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#### DLN: 93493320112336

OMB No 1545-0047

Department of the Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

**Return of Organization Exempt From Income Tax** 

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Open to Public Inspection

		ide Servi	'					
			lendar year, or tax year begin C Name of organization	ning 01-01-2015 , and ending 12-31-20	015	D. Empelo		
	eck if ap Idress ch		THE JEITO FOUNDATION				-	entification number
_	ame cha	-				41-2	15282	24
_	ıtıal retu	-	Doing business as					
Fi	nal 'termina	ited	Number and street (or P O box i	f mail is not delivered to street address) Room/s	suite	E Teleph	one nur	mber
	ended r		1819 EAST SOUTHERN AVE NO B-	-10		(480)	505-	9500
ПАр	plication	pending	City or town, state or province, c MESA, AZ 852045219	ountry, and ZIP or foreign postal code				
			·		_	<b>G</b> Gross	receipts	s \$ 4,364,978
			<b>F</b> Name and address of prin	cipal officer		s this a group		
			1819 EAST SOUTHERN AV	E NO B-10	S	subordinates? No		☐ Yes 🗸
. To	v ovomi	pt status	MESA,AZ 852045219			Are all subord	ınates	☐Yes ☐ No
L Ia	x-exemi	pt status	<b>√</b> 501(c)(3) 501(c)()	◀ (insert no ) 4947(a)(1) or 527		ncluded? [f "No." attach	ı a lıst	(see instructions)
J W	ebsit e	:► N/A	4			Group exemp		,
<b>∢</b> Forr	n of org	anızatıon	Corporation 🗸 Trust 🗆 Asso	ociation Other ►		of formation 20		M State of legal domicile Az
				·				
Pa	rt I		imary					
			2	ion or most significant activities CHRIST OF LATTER-DAY SAINTS				
e C								
<b>GOVERNANCE</b>	<b>2</b> C	heck th	nis box ▶ ┌ if the organization	discontinued its operations or disposed	d of more th	han 25% of its	s net a	assets
9			·					1
<b>⊌</b> ⊔^			-	rning body (Part VI, line 1a)			3	5
€				s of the governing body (Part VI, line 1b	•		4	2
Activities &				n calendar year 2015 (Part V , line 2a) f necessary)			5 6	5
ă.			·	Part VIII, column (C), line 12			7a	21,270
				from Form 990-T, line 34			7b	21,2,0
						Prior Year	<u>'                                    </u>	Current Year
	8	Contri	ibutions and grants (Part VIII	, line 1 h)			0	(
ij	9	Progra	am service revenue (Part VIII	, line 2g)			0	(
Ravenue	10	Inves	tment income (Part VIII, colu	mn (A), lines 3, 4, and 7d)		436,	794	2,266,187
<u></u>	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,	054	-155,070
	12	Total 12)	revenue—add lines 8 through	11 (must equal Part VIII, column (A), lı	ne	448,	848	2,111,117
	13	Grant	s and similar amounts paid (Pa	art IX, column (A), lines 1-3)		300,	000	500,000
	14	Benef	its paid to or for members (Par	t IX, column (A), line 4)			0	(
s S	15			oyee benefits (Part IX, column (A), lines			0	
Expenses	16a	5-10	,	IX, column (A), line 11e)			0	
e G	b		undraising expenses (Part IX, column	, ,,	·		$\dashv$	
Δ	17			), lines 11a-11d, 11f-24e)		367,	471	325,991
	18			must equal Part IX, column (A), line 25)		667,	-	825,991
	19	Reven	nue less expenses Subtract lir	ne 18 from line 12		-218,	623	1,285,126
કે <u>જ</u>					Beginn	ing of Current	Year	End of Year
an and	30	Tatal	accete (Dart V. line 1.6.)			25 220	272	27.017.963
Net Assets or Fund Balances	20 21				·	25,329,	190	27,917,862
ž Š	22			ct line 21 from line 20	.	25,303,		27,125,999
	t II		nature Block			, ,		
ny ki	nowled	ge and		examined this return, including accompa omplete Declaration of preparer (other	, -			
		***				2016-11-14		
Sign		Signa	ature of officer			Date		
Here	9		JONES TRUSTEE					
		7	e or print name and title Print/Type preparer's name	Preparer's signature	Date	T	PTIN	
Paid	1		Printy Type preparer's name BRENDA BLUNT	BRENDA BLUNT	2016-11-14	Check   If self-employed		75126
	। pare।	r   F	Firm's name			Firm's EIN ▶ 4	5-0250	958
		1 1	Firm's address ▶ 1850 N CENTRAL AV	E SUITE 400		Phone no (602	2) 264-	5844
Use Only			PHOENIX, AZ 85004	14527				

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 👺	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "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	9	Yes	
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			
	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	
	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	
	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	<b>11</b> c		No
	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	<b>11</b> d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	<b>11</b> f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	<b>12</b> a		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	<b>12</b> b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	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 other assistance to or for any foreign organization? <i>If</i> "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 other assistance to or for foreign individuals? 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? 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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
Ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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? <i>If "Yes," complete Schedule J</i>	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 25a	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), 501(c)(4), and 501(c)(29) 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

25b

26

27

28a

28b

28c

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35a

35b

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Yes

Yes

Yes

Form 990 (2015)

Νo

Νo

Νo

Νo

Νo

Νo

Nο

Nο

Nο

Νo

Nο

Νo

Nο

**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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

**b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🗦 🕏

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

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Part V	Statements	Regarding	Other	IRS	Filinas	and	Tax	Compliance

