DLN: 93491319019779

OMB No 1545-0052

2018

Return of Private Foundation

Form 990-PF

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year	beginning 01-01-20)18 , a	nd en	ding 12-31-	2018	
		indation KINGSTON FOUNDATION INC				A Employer ıd	entification numbe	r
D.	(VID O	VINGSTON TOONDATION INC				20-4914701		
		street (or P O box number if mail is not	t delivered to street address)	Room/suite		B Telephone nu	mber (see instructio	ns)
4	// SHO	UP AVENUE				(208) 522-2365	·	,
		, state or province, country, and ZIP or f	foreign postal code					
IDA	10 FALL	.S, ID 83402				C If exemption	application is pendin	g, check here
G Ch	neck al	I that apply	☐ Initial return of a	former public charity		D 1. Foreign or	ganızatıons, check he	ere .
		☐ Final return	Amended return				ganizations meeting	
		\square Address chang	e 🔲 Name change				k here and attach co	· —
H C	neck ty	pe of organization 🛮 🗹 Section 50	01(c)(3) exempt private t	foundation			undation status was t n 507(b)(1)(A), chec	
	Section	4947(a)(1) nonexempt charitable	trust	e private foundation				
			J Accounting method	☑ Cash ☐ Accru	ıal		ation is in a 60-mont	
		rom Part II, col (c), ▶\$ 111,421	Other (specify)	 		under sectio	n 507(b)(1)(B), chec	k nere
			(Part I, column (d) must	be on cash basis)				
Pa	rt I	Analysis of Revenue and E	•	(a) Revenue and	(6)	Net investment	(a) Advisted not	(d) Disbursements for charitable
		of amounts in columns (b), (c), and (c equal the amounts in column (a) (see		expenses per books	(6)	income	(c) Adjusted net income	purposes
				I				(cash basis only)
	1	Contributions, gifts, grants, etc , i schedule)	received (attach	209,490				
	2	Check ▶ ☐ If the foundation is n	ot required to attach					
		Sch B						
	3	Interest on savings and temporar						
	4	Dividends and interest from secur	rities					
	5a	Gross rents						
a)	Ь	Net rental income or (loss)						
Ĕ	6a	Net gain or (loss) from sale of ass	sets not on line 10					
Revenue	b	Gross sales price for all assets on	-					
ž	7	Capital gain net income (from Par						
	8	Net short-term capital gain						
	9	Income modifications	1					
	10a	Gross sales less returns and allow Less Cost of goods sold	rances					
	b c	Gross profit or (loss) (attach sche	idule)					
		Other income (attach schedule)	edule)					
	11	,		209,490		0		
	12	Total. Add lines 1 through 11 .		209,490	<u> </u>	U		
	13 14	Compensation of officers, director Other employee salaries and wage	·					
	15	Pension plans, employee benefits						
Se	16a	Legal fees (attach schedule)						
ē	ь	Accounting fees (attach schedule)		910	1			910
Ĕ		Other professional fees (attach sc		310				310
Ve	c 		·					
and Administrative Expenses	17	Interest			-			
<u>₹</u>	18	Taxes (attach schedule) (see instr	,					
Ē	19	Depreciation (attach schedule) an	·	2.550				
AG	20	Occupancy		9,553	_			9,553
ב	21	Travel, conferences, and meetings Printing and publications		46,065	1			46,065
ਰ	22	· .		4 3 210				3,210
Operating	23	Other expenses (attach schedule)		3,210	-			3,210
era	24	Total operating and administra	•	E0 730		0		59,738
ă O	25	Add lines 13 through 23 Contributions, gifts, grants paid		59,738 59,187	ļ	0		59,738
			ombo Add Inc. 24 cm	39,107				39,10
	26	Total expenses and disbursem 25	ents. Add lines 24 and	118,925		0		118,925
	27	Subtract line 26 from line 12		,				
	a	Excess of revenue over expens	ses and					
	ь	disbursements Net investment income (if nega	ative enter -0-1	90,565	1	_		
	C D	Adjusted net income (if negative	•			0		
		Adjusted net income (il negativ	inchurchions		<u> </u>		<u> </u>	000 PE (2010

Investments—corporate stock (attach schedule)

Investments—land, buildings, and equipment basis ▶ _

Less accumulated depreciation (attach schedule) ▶ ___

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Paid-in or capital surplus, or land, bldg, and equipment fund

