to satisfy requirements imposed by	-					, 848 ,	\$w.	\$ 2.A	* 38K	2.77			1
	170(b)(1)(F) or 4942(g)(3) (Electio					*							<u>.</u>	
	required—see instructions)	may 20				1						,*	\$ ×	
8	Excess distributions carryover from	n 2009 not												
	applied on line 5 or line 7 (see inst				917	v.	\$	*	**	•	< %		,	
9	Excess distributions carryover t	-			<u> </u>									
•	Subtract lines 7 and 8 from line 6a			4	28,275		\$	4	4	*	(*			₩.
10				<u>-</u> -T					 					- s-
a	Excess from 2010 .				, }	- 266	à	*	4	۵		si.	y	<u>\$</u>
b	Excess from 2011 .		1 ′	*	4.5	*	ş	₹ .	`	78		₹,	•	*
c	Excess from 2012		1									à		
d	Excess from 2013	210,527	1		·		\$	\$			`	*	A	*
	Excess from 2014	218,665	7								٠.			

Check here ▶ 🗓 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

Supplementary Information (continued)

Part XV

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year ONE HEART WORLD-WIDE 30,000 1818 PACHECO ST SAN FRANCISCO, CA 94116 FIRST STEP HOUSE 30,000 411 N GRANT SALT LAKE CITY, UT 84116 25,000 AFRICA IS LIFE CHANGING 1192 E DRAPER PARKWAY #255 **DRAPER, UT 84020** 40,000 SECOND GRACE FOUNDATION 7654 S 1000 E MIDVALE, UT 84047 6,000 ADOPTION EXCHANGE 975 E WOODOAK LANE MURRAY, UT 84117 20,000 HOPE KIDS 15,000 HOUSE OF HOPE **ROAD HOME** 10,000 **VOLUNTEERS OF AMERICA** 10.000 5,000 MUSCULAR DYSTROPHY ASSOC 5,000 ABC FINANCIALLY AWARE NATION За 218,665 Total See Attached Statement Approved for future payment **Total**

_							
Pai	t XVI	-A Analysis of Income-Producing A	ctivities				
Ente	r gros	s amounts unless otherwise indicated	Unrelated bu	siness income	Excluded by sect	on 512, 513, or 514	
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1	Prog	ram service revenue	Busiless code	Amount	Exclusion code	Amount	(See instructions)
					<u> </u>		i
					_		
	_						
	_						
	<u> </u>						
	e _						<u></u>
	Τ _					<u>.</u>	<u> </u>
_	_	ees and contracts from government agencies	<u> </u>			_	
2		bership dues and assessments					
3		est on savings and temporary cash investments	523000	9,625	_		
4		lends and interest from securities	523000	35,135			39, 3
5		rental income or (loss) from real estate				ESTRATE.	\$ \$. e . f . Q . Q;
	a [Debt-financed property	531120	1,100			
	b N	Not debt-financed property					
6	Net r	ental income or (loss) from personal property					
7	Othe	r investment income					
8	Gain	or (loss) from sales of assets other than inventory	523000	-57,795			
9	Netı	ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue a	_				
	-						
	_						
						-	l
	_		1				
	d _						
12	d _ e _			-11 935			
12	d _ e _ Subt	otal Add columns (b), (d), and (e)		-11,935		0	
13	d _ e _ Subt	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e)	<u> </u>	-11,935		13	
13 (See	d _ e _ Subt Tota work	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations	5)				
13 (See	d _ e _ Subt Tota work	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A	s) Accomplishme	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishme	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A	s) Accomplishme	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishme	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishme	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishme	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
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13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
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13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
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13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935
13 (See Pal Lin	d _ e _ Subt Tota work t XV	otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which incon	s) Accomplishment	ent of Exempt	Purposes	13	-11,935