Pai	t V	Statements Regarding Other IRS Filings and Tax Complianc Check if Schedule O contains a response or note to any line in this		V			
		Check if Schedule o contains a response of note to any line in this	rait	<u>v</u>		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	10		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		e organization comply with backup withholding rules for reportable payments t	o vend	tors and reportable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	,	0			
<b>L</b>	•	s return	2a		2b		
U		if the sum of lines 1a and 2a is greater than 250, you may be required to e-file					
3a	Did th	e organization have unrelated business gross income of \$1,000 or more durin	g the y	year?	3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i>	on in S	Schedule O	3b	Yes	
4a	Atany	r time during the calendar year, did the organization have an interest in, or a si	ıgnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count,	, or other financial	4a		N a
L		nt) <sup>7</sup>					No
b		s," enter the name of the foreign country ▶	le a a d	Financial Assounts			
	(FBAR		k and	Financial Accounts			
5a	,	, he organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			20		
٠	11 16	s, to line 3a of 3b, did the organization mer offit 6666-17			5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
_	-	ization solicit any contributions that were not tax deductible as charitable cont					
D		s," did the organization include with every solicitation an express statement the tax deductible?	nat su	cn contributions or giπs	6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contributi		d partly for goods and	7a		No
		es provided to the payor?					
		s," did the organization notify the donor of the value of the goods or services p			7b		
C		e organization sell, exchange, or otherwise dispose of tangible personal proper rm 8282?		· · · · ·	<b>7</b> c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
_	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a g	arcan	al henefit contract?			
Č	Dia tii	e organization receive any lands, directly of maneetly, to pay premiums on a p	)C13011	ar benefit contract	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	<b>7</b> f		No
g		organization received a contribution of qualified intellectual property, did the o	rganız	zation file Form 8899 as	<b>7</b> g		
h	requir If the	organization received a contribution of cars, boats, airplanes, or other vehicles	· · ·	the organization file a	, a		
		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds.		- 1-14			
		donor advised fund maintained by the sponsoring organization have excess bu i the year?	siness	s holdings at any time	8		N.a
00	Didth	e sponsoring organization make any taxable distributions under section 4966	2		9a		No
		e sponsoring organization make any taxable distributions under section 4900 e sponsoring organization make a distribution to a donor, donor advisor, or rela		orcon?	9a 9b		
10		on <b>501(c)(7) organizations.</b> Enter	ateu p	e13011 <sup>1</sup>	90		
		tion fees and capital contributions included on Part VIII, line 12	10a				
		receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facılıtı	ies					
		on 501(c)(12) organizations. Enter		1			
		Income from members or shareholders	11a				
Ь		Income from other sources (Do not net amounts due or paid to other sources stamounts due or received from them )	11b				
12-	_	ه <b>on 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990	منا من (	u. of Form 10412	12a		
		s," enter the amount of tax-exempt interest received or accrued during the	III	.u ori omi 1041'	124		
-	year	-, and amount of tax exempt meetest received of decided during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	organization licensed to issue qualified health plans in more than one state?	lote. S	See the instructions for			
		onal information the organization must report on Schedule O		,	13a		
b		the amount of reserves the organization is required to maintain by the states	13b				
_		ch the organization is licensed to issue qualified health plans					
		e organization receive any payments for indoor tanning services during the ta	<b>13</b> c	7	14a		No
		e organization receive any payments for indoor tanning services during the tax s," has it filed a Form 720 to report these payments? <i>If "No," provide an explana</i>	•		14a 14b		NO
ע	11 16	5, has it med a roth 720 to report these payments in No, provide all explana	CON III	, serieuare U	74D		

orm	990 (2015)			Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	)b belo	w,
	Check if Schedule O contains a response or note to any line in this Part VI			🗸
Se	ection 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 5			
	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 1b 2			
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		No
6	Did the organization have members or stockholders?	6		No
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?	<b>8</b> b	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	evenu	ıe Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No
b	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?	10b		
L1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	_

10a	Did the organization have local chapters, branches, or affiliates?	<b>10</b> a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12</b> a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12</b> c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16</b> a		No
b	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 organization's exempt status with respect to such arrangements?	<b>16</b> b		

# Section C. Disclosure

List the States with which a copy of this Form 990 is required to be filed▶

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 Vpon 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, address, and telephone number of the person who possesses the organization's books and records

►CARLA FRICK 1819 EAST SOUTHERN AVE B-10 MESA, AZ 852045129 (480) 505-9500

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

Check if Schedule O contains a response or note to any line in this Part VII . . .

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

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

- 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

<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours	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	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) WILFORD A CARDON  TRUSTEE	0 10	×						0	0	ı
(2) WILFORD R CARDON TRUSTEE	0 10	×						0	0	ı
(3) GLENN MCKAY TRUSTEE	0 10	×						0	0	
(4) DALE JONES TRUSTEE	0 10	×						0	0	1
(5) JOHN M BARGER TRUSTEE	0 10	х						0	0	1

art VII	Section A. Officers,	Directors, T	rustees, Key	Employees,	and Highest	<b>Compensated Employees</b>	(continued)

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						( <b>D)</b> Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b c	Sub-Total Total from continuation sheet						. •				
d	Total (add lines 1b and 1c) .						<b>&gt;</b>		0	0	0
2	Total number of individuals (in \$100,000 of reportable comp						d abov	e) wl	no received more th	an	

- 3
  - Did the organization list any former officer, director or trustee, key employee, or highest compensated employee
  - on line 1a? If "Yes," complete Schedule J for such individual .
  - For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the
  - organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such ındıvıdual .
  - Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

## Section B. Independent Contractors

- Complete this table for your five highest compensated independent contractors that received more than \$100,000 of
- compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation
- Total number of independent contractors (including but not limited to those listed above) who received more than
  - \$100,000 of compensation from the organization ▶ 0