Land, buildings, and equipment basis ▶ _

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe ▶_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

Temporarily restricted

Grants payable

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

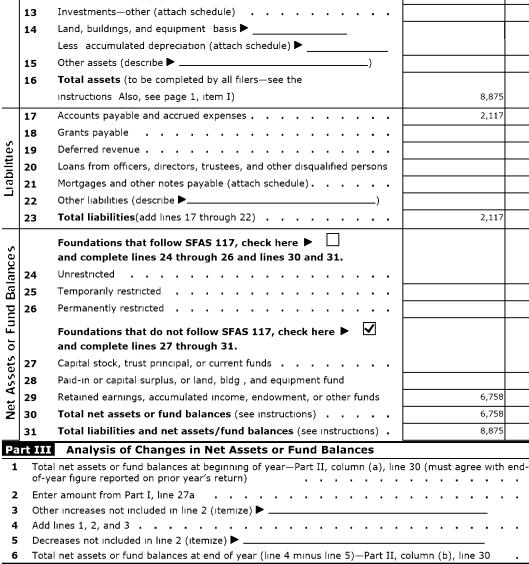
		Less allowance for doubtful accounts
	4	Pledges receivable ▶
		Less allowance for doubtful accounts ▶
	5	Grants receivable
	6	Receivables due from officers, directors, trustees, and other
		disqualified persons (attach schedule) (see instructions)
	7	Other notes and loans receivable (attach schedule) ▶
		Less allowance for doubtful accounts ▶
22	8	Inventories for sale or use
ssets	9	Prepaid expenses and deferred charges
As	10a	Investments—U S and state government obligations (attach schedule)

b

C

11

12



```
14.098
```

97,323

97,323

111,421

2

3

4

5

6

6,758

90,565

97,323

97,323 Form 990-PF (2018)

111,421

14,098

111,421

8,875

2,117

2.117

6,758

6,758

8,875

Page **3**

	be the kınd(s) of property sold (e g , arehouse, or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a					
	(f)		(g)	(h)
(e)	Depreciation allowed		other basis	,	r (loss)
Gross sales price	(or allowable)	plus exp	ense of sale	(e) plus (f) mınus (g)
a					
b					
c					
d					
e					
Complete only for asset	s showing gain in column (h) and ov	vned by the foundation	on 12/31/69	(I)
(i)	(i)		(k)		h) gain minus
FMV as of 12/31/69	Adjusted basis as of 12/31/69		of col (1) l (j), if any		less than -0-) or om col (h))
	as of 12/31/69	over cor	i (j), ii aliy	203363 (111	5111 COT (11))
a b					
C					
e					
-		If gain, also enter in P	Part I line 7		
2 Capital gain net incom	, , ,	If (loss), enter -0- in I	· · · · · · · · · · · · · · · · · · ·	2	
·	gain or (loss) as defined in sections art I, line 8, column (c) (see instruct)- }	3	
			ļ		
Part V Qualification	Under Section 4940(e) for R	educed Tax on Net	Investment In	come	
	private foundations subject to the se	ection 4940(a) tax on ne	et investment incom	e)	
If section 4940(d)(2) applies, I	leave this part blank he section 4942 tax on the distributa	able amount of any year	r in the base period?	, П _у	es 🗆 No
	not qualify under section 4940(e) Do				
1 Enter the appropriate a	mount in each column for each year,	, see instructions before	making any entries	5	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2017					
2016					
2015					
2014					
2013					
2 Total of line 1, column	(d)		2		
number of years the fou	o for the 5-year base period—divide indation has been in existence if less	than 5 years	3		
	oncharitable-use assets for 2018 from	•	4		
5 Multiply line 4 by line 3			5		
	nent income (1% of Part I, line 27b)		6		
	. 		7		
	tions from Part XII, line 4 ,				
If line 8 is equal to or gr instructions	reater than line 7, check the box in P	Part VI, line 1b, and com	nplete that part usin	g a 1% tax rate Se	e the Part VI

