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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning _____, and ending _____

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization

KIUC CHARITABLE FOUNDATION

Number and street (or P O box, if mail is not delivered to street address)

4463 PAHEE STREET

Room/suite

1

City or town, state or country, and ZIP + 4

LIHUE HI 96766

D Employer identification number

51-0592268

E Telephone number

808-246-6963

F Group Exemption
Number ►G Accounting Method Cash Accrual Other (specify) ► TAX

I Website: ► KIUCCharitableFoundation.com

J Tax-exempt status (check only one) — 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B

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

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 9,317

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	9,312
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	5
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
Expenses	7a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	9,317
	10 Grants and similar amounts paid (list in Schedule O)	10	30,000
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
Net Assets	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	5,086
	17 Total expenses. Add lines 10 through 16	17	35,086
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-25,769
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	56,037
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	30,268

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

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Form 990-EZ (2011)

Form 990-EZ (2011) KIUC CHARITABLE FOUNDATION

51-0592268

Page 2

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	56,037	22	30,268
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	56,037	25	30,268
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	56,037	27	30,268

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 THE CHARITABLE FOUNDATION DONATED FUNDS TO KAUAI ECONOMIC OPPORTUNITY (A 501(c)(3) CHARITY) TO HELP QUALIFIED LOW INCOME INDIVIDUALS NEEDING ASSISTANCE WITH THEIR ELECTRIC BILLS (Grants \$ 30,000) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	30,000
29 THE FOUNDATION DONATED MONEY TO THE EAST KAUAI DRUG PREVENTION EDUCATION TEAM (A 501 (c) (3) CHARITY) TO FUND "FREE SCHOOL SUPPLIES DAY" (Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	1,000
30 THE CHARITABLE FOUNDATION DONATED FUNDS TO THE UNIVERSITY OF HAWAII FOUNDATION (A 501(c)(3) CHARITY) TO FUND SCHOLARSHIP PROGRAMS. (Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	3,109
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	34,109

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALLAN SMITH 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0
JOHN COX 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0
CAROL BAIN 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0
SHELLEY PAIK 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0
TRINETTE KAUI 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0
NANCY BUSHNELL 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0
KATHRYN WILLIAMS 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0
STEVE M. RAPOZO 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0
MICHELLE SWARTMAN 4463 PAHE'E STREET #1	LIHUE HI 96766 0.75	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file Form 1120-POL for this year? 37b X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b X

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e X

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f

41 List the states with which a copy of this return is filed ► HI Telephone no ► 808-246-2111

42a The organization's books are in care of ► Carol Bain 42b Yes No

4463 Pahee Street #1

Located at ► LIHUE 42c Yes No

HI ZIP + 4 ► 96766

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a Yes No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51
Check if the organization used Schedule O to respond to any question in this Part VI

47 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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ► _____

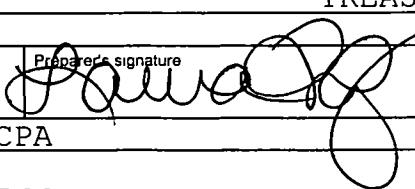
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ► _____

52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer		9/10/12
	CAROL BAIN		Date
Type or print name and title		TREASURER	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Laura Wiley		09/09/12
	Firm's name ► Laura Wiley, CPA		Check <input checked="" type="checkbox"/> if self-employed
Firm's address ► PO Box 1202 Lihue, HI 96766		Firm's EIN ► 27-1628293	
		Phone no	808-639-2137

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2011)

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**
 Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.
 ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

KIUC CHARITABLE FOUNDATION

Employer identification number
51-0592268

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Organizations

Name and Address	Class of Activity	Date of Gift	
		Desc. of Property	
		Cash Contrib.	Noncash Contrib.
		Book Value	BV Expl.
			FMV Expl.
KAUAI ECONOMIC OPPORTUNITY 2804 WEHE ROAD LIHUE, HI 96766	charitable		12/21/2011
		\$ 30,000	\$ 0
		\$ 0	

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Information Technology	\$ 945
Insurance	\$ 26
CHARITABLE DONATIONS	\$ 1,000
CHARITABLE DONATIONS	\$ 3,109
GENERAL EXCISE TAX	\$ 3
LICENSES & FEES	\$ 3
Total	\$ 5,086

Form 990-EZ, Part III - Primary Exempt Purpose

 TO FUND ENERGY ASSISTANCE PROGRAMS FOR LOW-INCOME PERSONS, TO MAKE
 DONATIONS TO OTHER NONPROFIT CHARITIES & TO GRANT EDUCATIONAL SCHOLARSHIPS

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II. Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions KIUC CHARITABLE FOUNDATION	Employer identification number (EIN) or <input checked="" type="checkbox"/> 51-0592268
	Number, street, and room or suite no. If a P O box, see instructions 4463 PAHEE STREET	Social security number (SSN) <input type="checkbox"/> 1
	City, town or post office, state, and ZIP code For a foreign address, see instructions LIHUE HI 96766	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 1041-A	08
Form 990-BL	02	Form 4720	09
Form 990-EZ	01	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

Carol Bain
4463 Pahee Street #1

- The books are in the care of ► LIHUE HI 96766
- Telephone No ► 808-246-2111 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until 11/15/12
- For calendar year 2011, or other tax year beginning _____, and ending _____
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- State in detail why you need the extension
NEW CPA WAS RECENTLY HIRED TO PREPARE THE FORM 990 BUT CAN'T VERIFY IF THE 1ST EXTENSION WAS FILED SO IS FILING THIS ADDITIONAL REQUEST IN CASE IT WAS

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ►

Title ►

CPA

Date ► 08/14/12

Form 8868 (Rev. 1-2012)