Yes

3

4

5

No

Νo

Νo

Νo

Form 99 <b>Part V</b>		Statement o	f Revenue					Page <b>S</b>
		Check If Sched	ule O contains a respoi	nse or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts its	1a	Federated cam	-					
Contributions, Gifts, Grants and Other Similar Amounts	b	·	ies <b>1b</b>					
s. G Am	C	_	ents <b>1</b> c					
Gift	d	_	zations 1d					
ns, Sim	e	Government grant						
utio ner	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above					
ţi G	g	Noncash contributi 1a-1f \$	ons included in lines					
Con	h	Total. Add lines	s 1a-1f					
				Business Code				
Program Service Revenue	2a							
դ. 2 <u>*</u>	b c							
Ž.	d							
З <sub>о</sub>	e	-						
gran	f	All other progra	am service revenue					
Æ	g	Total. Add lines	s 2a-2f	•				
	3		ome (including dividen		833,072			833,072
	4		ar amounts) stment of tax-exempt bond					
	5	Royalties .	<u></u>	<u> •  </u>				
		Cross rants	(ı) Real 36,948	(II) Personal				
	6a	Gross rents	·					
	b	Less rental expenses	0					
	C	Rental income or (loss)	36,948		25.242			05.040
	d	Net rental inco	me or (loss)  (I) Securities	<b>▶</b> (II) O ther	36,948			36,948
	7a	Gross amount from sales of assets other than inventory	117,160	3,569,816				
	b	Less cost or other basis and sales expenses	1,214,215	1,039,646				
	c d	Gain or (loss)	-1,097,055 ss)	2,530,170	1,433,115			1,433,115
4)	8a		rom fundraising		-, :,			
Other Revenue		\$of contributions See Part IV, lir	s reported on line 1c) ne 18					
Jer	b	Less direct ex	penses b					
<b>‡</b> 0	C		(loss) from fundraising	events ▶				
	ya 		rom gaming activities ne 19 a					
	b		penses <b>b</b>					
	C	Net income or i	(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
	b	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inv					
	112	Miscellaneou		Business Code 900099	25,584		25,584	
	114	WINDOW ROC ROCK RESIDE			·			
	b	SOLAMERE CA CAPITAL FUN		900099	1,105		1,105	
	С	LOBO PARTNE		900099	-5,419		-5,419	
	d	3580871 All other reven			-213,288			-213,288
	e		s 11a-11d	►	,			
	12	Total revenue.	See Instructions .	🔸	-192,018 2,111,117	0	2: 2=-	3.000.0
	1			1	2,111.11/1	OI	21,270	2,089,847

Form	990 (2015)				Page <b>10</b>
Par	Statement of Functional Expenses				<del>-</del>
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiza	ations must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in	this Part IX			
	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 domestic organizations and domestic governments See Part IV, line 21	500,000	500,000		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	37,346		37,346	
b	Legal	4,219		4,219	
c	Accounting	8,500		8,500	
d	Lobbying				
е	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)	95,595		95,595	
12	Advertising and promotion				
13	Office expenses	176		176	
14	Information technology				
15	Royalties				
16	Occupancy	558		558	
17	Travel				
18	Payments of travel or entertainment expenses for any federal,				

•	(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)				
a	Management	37,346		37,346	
Ь	Legal	4,219		4,219	
С	Accounting	8,500		8,500	
d	Lobbying				
е	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)	95,595		95,595	
12	Advertising and promotion	93,393		93,393	
13	Office expenses	176		176	
14	Information technology	170		170	
15	Royalties				
16	Occupancy	558		558	
17	Travel	338		338	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	59,978		59,978	
21	Payments to affiliates	21,1.1			
22	Depreciation, depletion, and amortization				
23	Insurance	3,085		3,085	
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)	7,223			
а	FLOW THROUGH INVESTMENT	99,151		99,151	
b	PROPERTY TAXES	15,433		15,433	
c	TAXES, LICENSES, FEES	1,950		1,950	_
d					_
е	All other expenses				_
25	Total functional expenses. Add lines 1 through 24e	825,991	500,000	325,991	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)				
				Fo	rm <b>990</b> (2015)

Part X	Balance Sh
	Check if Sche

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10a

b 11

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34

Net Assets or Fund Balances

0 (	2015)			
<u> </u>	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X $$ . $$ .			
		( Beginnii	A) ng of y	ear'

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Cash-non-interest-bearing . . . . .

Savings and temporary cash investments

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments—program-related See Part IV, line 11

**Total assets.** Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Inventories for sale or use .

Complete Part VI of Schedule D

Less accumulated depreciation .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Page	1

	Pa
et	
ole O combains a manager of material and line in this Dant V	

11 544 243

10a

10b

931,724

381,722

31,298

12,535,669

11,448,860

25,329,273

26,190

1

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4

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**10**c

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22 23

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34

26,190

25,303,083

25,303,083

25,329,273

Page	11

	P
neet	

Page	11

Page	1

Page	1

(B) End of year

5,669,663

417,829

31,298

11,544,243

10,254,829

27,917,862

671,863

120,000

791,863

27,125,999

27,125,999

27,917,862 Form 990 (2015)

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed either its oversight process or selection process during the tax year, explain in

Both consolidated and separate basis

Both consolidated and separate basis

2b

2c

3a

3b

Νo

Nο

Form 990 (2015)

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Consolidated basis

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Separate basis

Separate basis

Schedule O

basis, consolidated basis, or both

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

(i)

Name of supported organization

See Additional Data Table

Total6

**170(b)(1)(A)(iv).** (Complete Part II )

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

THE JEITO FOUNDATION

990EZ)

Part I

1

2

3

Treasury

Department of the

As Filed Data -

**Public Charity Status and Public Support** 

**Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

(iii)

Type of

organization

(described on lines

1-9 above (see instructions))

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

www.irs.gov/form990.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

OMB No 1545-004

DLN: 93493320112336

Employer identification number

41-2152824

Open to Public Inspection

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s)

(iv)

Is the organization

listed in your governing

document?