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

			<u> </u>								
1			rectly or indirectly er		-	-	-		2512000000	Yes	No
			e Code (other than s	ection 501(c)(3) org	anızatıons)	or in sec	tion 527, rela	iting to politica	al [👔		
	-	anizations?									
а		· ·	orting foundation to	a noncharitable exe	mpt organi	zation of				15.00	
		Cash .		•					1a(1)		X
		Other assets .	•						1a(2)		X
b		er transactions:							**************************************	`	لنذا
			a noncharitable exer						1b(1)		X
			ts from a noncharita	•	ation				1b(2)		X
			equipment, or other	assets .					1b(3)		X
		Reimbursement ar	_						1b(4)		X
		Loans or loan gua							1b(5)		X
			rvices or membershi						1b(6)		X
С			quipment, mailing list						_ 1c		X
d			he above is "Yes," con								
			er assets, or services g								
	valu		or sharing arrangeme								
(a) Line	no	(b) Amount involved	(c) Name of nonc	charitable exempt organiz	ation	(d) Des	scription of transfe	ers, transactions,	and sharing arrai	ngemer	nts
											
		-	<u>-</u>								
							-				
			<u>.</u>								
				· -							
				_							
_											
2a			ctly or indirectly affilia					nizations	□ Voc	v	اما
			01(c) of the Code (of	mer man section 50	1(0)(3)) 01	in section	3277		∐ Yes	L N	10
<u> </u>	IT "Y		following schedule	43.7	 	<u> </u>		4.) B			
		(a) Name of organ	ization	(b) Type of	organization			(c) Description of	or relationship		
		-	 -								
									.		
	Line	der nenalties of negury 1 dec	fare that I have examined this re	turn, including accompanying	schedules and e	tatements and	to the best of my kn	nowledge and helief	it is true		
·			on of preparer (other than taxpa				-		_		
Sign	 	SUATIO	Marhab	n 17 May 1	E				lay the IRS discuss rith the preparer sho		
lere		gnature of officer or trus		Date	Title				see instructions)?	Yes	_
	L 3	Print/Type preparer's	,	Preparer's signature	IIUe		Date		PTIN		
Paid		1	o name	10 paret s signature	27	#		Check C	If	2450	
rep	are	Michael Garrett	Holo 9 Marad DU C	irre	K.f	-{/-	3/26/20			343U	
Jse (V Firm's name	Hale & Wood, PLLC		IT 0/117				27-1958131	1	
		Firm's address	4766 S Holladay B	ivo, Sait Lake City, t	JI 0411/			Phone no	801-930-510		(00:1:
									Form 99 0	7-F F	(∠∪14)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

JNF FOUNDATION	26-0523149
Organization type (che	k one)
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	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
•	on is covered by the General Rule or a Special Rule . I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 ey or property) from any one contributor. Complete Parts I and II. See instructions for determining a all contributions.
Special Rules	
regulations unde 13, 16a, or 16b,	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, duri	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, ational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
contributor, duri contributions tot during the year General Rule a	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ing the year, contributions exclusively for religious, charitable, etc., purposes, but no such alled more than \$1,000. If this box is checked, enter here the total contributions that were received for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the oplies to this organization because it received nonexclusively religious, charitable, etc., contributions for more during the year.
Caution An organization	a that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990

990-EZ, or 990-PF), 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization
JNF FOUNDATION

Employer identification number 26-0523149

Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is r	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES AND NORMA FOSGATE PO BOX 429 HEBER CITY UT 84032 Foreign State or Province Foreign Country	\$ 200,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization
JNF FOUNDATION

Employer identification number 26-0523149

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						

Name of or JNF FOUN	=		Employer identification number 26-0523149
Part III	Exclusively religious, charitable, etc., cor (10) that total more than \$1,000 for the year the following line entry. For organizations co	ar from any one contributor. Co	cribed in section 501(c)(7), (8), or mplete columns (a) through (e) and
	contributions of \$1,000 or less for the year		instructions) ► \$
(a) No.	Use duplicate copies of Part III if additional s	space is needed	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relati	onship of transferor to transferee
	For Prov Country		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relati	onship of transferor to transferee
(a) No.	For Prov Country		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 4111			
		(e) Transfer of gift	
	Transferee's name, address, and ZI	P + 4 Relati	onship of transferor to transferee
(a) No.	For. Prov Country		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and Zi	P + 4 Relation	onship of transferor to transferee
	For Prov Country		