Form	990-PF (201	<u> </u>								P	Page 6
Pa	rt VII-B	Statements Regard	ling	Activities for Which	Form 4720 May Be	Required (cont	nued)				
5a	During the	year did the foundation p	oay o	ncur any amount to						Yes	No
	(1) Carry o	n propaganda, or otherw	ise a	ttempt to influence legisl	ation (section 4945(e))?	\Box	/as 🗸	No.			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955), or to carry										
	on, directly or indirectly, any voter registration drive? Yes										
	(3) Provide	a grant to an individual	for tr	avel, study, or other sım	ılar purposes?	H,	/os 🗸	No			
		-		her than a charitable, etc tions	· •		res 🖳	1 140			
	(5) Provide	for any purpose other t	nan re	eligious, charitable, scien	tıfıc, lıterary, or		res ✓	_			
b	If any answ	rer is "Yes" to 5a(1)–(5),	dıd a	ention of cruelty to childr i ny of the transactions fa	ul to qualify under the ex	ceptions described	res ⊻ in	No			
	=			nt notice regarding disas					5b		No
	-	· -		regarding disaster assist			▶ □]			
С		•		does the foundation clain	•						
		•		sponsibility for the grant [*] A Regulations section 53			res 🔽	No			
6a	Did the four	ndation, during the year,	rece	ve any funds, directly or	indirectly, to pay premit	ıms on					
	a personal	benefit contract?					res ✓	١			
ь	Did the four	ndation, during the year,	pay	premiums, directly or ind	lirectly, on a personal be	nefit contract?	res L <u>▼</u>	NO	6b		No
		5b, file Form 8870									
7a	At any time	during the tax year, wa	s the	foundation a party to a p	orohibited tax shelter trai	nsaction?	res ✓	١			
ь		= ' ' '		ceeds or have any net in			res 💌	NO	7b		No
8				960 tax on payment(s) o							
		•		ar?			res ✓	۱			
				ers, Directors, Trust					<u></u>		
Pa		ind Contractors)IIIC	ers, Directors, Trust	lees, Foundation Ma	magers, niginy	Palu E	шрю	yees,		
1	List all offi	cers, directors, truste	es, fo	undation managers ar	d their compensation	See instructions					
	(a) Nan	ne and address	(Title, and average hours per week devoted to position 	(c) Compensation (If not paid, enter -0-)	(d) Contribution employee benefit deferred compe	olans and			se acc	
DAVII	O KINGSTON		Presid	· · · · · · · · · · · · · · · · · · ·	0			+			
5250	SOUTH RAINBO	OW UNIT 2109	1 00		-						
JANAI	KINGSTON		Secre	tary	0						
	HOUP AVE 207		1 00								
	O FALLS, ID 8:	3402						+			
	ARMSTRONG		Direct 80 00		0						
	ORANGE ANGELES, CA	90036									
	DON SNYDER		Direct		0			+			
	W HACIENDA A	AVE	1 00		ľ						
	EGAS, NV 891										
_2	Compensat	tion of five highest-pa	id en	ployees (other than t	hose included on line 1	1		ne, e	nter "	NONE.	."
(a)		Idress of each employee te than \$50,000	paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribution employee be plans and defi	nefit			se acco	
						compensati	on				
NON	E										
Tota	I number of	other employees paid ov	er \$5	0,000			•				
		· · · · · · · · · · · · · · · · · · ·						For	m QQI	0-PF	(2018)

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Part VIII Information About Officers, Directors, Trus and Contractors (continued)	tees, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
	1	
T-1-1	<u> </u>	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	5	
List the foundation's four largest direct charitable activities during the tax year. Inc.	lude relevant statistical information such as the number of T	
organizations and other beneficiaries served, conferences convened, research pape	rs produced, etc	Expenses
1 TO MAKE BETTER THE LIVING STANDARDS OF FINANCIALLY DISAD WORLD	DVANTAGED INDIVIDUALS THROUGHOUT THE	59,187
2		
3		
4		
*		
Part IX-B Summary of Program-Related Investments	(see instructions)	
Describe the two largest program-related investments made by the foundation of	during the tax year on lines 1 and 2	Amount
1		_
		-
2		
		1
All other program-related investments See instructions		
3		
		-
Total. Add lines 1 through 3		•
<u> </u>		Form 990-PF (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

За 3h

4

5

118.925

118,925

Form **990-PF** (2018)

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

e From 2017.