Yes

(ii)EIN

No

(v)

A mount of

monetary support

(see instructions)

500,000

(vi)

A mount of other

support (see

instructions)

	edule A (Form 990 of 990-EZ) 2013						Page Z
Pā	Support Schedule fo						
	(Complete only if you of Part III. If the organization						
S	ection A. Public Support	acion falls to qu	iamy under the	tests listed bei	ow, piedse con	ipiete Fait III.	)
	Calendar year						1
(or	fiscal year beginning in)	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
•	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	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						
	from line 4						
5	ection B. Total Support		Τ	Т	ı	T	
/or	Calendar year fiscal year beginning in) ▶	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> ⊤otal
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated						
	business 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						
	VI)						
L1	<b>Total support.</b> Add lines 7						
12	through 10 [ Gross receipts from related activiti	es etc (see inst	ructions)			12	
13	First five years.If the Form 990 is		•	thurd fourth or t	fifth tay year ac a		3) organization
	check this box and <b>stop here</b>	3	•		•	``	5) organización,
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public support percentage for 2015			11, column (f))		14	
15	Public support percentage for 2014	1 Schedule A , Pa	rt II, line 14			15	
L6a	<b>33 1/3% support test—2015.</b> If the	organization did	not check the box	on line 13, and l	line 14 is 33 1/3%		this box
	and <b>stop here.</b> The organization qua	-		•	•	•	▶□
b	<b>33 1/3% support test—2014.</b> If the				, and line 15 is 3	3 1/3% or more, o	heck this
	box and <b>stop here.</b> The organizatio						▶┌
L7a	10%-facts-and-circumstances test	_				•	
	is 10% or more, and if the organiza						
	in Part VI how the organization mee	eis the "facts-an	u-circumstances	test The organi	ızatıon qualifies a	s a publicly supp	- <del>-</del>
h	organization  10%-facts-and-circumstances test		anization did nat	shock a how on lin	0 12 16 3 16 4	or 17a and line	▶
U	15 is 10% or more, and if the organ						
	Explain in Part VI how the organiza				,	•	clv
	supported organization						▶ [
18	<b>Private foundation.</b> If the organizat	ion did not check	a box on line 13	, 16a, 16b, 17a, c	or 17b, check thi	s box and see	
	instructions				•		▶┌
							'

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	Calendar year	(a)2011	<b>(b)</b> 2012	(c)2013	(d)2014	(e)2015	<b>(f)</b> ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
1	Gifts, grants, contributions, and						
	membership fees received (Do						
,	not include any "unusual grants") Gross receipts from admissions,						
2	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						
	furnished by a governmental unit						
•	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2,						
	and 3 received from disqualified persons						
h	Amounts included on lines 2 and						
U	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
_	from line 6)						
Se	ction B. Total Support		•	•		•	
	Calendar year				T		
(or f	iscal year beginning in) ▶	<b>(a)</b> 2011	<b>(b)</b> 2012	(c)2013	(d)2014	<b>(e)</b> 2015	<b>(f)</b> Total
`9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	section 501(c	)(3) organization
	check this box and <b>stop here</b>						▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	L4 Schedule A. P	art III. line 15			16	
			·			1.0	
	ction D. Computation of Inv						
17	Investment income percentage for	<b>2015</b> (line 10c, c	olumn (f) divided	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n <b>2014</b> Schedule	A, Part III, line	17		18	
19a	33 1/3% support tests—2015.If the	organization did	not check the bo	ox on line 14. and	l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						▶□
b	33 1/3% support tests—2014.If the	-		•		-	•
_	18 is not more than 33 1/3%, check	-					_
20	<b>Private foundation.</b> If the organizati						

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

Se	I, complete Sections A and D, and complete Part V ) action A. All Supporting Organizations			
	ection A. An Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?  If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section	2	Yes	
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?			
b	If "Yes," answer (b) and (c) below  Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	3a		No
	satisfied the public support tests under section 509(a)(2)?  If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?  If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	<b>3</b> c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")?  If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?			
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)$ ?  If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
5a	organization was used exclusively for section 170(c)(2)(B) purposes  Did the organization add, substitute, or remove any supported organizations during the tax year?  If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	<b>5</b> a		No
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	<b>9</b> a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		No
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c		No

Part IV	Supporting	Organizations	(continued)

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Saction	. D	Typo	TC	unnarti	na Or	a - ni - :	stions

Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or iemove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s)			
	that operated, supervised, or controlled the supporting organization?  If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		No
Se	ection C. Type II Supporting Organizations			
36	schon C. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?  If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	165	NO
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization?  If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?  If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
	The result of the rest the significance of game and significance of game actions played in this regard			
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive?  If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in?  If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

each of the supported organizations? Provide details in Part  $\it VI$ 

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	<b>—</b>		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c)  Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e  g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
<b>c</b> Excess from 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
			(F 000 000 F7) /2.01 F

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Schedule A (Form 990 or 990-EZ) 2015

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

# Facts And Circumstances Test

Schedule A (Form 990 or 990-EZ) 2015

Return Reference	Explanation
	THE SUPPORTED ORGANIZATION IS THE CHURCH OF JESUS CHRIST OF LATER-DAY SAINTS AS A CHURCH, IT IS EXEMPT FROM THE REQUIREMENT TO FILE FOR EXEMPTION UNDER IRS REG 1 508-1(A)(3) AND, ACCORDINGLY, WE ASSUME IT HAS NOT IF OUR ASSUMPTION IS CORRECT, IT WOULD NOT HAVE AN IRS DETERMINATION OF STATUS BECAUSE A FORMAL DETERMINATION IS NOT REQUIRED, WE HAVE NOT INQUIRED OF THE CHURCH WHETHER IT HAS A LETTER OR NOT THE CHURCH CLEARLY QUALIFIES AS AN ORGANIZATION EXEMPT

|UNDER 509(A)(1)/170(B)(1)(A)(I) BASED ON THE NATURE OF ITS ACTIVITIES

#### **Additional Data**

Software ID: Software Version:

**EIN:** 41-2152824

Name: THE JEITO FOUNDATION

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	Is the org	in your	Amount of monetary support (see	(vi) A mount of other support (see instructions)
			Yes	No		
(A) THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS	237300405		Yes		300,000	0
BRINGHAM YOUNG (A) UNIVERSITY	870217280		Yes		100,000	0
(B) BRIGHAM YOUNG UNIVERSITY - IDAHO	820207699		Yes		100,000	0
(C) BRIGHAM YOUNG UNIVERSITY - HAWAII	990083825		Yes		0	0
LDS BUSINESS (D) COLLEGE	870280678		Yes		0	0
THE POLYNESIAN (E) CULTURAL CENTER	990109908		Yes		0	0

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DLN: 93493320112336

OMB No 1545-0047

Open to Public

# **SCHEDULE D**

(Form 990)

Department of the Treasury

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

**Supplemental Financial Statements** 

► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Na	me of the organization E JEITO FOUNDATION				-	oyer identifica	ation numb	er
Pa	Organizations Maintaining Donor Complete if the organization answere					or Accounts	5.	
1	Total number at end of year	(a) Donor advised			(b)	Funds and oth	er account	s
2	Aggregate value of contributions to (during							
3	year) Aggregate value of grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t	_			r advıs	sed	☐ Yes	□ No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?					purpose	☐ Yes	□ No
Pa	rt II Conservation Easements. Comple	ete if the organiza	tion answere	d "Yes" or	n Form	n 990, Part I		140
1	Purpose(s) of conservation easements held by th					<u>'</u>	•	
	Preservation of land for public use (e g , recreeducation)	reation or	<u>-</u>			ıcally ımporta		a
	Protection of natural habitat		Preser	vation of a c	ertifie	d historic stru	cture	
_	Preservation of open space							
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified cons	ervation contr	ibution in th	ie form	of a conserva	ition	
	,					Held at the	e End of th	e Year
а	Total number of conservation easements				2a			
b	Total acreage restricted by conservation easeme	ents			2b			
c	Number of conservation easements on a certified		` '		<b>2</b> c			
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/1	7/06, and not	on a	2d			
3	Number of conservation easements modified, traitax year ▶	nsferred, released, e	xtinguished, o	terminated	l by the	e organization	during the	
4	Number of states where property subject to cons	ervation easement i	s located ▶		_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		initoring, inspe	ction, handl	ling of	<b>┌</b>	′es	No
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling	of violations, a	and enforcin	ig cons	ervation ease	ments duri	ing the
7	A mount of expenses incurred in monitoring, inspe	ecting, handling of vi	olations, and e	nforcing co	nserva	tion easemen	ts during th	ne <b>yea</b> r
В	Does each conservation easement reported on lii (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisf	y the requirem	ents of sect	ion 17	0(h)(4)	′es	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to th						
a r	Organizations Maintaining Collection Complete if the organization answere	ctions of Art, His			r Oth	er Similar	Assets.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958) assets held for pub	, not to report lic exhibition, e	ın its reveni ducation, o	r resea	arch in further		
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for pub						olic
(	(i) Revenue included on Form 990, Part VIII, line 1	1		1	<b>&gt;</b> \$			
(i	ii) Assets included in Form 990, Part X			<b>•</b>	\$			
2	If the organization received or held works of art, following amounts required to be reported under S			r assets for				
а	Revenue included on Form 990, Part VIII, line 1					<b>▶</b> \$		
b	Assets included in Form 990, Part X					<b>▶</b> \$		

Part	1111	Organizations Maintaining (continued)	Collections of A	rt, Hi	storica	al Trea	sures, or	Other Simi	lar As	sets	
3		the organization's acquisition, acce ction items (check all that apply)	ession, and other reco	ords, c	heck an	y of the	following that	are a signific	ant use	of its	
а		Public exhibition		d		Loan or	exchange pro	grams			
b		Scholarly research		е		Other					
c		Preservation for future generations									
4	Provide Part >	de a description of the organization's KIII	collections and expl	laın ho	w they f	urther tl	he organizatio	n's exempt pu	ırpose ı	n	
5		g the year, did the organization solic s to be sold to raise funds rather tha							┌ Yes	┌ No	)
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990, P	art IV,	line 9, or re	ported an a	mount	on Forr	n 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nediary	y for con	ntributio	ns or other as	sets not	┌ Yes	✓ No	•
b	If"	'Yes," explain the arrangement in Pa	ort XIII and complete	the fo	llowing t	table			A mo	unt	
c	Ве	ginning balance			_		1	c			0
d	A d	ditions during the year					10	d		6	71,863
e	Dis	stributions during the year					10	e			0
f		ding balance					11	f		6	71,863
2a	Did th	ne organization include an amount or	n Form 990, Part X, Iı	ne 21,	, for esci	row or c	ustodial acco	unt liability?	<b>√</b> Yes	┌ No	)
b	T 6 1137 -	Il accordant the accordant accordant Bank	VIII Charleban St		l <b>.</b>	L L		D VIII			<b>✓</b>
	t V	es," explain the arrangement in Part  Endowment Funds. Complet									
		Endownient Fanasi Complete	(a)Current year		nor year		Two years back	<del></del>		(e)Four ye	ars back
1a	Begir	nning of year balance	(-)	ν- /-	,		, ,	(=,		(-)· - · · · / -	
b	Cont	ributions									
c	Net i	nvestment earnings, gains, and									
d	Gran	ts or scholarships									
e		r expenditures for facilities programs									
f	A dmi	inistrative expenses				+					
g		of year balance									
2	Provi	de the estimated percentage of the c	current vear end balar	nce (lu	ne 1a, c	olumn (a	a)) held as	1	I .		
а		i designated or quasi-endowment <b>•</b>	•	,	5,	,	,,				
ь		anent endowment ▶									
c	Temp	orarily restricted endowment <b>&gt;</b>	-hldl								
2-		percentages on lines 2a, 2b, and 2c s	·		*6	ما اما ما		ad faw tha			
3a		here endowment funds not in the pos lization by	session of the organi	Zation	tilat ale	e neiu ai	iu auiiiiiistei	eu ioi tile		Yes	No
	(i) un	related organizations					•		3a(	i)	
	(ii) re	elated organizations							3a(i	ii)	
b		es" on 3a(II), are the related organiza	·						. 3b	•	
4		ribe in Part XIII the intended uses o		ndown	nent fund	ds					
Par	t VI	Land, Buildings, and Equipa Complete if the organization a		orm c	990 Pa	rt IV li	ine 11a See	Form 990 I	Part X	line 10	
		Description of property	nowered res to r		(a) Cost or oth	) ner basis	Cost or oth (b)basis (othe	er Accumu	ulated	(d)Book	
1a	and			_	(ınvestr	nent) L,544,243				4 ·	1,544,243
		igs		`.  <del>-</del>	11	.,5 . 1,273				т.	1,5 1 r,275
		nold improvements									
		nent		. $\vdash$							
	) thar										