JNF FOUNDATION

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

									Totals	Gross		Cost, Other	Other	Net	Net Gain
			Amount							Sales		Basis and Expenses	Expenses	orl	or Loss
		Long Term CG Distributions	3,385					ٽ ٽ	Capital Gains/Losses		397,296		455,091		-57,795
		Short Term CG Distributions	658						Other sales		0		0		0
					Check "X" if										
	Check "X"		-		Purchaser							Expense of Sale			
	to include				ısa	Date	Acquisition	Date	Gross Sales	Cost or	Valuation	and Cost of			Net Gain
	in Part IV	Description	CUSIP#	Purchaser	Business	Acquired	Method	Sold	Pnœ	Other Basis	Method	Improvements	Depreciation	Adjustments	or Loss
_	×	NOTE RECEIVABLE				8/25/2010	O	11/25/2014	219,000	284,803					-65,803
7	×	FIDELITY SHORT TERM				1/1/2014	Ь	12/31/2014	41,890	44,930					-3,040
3	×	FIDELITY LONG TERM				1/1/2013	Ь	12/31/2014	65,020	62,529					2,491
4	×	FIDELITY SHORT TERM				1/1/2014	Ь	12/31/2014	38,506	33,146					5,360
2	×	FIDELITY LONG TERM				1/1/2013	Ь	12/31/2014	28,837	29,683					-846

Part I, Line 16a (990-PF) - Legal Fees

, -	, <u></u>				
		7,702	0		00
					Disbursements
		Revenue and			for Charitable
		Expenses per	Net Investment	Adjusted Net	Purposes
	Description	Books	Income	Income	(Cash Basis Only)
1	LEGAL AND PROFESSIONAL	7,702		<u> </u>	

Part I, Line 18 (990-PF) - Taxes

		0	0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	PROPERTY TAXES				

Part I, Line 23 (990-PF) - Other Expenses

_		45	0	(0
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
-	Description	per Books	Income	Income	Purposes
1	BANK CHARGES	45			

JNF FOUNDATION

Part II, Line 7 (990-PF) - Other Notes

	-	ration Consideration	ction FMV Relationship	
		Purpose Consideration	of Loan Description	
		Interest	Rate	
		Repayment	Terms	
		Matumy	Date	
		Date of	Note	
			Secunty Provided	
0		FIMV of	Other Notes	
0	Allowance for	Doubtful Accts	End of Year	
0		Balance Due	End of Year	
284,803	Net Balance	Due Beginning	of Year	284,803
 285,652		Onginal	Amount	285,652
		Check X If	Business 501(c)3 Org	
		Check X Check X	if Business	×
			Borrower's Name	1 SIERRA EARTHWORKS FOUNDATION

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JNF FOUNDATION

•	•	-61,834	Gains Minus Excess	of FMV Over Adjusted	Basis or Losses	-65,803	5,365	-840	-3,038	2,482
		0			Over Ady Basis	0	0	0	0	0
		0	Adjusted Basis	as of	12/31/69	0	0	0	0	0
		0		FMV as of	12/31/69	0	0	0	0	0
		-61,834			Gain or Loss	-65,803	2,365	-840	-3,038	2,482
		624,407	Cost or Other	Basis Plus	Expense of Sale	284,803	199,439	19,516	85,496	35,153
		0			Adjustments					
		0		Depreciation	Allowed					
		562,573		Gross	Sales Pnce	219,000	204,804	18,676	82,458	37,635
				Date	Sold	11/25/2014	12/31/2014	12/31/2014	12/31/2014	12/31/2014
				Date	Acquired	8/25/2010 11/25/2014	VARIOUS	VARIOUS 12/31/2014	VARIOUS	VARIOUS
		<u>~</u>		Acquisition	Method	۵	۵.	a .	a_	аL
Amount	3,38	929			CUSIP#	:				Water-device Water
'	Long Term CG Distributions	Short Term CG Distributions			Description of Property Sold	1 NOTE RECEIVABLE	2 FIDELITY SHORT TERM	3 FIDEUTY LONG TERM	4 FIDELLTY SHORT TERM	5 FIDELITY LONG TERM