XII, line 4 ▶ \$

indicated below:

Form **990-PF** (2018)

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Part XIII Undistributed Income (see instruc	tions)			
	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only				
b Total for prior years 20, 20, 20				
2 Evenes distributions correspond if any to 2019				

3 Excess distributions carryover, if any, to 2018 a From 2013. **b** From 2014. . . . c From 2015. . d From 2016. . . .

f Total of lines 3a through e.

4 Qualifying distributions for 2018 from Part

a Applied to 2017, but not more than line 2a

same amount must be shown in column (a)) 6 Enter the net total of each column as

b Applied to undistributed income of prior years (Election required—see instructions). required—see instructions).

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . d Excess from 2017. . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a

c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

other conditions, complete items 2a, b, c, and d See instructions

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

477 SHOUP AVE STE 207 IDAHO FALLS, ID 83402

DAVID O KINGSTON

N/A

- (208) 522-2365
- b The form in which applications should be submitted and information and materials they should include GRANT APPLICATION COVERSHEET, A DESCRIPTION OF THE PROJECT, AN ITEMIZED PROJECT BUDGET SHOWING HOW MAJOR EXPENSES ARE
 - ESTIMATED AND HOW FOUNDATION FUNDS ARE TO BE SPENT, DESCRIPTION OF THE ORGANIZATION REQUESTING FUNDS, LIST OF THE BOARD OF DIRECTORS, ORGANIZATIONS FINANCIAL STATEMENT, INFORMATION ABOUT THE ORGANIZATION'S FINANCIAL SUPPORT FOR THE INDIVIDUAL PROJECT, COPY OF IRS TAX EXEMPT LETTER, AND LETTER OF ENDORSEMENT FROM PERSON AUTHORIZED TO RECEIVE FUNDS
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Form 990-PF (2018)



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Part XVI-A Analysis of Income-Producing	Activities				
Enter gross amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	n 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
e					
f					
g Fees and contracts from government agencies2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments			14		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property 7 Other investment income.					
8 Gain or (loss) from sales of assets other than					
inventory					
9 Net income or (loss) from special events					
 10 Gross profit or (loss) from sales of inventory 11 Other revenue a 					
b					
c					
d					
e 12 Subtotal Add columns (b), (d), and (e)					
13 Total. Add line 12, columns (b), (d), and (e)			1	3	
(See worksheet in line 13 instructions to verify calcular Part XVI-B Relationship of Activities to the second seco		mont of Evon			
Explain below how each activity for which				ited importantly to	<u> </u>
the accomplishment of the foundation's e instructions)					
-					
					
-					
				Fo	orm 990-PF (2018)

. ,	/
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
	Exempt Organizations

Part	XVII	Exempt Organ		ransters to a	and Iransactio	ons and F	Relatio	nsnips with Nonc	cnaritable		
			ndirectly enga					n described in sections?	n 501	Yes	No
a Trai	nsfers f	om the reporting fou	ndation to a r	oncharitable ex	empt organization	of					
(1)	Cash.								1a(1)		No
(2)	Other	assets							. 1a(2)		No
		actions									
		of assets to a noncha		-					. 1b(1)		No
		ases of assets from a							. 1b(2)		No
		of facilities, equipme							. 1b(3)		No No
		ursement arrangeme or loan guarantees.							1b(4) 1b(5)		No
		nance of services or r							1b(5)		No
٠,				_					- ` ` `		No
d If th	ne answ	er to any of the abov	e is "Yes," coi	mplete the follow	wing schedule Col	umn (b) s	hould alv	ways show the fair ma	arket value		
								d less than fair marke ts, or services receive			
ın a	ny tran	saction or snaring arr	angement, sn	ow in column (c	1) the value of the	goods, ot	ner asse	ts, or services receive	ea		
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Desc	cription of	transfers, transactions, a	and sharing arra	ngemen	its
		dation directly or indi	•	*	•			_			
		n section 501(c) (oth		n 501(c)(3)) or	ın section 527? .			Ll Yes	✓ No		
b If "\	res," co	mplete the following		1 4			ı	() 5			
		(a) Name of organizat	ion	(1	b) Type of organizati	on		(c) Description o	f relationship		
-											
	of my		f, it is true, c					ng schedules and stat than taxpayer) is bas			
Sign Here			-		2019-11-15				May the IRS di return		
	 ▶ −	ignature of officer or	trustee		Date	—) −	itle		with the prepai below	_	
				<u> </u>		T		I	(see instr)?	✓ Yes	⊔ No
		Print/Type preparer	's name	Preparer's Sigi	nature	Date		Check if self-	ΓIN		
								employed ▶ □	P00440	840	
Paid		CHRISTIAN ZOLL	INGER								
Prep	arer	Firm's name ▶ Ruo	id & Company	, DII C		1					
Use		Thiris name F Ruc	a a company					Fii	rm's EIN ▶82	-04673 	399
	-	Firm's address ▶ 7	25 S Woodruf	f Ave							
		I	daho Falls, ID	83401				Ph	none no (208) 529-9	9276
]	,								