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . .

11,544,243

Part VII Investments—Other Securities. Co	omplete if the orga	anızatıon answered 'Yes	on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	у	( <b>b)</b> Book value	(c)Method of valuation Cost or end-of-year market value
(1)Financial derivatives			cost of clid of year market value
(2)Closely-held equity interests (3)O ther			
(A) LOBO PARTNERS, LLC		847,054	С
(B) JWL IV LLC - RWLS IV INVEST		1,159,957	С
(C) K-1 PRIVATE INVESTORS LLC		2,583,493	С
(D) RLWS V (JWL IV)		494,195	С
(E) SUGARLOAF VII LLC (JWL IV)		985,752	С
(F) SIPHON DRAW LLC		1,192,660	С
(G) WINDOW ROCK RES REC FUND LLP		2,629,762	С
(H) SOLAMERE CAPITAL FUND II, LP		361,956	С
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<b>•</b>	10,254,829	
Part VIII Investments—Program Related.			
Complete if the organization answere  (a) Description of investment	a 'Yes' on Form 95	(b) Book value	Form 990, Part X, line 13.  (c) Method of valuation
			Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<b>•</b>		
Part IX Other Assets. Complete if the organization (a) Description		n Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
(a) Desc.	стриоп		(D) BOOK Value
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. Complete if the org	•	od 'Vas' on Form 990 D	
See Form 990, Part X, line 25.		·	ure IV, interite of III.
1. (a) Description of liability	(b) Book valu	ue	
Federal income taxes			
CAPITAL CONTRIBUTION PAYABLE	120	0,000	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  2. Liability for uncertain tax positions In Part XIII, provi		0,000 otnote to the organization's	financial statements that reports the
organization's liability for uncertain tax positions under F	FIN 48 (ASC 740) C	heck here if the text of the	footnote has been provided in Part

Return Reference

PART IV, LINE 2B

Schedule D (Form 990) 2015

1

	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
2	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d		
•	Add lines 2a through 2d	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
ı	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
1	Other (Describe in Part XIII ) 4b		
	Add lines <b>4a</b> and <b>4b</b>	4c	
	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return.
ΙГ	Complete if the organization answered 'Ves' on Form 990, Part IV, line 12a		
r u	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1	
ru		1	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements	1	
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	1 2e	
	Total expenses and losses per audited financial statements		
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	<b>2</b> e	
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	<b>2</b> e	
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	<b>2</b> e	
	Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	<b>2</b> e	

Explanation

ESCROWACCOUNT LIABILITY IS RELATED TO THE SALE OF REAL ESTATE

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . . . .

Schedule D (Form 990) 2015		Page <b>5</b>
Part XIII Supplemental Information	on (continued)	
Return Reference		
		_

#### **Additional Data**

Software ID: Software Version:

**EIN:** 41-2152824

Name: THE JEITO FOUNDATION

Form 990, Schedule D, Part VII - Investments Other Securities

<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(3)O ther		
(A) LOBO PARTNERS, LLC	847,054	С
(B) JWL IV LLC - RWLS IV INVEST	1,159,957	С
(C) K-1 PRIVATE INVESTORS LLC	2,583,493	С
(D) RLWS V (JWL IV)	494,195	С
(E) SUGARLOAF VII LLC (JWL IV)	985,752	С
(F) SIPHON DRAW LLC	1,192,660	С
(G) WINDOW ROCK RES REC FUND LLP	2,629,762	С
(H) SOLAMERE CAPITAL FUND II, LP	361,956	С

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organization
Department of the
Treasury
Internal Revenue Service

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

Name of the organization

THE JEITO FOUNDATION

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

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

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

Employer identification number

<u> 2015</u>

DLN: 93493320112336

Open to Public Inspection

Schedule I (Form 990) 2015

						41-2152824	
Part I General Informatio	n on Grants an	d Assistance					
<ol> <li>Does the organization maintain the selection criteria used to aw</li> <li>Describe in Part IV the organization</li> </ol>	ard the grants or a	ssistance?			or the grants or assis	stance, and	√ Yes No
Part II Grants and Other Assista that received more than \$				plete if the organization	answered "Yes" on F	Form 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of section 50	)1(c)(3) and gover	nment organizations li	sted in the line 1 table .			<b>.</b> _	3
3 Enter total number of other orga	nızatıons lısted ın t	he line 1 table .     .				▶ _	0