d

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

<u>=</u> j	ì					1
	Expense Account	_				
0	Benefits					
85,000	Compensation	28,000	25,000	1,000		1,000
	Avg Hrs Per Week	20 00	16 00	2 00	2 00	2.00
	Title					
	Foreign Country					
	Zıp Code	UT 84124	84124	84107	84604	84065
	State	5	 5	5	5	5
	City	НОЦЬАВАУ	HOLLADAY	Murray	PROVO	RIVERTON
	Street	1968 LINCOLN LANE APT 2A	1968 LINCOLN LANE APT 3A	5670 CROWN POINTE DR	RR3 BOX E7	2083 GREGORY AVE
	Check "X"					
	Name	SUSAN WARBURTON	KAIRA BENNEE	CAMERON IJ BENNEE	BETTY MCELROY, M D	CHRISTINE PARAMORE
Ĺ						

JNF FOUNDATION Continuation of Part XV, L	ine 3a (990-PF) -	Gran	ts and Con	26-052		1 of 2 e Year
Recipient(s) paid during the year	c oa (000 i i)	Oran	io una oon	tributions i ala	During th	<u>c rear</u>
Name FLUTTER BY IZZY JANE						
Street						
City	 	State	Zip Code	Foreign Count	trv	
	<u> </u>					
Relationship	Foundation Status					
Purpose of grant/contribution					Amount	5,000
Name CHILD FUND					<u> </u>	3,000
Street						
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status	<u> </u>				
Purpose of grant/contribution					Amount	2,045
Name	.				_1	2,040
UNIEF Street						
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status				··· · · · · · · · · · · · · · · · · ·	
Purpose of grant/contribution					Amount	1,000
Name						,,,,,,,,,
ANIMAL CARE Street						
	· · · · · · · · · · · · · · · · · · ·	04-4-	Ta:- 0 - 1 -	Famaissa		
City		l	Zip Code	Foreign Count	try	
Relationship	Foundation Status					
Purpose of grant/contribution				****	Amount	
						3,500
Name ACCESS SCHOOL						
Street	·					
City	 	State	Zip Code	Foreign Count	try	
Relationship	Foundation Status	•				
Purpose of grant/contribution					Amount	1,000
Name HOLLADAY PRE-SCHOOL		-	_			
Street						
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status	I	<u> </u>			

Amount

120

Purpose of grant/contribution

Continuation of Part XV, I Recipient(s) paid during the year	Line 3a (990-PF) -	Gran	ts and Cont	tributions Pai	d During the Yea
Name ELK RIVER FOUNDATION					
Street 7654 S 1000 E					
City		State	Zip Code	Foreign Cou	ntry
MIDVALE	In the state of th	UT	84047		
Relationship	Foundation Status				
Purpose of grant/contribution					Amount 10,
Name					
Street	-				
City		State	Zip Code	Foreign Cou	ntry
Relationship	Foundation Status		.		
Purpose of grant/contribution			·		Amount
Name					
Street					
City		State	Zip Code	Foreign Cou	ntry
Relationship	Foundation Status				
Purpose of grant/contribution	l				Amount
Name					
Street					
City		State	Zip Code	Foreign Cou	ntry
Relationship	Foundation Status	l	<u>.</u>		
Purpose of grant/contribution				· · · · · · · · · · · · · · · · · · ·	Amount
Name					<u> </u>
Street		•			.
City		State	Zip Code	Foreign Cou	ntry
Relationship	Foundation Status	<u> </u>		<u> </u>	
Purpose of grant/contribution					Amount
Name					
Street	· · · · · · · · · · · · · · · · · · ·				
City		State	Zip Code	Foreign Cou	ntry
Relationship	Foundation Status	l	L		
Purpose of grant/contribution				<u></u>	