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
IDAHO FALLS HISTORIC DOWNTOWN 450 B STREET IDAHO FALLS, ID 83402	NONE	EXEMPT	TO HELP SPONSOR A BIKE RACE TO HELP DOWN TOWN	220
FAMILY CARE FOUNDATION PO BOX 1039	NONE	EXEMPT	TO PROVIDE HUMANITARIAN SERVICES IN DEVELOPING	4,200

FAMILY CARE FOUNDATION PO BOX 1039 SPRING VALLEY, CA 91979	NONE	EXEMPT	TO PROVIDE HUMANITARIAN SERVICES IN DEVELOPING NATIONS, MAKE GRANTS AND PROVIDE TRAINING FOR GRASSROOTS ORGANIZATIONS IN THE DEVELOPING WORLD	4,200
MISCELLANEOUS INDIVIDUALS	NONE	NONE	TO PROVIDE FOOD MEDICAL	11 751

			GRASSROOTS ORGANIZATIONS IN THE DEVELOPING WORLD	
MISCELLANEOUS INDIVIDUALS MISCELLANEOUS MISCELLANEOUS, ID 83404	NONE	NONE	TO PROVIDE FOOD, MEDICAL ASSISTANCE AND OTHER ESSENTIALS TO INDIVIDUALS	11,751

59,187

Total .

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year TEEN CHALLENGE OF OKLAHOMA INC NONE NONE Helping youth, adults and 11.125

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

PO BOX 270365

SCOTTSDALE, AZ 85258

Total .

NONE	EOF	RESEARCH AND EDUCATION TO HELP PROVIDE RELIEF FOR	300
	NONE		

families with drug and alcohol

▶ 3a

59,187

			controlling problems	
FRIEDREICH'S ATAXIA RESEARCH ALLIAN PO BOX 1537 SPRINGFIELD, VA 22151	NONE	EOF	RESEARCH AND EDUCATION TO HELP PROVIDE RELIEF FOR INDIVIDUALS SUFFERING FROM FRIEDREICH'S ATAXIA	30

10E EOSS INSTITUTE	NONE	EVEMBT	EDUCATE DEODUE ABOUT THE	15.00
ALLIAN PO BOX 1537 SPRINGFIELD, VA 22151			HELP PROVIDE RELIEF FOR INDIVIDUALS SUFFERING FROM FRIEDREICH'S ATAXIA	
FRIEDREICH'S ATAXIA RESEARCH	NONE	EOF	RESEARCH AND EDUCATION TO	30

PO BOX 1537 SPRINGFIELD, VA 22151			INDIVIDUALS SUFFERING FROM FRIEDREICH'S ATAXIA	
JOE FOSS INSTITUTE 14415 N 73RD STREET 109	NONE	EXEMPT	EDUCATE PEOPLE ABOUT THE US	15,888

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

a Paid during the year				
SAFARI CLUB INTERNATIONAL FOUNDATIO 4800 W GATES PASS ROAD	NONE	EXEMPT	EDUCATE PEOPLE ABOUT WILDLIFE AND CONSERVATION	10,000

4800 W GATES PASS ROAD TUCSON, AZ 85745				
MIAH DAVIS 5250 S RAINBOW BLVD 1160	NONE	NONE	IMPROVE QUALITY OF LIFE	5,7

TUCSON, AZ 85745				
MIAH DAVIS 5250 S RAINBOW BLVD 1160 LAS VEGAS, NV 89118	NONE	NONE	IMPROVE QUALITY OF LIFE	5,703

59,187

Total .