Cat No 50055P

#### **Additional Data**

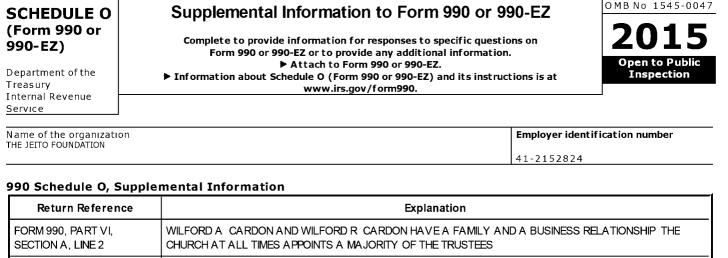
Software ID: Software Version:

**EIN:** 41-2152824

Name: THE JEITO FOUNDATION

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	e to Domestic Org	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS 50 E NORTH TEMPLE STREET SALT LAKE CITY,UT 84150	23-7300405	501(C)(3)	300,000				SUPPORTED THE CHURCH OF JESUS CHRIST OF LATTER- DAY SAINTS IN RESPONSE TO ITS NEEDS
BRIGHAM YOUNG UNIVERSITY-PROVO C-233 ASB PO BOX 21128 PROVO,UT 84602	87-0217280	501(C)(3)	100,000				SUPPORTED BRIGHAM YOUNG UNIVERSITY-PROVO IN RESPONSE TO ITS NEEDS
BRIGHAM YOUNG UNIVERSITY-IDAHO 525 S CENTER ST 1695 REXBURG,ID 83460	82-0207699	501(C)(3)	100,000				SUPPORTED BRIGHAM YOUNG UNIVERSITY-IDAHO IN RESPONSE TO ITS

NEEDS



PPOINTED BY THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS

TWO OF THE TRUSTEES (OR THE WHOLE NUMBER ROUNDED UP FROM ONE-THIRD OF ALL TRUSTEES)

BE APPOINTED BY WILFORD A CARDON ALL OF THE REST OF THE TRUSTEES (A MAJORITY) SHALL BE A

DLN: 93493320112336

As Filed Data -

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SHALL

FORM 990, PART VI.

SECTION A, LINE 7A

Return Reference Explanation

FORM 990. PART VI.

THE FOUNDATION WILL FURNISH A COPY OF FORM 990 TO LEGAL COUNSEL AND TRUSTEES FOR THEIR

990 Schedule O, Supplemental Information

SECTION B. LINE 12C

SECTION B, LINE 11	REVIEW ANY COMMENTS OR QUESTIONS WILL BE ADDRESSED PRIOR TO THE FILING OF THE FORM
FORM 990, PART VI,	THE TRUSTEES ARE EXPECTED TO REPORT ANY CONFLICTS THEY MAY HAVE PRIOR TO AGREEING TO

APPROVING ANY INVESTMENTS. CONTRACTS OR GRANTS

990 Schedule O, Supplemental Information

Return Reference

FORM 990, PART VI.

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

THREE 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 W

PELATED
ORGANIZATIONS

-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 JITHE BOARD MEMBERS HAVE BEEN INSTRUCTED BY THEIR EMPLOYER THAT THEIR COMPENSATION IS CONFIDENTIAL AND THEY ARE NOT AT LIBERTY TO DISCLOSE

Explanation

THE FOUNDATION COMPLIES WITH THE LEGAL REQUIREMENTS TO PROVIDE COPIES OF THE ANNUAL IRS FORM.

990 Schedule O, Supplemental Information

Return Explanation

FORM 990.

FORM 990.

PART XI. LINE

CAPITAL FUND II LP 46-2502981 34.708

PART IX, LINE
GENERAL EXPENSES 26,095 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 26,095 LAND MANAGMENT PROGRAM
SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 19,500 FUNDRAISING EXPENSES 0 TOTAL EXPENSES
19,500 ACCOUNTING AND ADMINISTRATIVE SERVICES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL
EXPENSES 50,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 50,000

OTHER PROFESSIONAL FEES-FROM PASSTHROUGH ENTITIES PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND

BOOK-TAX DIFFERENCE FROM K1 PRIVATE INVESTORS 27-5411266 503.082 BOOK-TAX DIFFERENCE FROM SOLAMERE

#### DLN: 93493320112336 OMB No 1545-0047

# **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

THE JEITO FOUNDATION

► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.qov/form990.

Inspection

**Employer identification number** 

				41-215282	24		
Part I Identification of Disregarded Entities Co	mplete if the organization	n answered "Yes" o	n Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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	THE JEITO FOUNDATION		
(2) JWL IV LLC 1819 EAST SOUTHERN AVE STE B-10 MESA, AZ 85204 41-2152824	INVESTMENT	AZ	319,427	3,833,438	THE JEITO FOUNDATION		
Part II Identification of Related Tax-Exempt Org or more related tax-exempt organizations during		the organization ai	nswered "Yes" o	on Form 990, Par	rt IV, line 34 because it h	ad on	e
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	n Public charity stat (if section 501(c)(		Section (13) co ent	ontrolle tity?
(1)THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS 50 E NORTH TEMPLE	CHURCH	UT	501(C)(3)	LINE 1		Yes	No No
SALT LAKE CITY, UT 84150 23-7300405							
(2)THE CARDON 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
77-0647801 (3)BRIGHAM YOUNG UNIVERSITY PO BOX 21128	EDUCATION	UT	501(C)(3)	LINE 2	THE CHURCH OF JESUS CHRIST OF LATTER-DAY		No
PROVO, UT 84602 87-0217280					SAINTS		
(4)BRIGHAM YOUNG UNIVERSITY - IDAHO 525 S CENTER STREET	EDUCATION	ID	501(C)(3)	LINE 2	THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS		No
REXBURG, ID 83460 82-0207699							
<b>(5)</b> BRIGHAM YOUNG UNIVERSITY - HAWAII 55-220 KULANUI STREET 1955 LAIE, HI 96762	EDUCATION	HI	501(C)(3)	LINE 2	THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS		No
99-0083825	EDUCATION	UT	E01/C)/3)	LINE	THE CHARGE OF TECHS		<u> </u>
(6)LDS BUSINESS COLLEGE 120 N 200 W	EDUCATION	UT	501(C)(3)	LINE 2	THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS		No
SALT LAKE CITY, UT 84103 87-0280678						1	
(7)POLYNESIAN CULTURAL CENTER 55-370 KAMEHAMEHA HIGHWAY	CULTURAL AWARENESS	HI	501(C)(3)	LINE 9	CORPORATION OF THE PRESIDING BISHOP OF THE CHURCH OF JESUS CHRIST		No
LAIE, HI 96762 99-0109908					OF LDS		