efile GRAPHIC print - DO NOT P	ROCESS	As Filed D	ata -		DLN: 93491319019779
TY 2018 Accounting Fees Schedule					
Name: DAVID O KINGSTON FOUNDATION INC					
EIN: 20-4914701					
Softv	vare ID:	1800721	8		
Software \	Version:	2018v3.1	L		
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
		910		0	0 910

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491319019779
TY 2018 Other Expenses Sche	dule		<u> </u>	
Name:	DAVID O KINGS	STON FOUNDATION	ON INC	
EIN:	: 20-4914701			
Software ID:	D: 18007218			
Software Version:	2018v3.1			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK CHARGES	1,112			1,112
FEES	90			90

186

1,822

186

1,822

MEETING EXPENSE

MISCELLANEOUS

efile GRAPHIC print - D	O NOT PROCESS As Filed	Data -		DLN: 93491319019779	
Schedule B	Sc	chedule of Contributo	ors	OMB No 1545-0047	
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		attach to Form 990, 990-EZ, or 990 <u>vw ırs gov/Form990</u> for the latest i		2018	
Name of the organization			Employer	identification number	
Organization type (chec	ck one)		20-491470	1	
	·				
Filers of:	Section:				
Form 990 or 990-EZ					
	☐ 4947(a)(1) nonexem	npt charitable trust not treated a	s a private foundation		
	☐ 527 political organiza	ation			
Form 990-PF	✓ 501(c)(3) exempt pri	ivate foundation			
4947(a)(1) nonexempt charitable trust treated as a private foundation					
☐ 501(c)(3) taxable private foundation					
		or 990-PF that received, during to butor. Complete Parts I and II. S			
Special Rules					
under sections 50 received from any	09(a)(1) and 170(b)(1)(A)(vi), th	n(3) filing Form 990 or 990-EZ th hat checked Schedule A (Form ear, total contributions of the gre 1 Complete Parts I and II	990 or 990-EZ), Part II, line 13	3, 16a, or 16b, and that	
during the year, t	otal contributions of more than	n(7), (8), or (10) filing Form 990 on \$1,000 exclusively for religious dren or animals. Complete Part	s, charitable, scientific, literary,		
during the year, of If this box is check purpose Don't co	contributions exclusively for reliked, enter here the total contributions and contributions and contributions are sufficient to the contribution and sufficient to the contribution are sufficient to the	(7), (8), or (10) filing Form 990 or ligious, charitable, etc., purpose ibutions that were received duril is the General Rule applies to the \$5,000 or more during the year	s, but no such contributions to ng the year for an <i>exclusively</i> i nis organization because it rec	staled more than \$1,000 religious, charitable, etc, eived <i>nonexclusively</i>	
990-EZ, or 990-PF), but	t must answer "No" on Part IV	reral Rule and/or the Special Ru /, line 2, of its Form 990, or cheortify that it doesn't meet the filing	ck the box on line H of its		
For Paperwork Reduction A for Form 990, 990-EZ, or 990	ct Notice, see the Instructions -PF	Cat No 30613X	Schedule B (Form 99	90, 990-EZ, or 990-PF) (2018)	

Name of organi	zation	Employer identification	number
DAVID O KINGST	ON FOUNDATION INC	20-4914701	
Part I	Contributors (See instructions) Use duplicate copies of Part I if a	dditional space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DAVID KINGSTON 5250 SOUTH RAINBOW UNIT 2109 LAS VEGAS, NV 89118	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
2	KINGSTON & ASSOCIATES MARKETING 477 SHOUP AVE STE 207 IDAHO FALLS, ID 83402	\$ 158,990	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CARL BORSODY 11495 CENTER AVE GILROY, CA 950208917	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	PROPERTY SPE 1 LLC 477 SHOUP AVE STE 207 IDAHO FALLS, ID 83402	\$ 10,000	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ Schedule B / F	Person Payroll Noncash (Complete Part II for noncash contributions) orm 990, 990-EZ, or 990-PF) (2018)

Schedule B (Form	990, 990-EZ, or 990-PF) (2018)		Page 4
Name of organizat DAVID O KINGSTON			Employer identification number 20-4914701
than \$1, organiz the year	000 for the year from any one contributor	r. Complete columns (a) thro of exclusively religious, chari ctions.) ▶ \$	d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
			Schedule B (Form 990, 990-EZ, or 990-PF) (2018)