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		Legal Direct omicile controlling tate or entity oreign	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	Predominant income(related, unrelated, excluded from tax under sections 512-	Predominant income(related, to unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end- of-year assets	allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	agıng	(k) Percentage ownership
				,			Yes	No		Yes	No				
(1) RWLS IV HOLDINGS LLC  1819 E SOUTHERN AVENUE STE B10 MESA, AZ 85204 45-4094374	INVESTMENT	AZ	JWL IV LLC	INVESTMENT	71,599	1,160,200		No			No	53 660 %			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
									<del>                                     </del>
									-

art V	<b>Transactions With Related Organizations</b>	s Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule								Yes	No
<b>1</b> D	During the tax year, did the orgranization engage in any of the following transactions with one or more related organi	ızatıons lıs	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	Yes	
c	Gift, grant, or capital contribution from related organization(s)							<b>1</b> c		No
d	Loans or loan guarantees to or for related organization(s)							1d		No
е	Loans or loan guarantees by related organization(s)					•		1e		No
f	Dividends from related organization(s)							1f		No
g	Sale of assets to related organization(s)							<b>1</b> g		No
h	Purchase of assets from related organization(s)							1h		No
i	Exchange of assets with related organization(s)							1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)							1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)							1k		No
- 1	Performance of services or membership or fundraising solicitations for related organization(s)							11		No
•								1m	1	No
	n Performance of services or membership or fundraising solicitations by related organization(s)							$\vdash$	Yes	NU
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							$\vdash$	res	
0	Sharing of paid employees with related organization(s)							10		No
								-		N-
Р	Reimbursement paid to related organization(s) for expenses							1p		No No
q	Reimbursement paid by related organization(s) for expenses						•	14		
_	Ohb - a broadfar of - a broad - a rate broad - a ra							1r		No
	Other transfer of cash or property to related organization(s)							$\vdash$	Yes	NO
S	Other transfer of cash or property from related organization(s)						•	13	163	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding co	vered relatio	nships	and trar	saction	thresholds			
	(a) (b) Name of related organization Transactype (a	tion	(c) Amount invo	lved	М	ethod of d	(d) etermining am	ount in	volved	
( <b>1)</b> R\	WLS IV LLC S	1-3/	383,044	1	CASH					

### Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships															
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income (g) Share of end-of-year assets		total end-of-year		<b>(h)</b> Disproprtiona allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			( <b>k</b> ) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2015	Page <b>5</b>							
Part VII Supplemental Information								
Provide additional in	formation for responses to questions on Schedule R (see instructions)							
Return Reference Explanation								
SCHEDULE R, PART II OTHER RELATED ORGANIZATION	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 DISCLOSED ALL OF ITS KNOWN							

Schedule R (Form 990) 2015

# Software ID: Software Version:

**EIN:** 41-2152824

Name: THE JEITO FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS 50 E NORTH TEMPLE SALT LAKE CITY, UT 84150 23-7300405	CHURCH	UT	501(C)(3)	LINE 1			No
THE CARDON FOUNDATION 1819 E SOUTHERN AVE B-10 MESA, AZ 85204 77-0647801	GRANT MAKING	ΑZ	501(C)(3)	LINE 11A,1	THE CHURCH OF JESUS CHRIST OF LATTER- DAY SAINTS		No
BRIGHAM YOUNG UNIVERSITY PO BOX 21128 PROVO, UT 84602 87-0217280	EDUCATION	UT	501(C)(3)	LINE 2	THE CHURCH OF JESUS CHRIST OF LATTER- DAY SAINTS		No
BRIGHAM YOUNG UNIVERSITY - IDAHO 525 S CENTER STREET REXBURG, ID 83460 82-0207699	EDUCATION	ID	501(C)(3)	LINE 2	THE CHURCH OF JESUS CHRIST OF LATTER- DAY SAINTS		No
BRIGHAM YOUNG UNIVERSITY - HAWAII 55-220 KULANUI STREET 1955 LAIE, HI 96762 99-0083825	EDUCATION	HI	501(C)(3)	LINE 2	THE CHURCH OF JESUS CHRIST OF LATTER- DAY SAINTS		No
LDS BUSINESS COLLEGE 120 N 200 W SALT LAKE CITY, UT 84103 87-0280678	EDUCATION	UT	501(C)(3)	LINE 2	THE CHURCH OF JESUS CHRIST OF LATTER- DAY SAINTS		No
POLYNESIAN CULTURAL CENTER 55-370 KAMEHAMEHA HIGHWAY LAIE, HI 96762 99-0109908	CULTURAL AWARENESS	HI	501(C)(3)	LINE 9	CORPORATION OF THE PRESIDING BISHOP OF THE CHURCH OF JESUS CHRIST OF LDS		No