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Extended to November 16, 20 Return of Private Foundation 2015

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.

nation about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

		dar year 2014 or tax year beginning	11 330-71 und its soparate il	, and ending		Open to Public Inspection
Nan	ne of	foundation			A Employer identification	number
		<u>I</u> S LEVIN LIVINGSTON CHA	RITABLE			
		NDATION			45-3981976	<u> </u>
		nd street (or P O box number if mail is not delivered to street	Room/suite	B Telephone number		
		FORT STREET MALL		400	808-524-75	00
		own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending, check here
		OLULU, HI 96813-4300			_ 	
G	песк	all that apply: Initial return	Initial return of a for	mer public charity	D 1 Foreign organization	s, check here
		Address change	Amended return Name change		Foreign organizations me check here and attach co	eeting the 85% test,
	hack	type of organization: X Section 501(c)(3) ex		A.1		
	_		Other taxable private foundat	$_{ ext{tion}}$	E If private foundation sta under section 507(b)(1	. 1 1
I Fa		rket value of all assets at end of year J Accounti		Accrual	F If the foundation is in a	
		·	ther (specify)	,	under section 507(b)(1	
		293,691. (Part I, colu	mn (d) must be on cash b	asıs)		
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
		Contributions, gifts, grants, etc., received	60,104.		N/A	
	2	Check fithe foundation is not required to attach Sch B Interest on savings and temporary	4.5			<u> </u>
	3	cash investments	16.	16.		Statement 1
	4	Dividends and interest from securities	1,156.	1,156.		Statement 2
	Ι΄.	Gross rents				
	l	Net rental income or (loss)	-4,558.			1
Je	h	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 63,009.	=,550.			
Revenue	•	Capital gain net income (from Part IV, line 2)		0.	,	***
æ	8	Net short-term capital gain				
	9	Income modifications				
က	10a	Gross sales less returns and allowances				
S 2016	b	Less Cost of goods sold				ļ
SCANNET		Gross profit or (loss)				
	ŀ	Other income	8,475.	8,475		Statement 3
Ž		Total. Add lines 1 through 11	65,193.	9,6 4 7.		0.
Щ≤	13 14	Compensation of officers, directors, trustees, etc Other employee salaries and wages	0.		<u>'</u>	<u>_</u>
Z		Pension plans, employee benefits			-	
NON See See See See See See See See See Se	1	Legal fees			305	10 d
O Se	b	Accounting fees	W			
	C	Other professional fees			100	1015 (2)
5102 5015	17	Interest			15 cc 20	
	18	Taxes Stmt 4	557.	0		0.
nis	19	Depreciation and depletion			Till Brown	1, 10,
Ē	20	Occupancy	211.75		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Ý	21	Travel, conferences, and meetings		-	1	
a	22	Printing and publications	150.	150		0:
ting	23	Other expenses Stmt 5	150.	1,00		
\$107 Signature and Administrative	24	Total operating and administrative expenses. Add lines 13 through 23	707.	150		0:
ဝိ	25	•	80,662.			80,662.
		Total expenses and disbursements.	50,002.			30,032,
	"	Add lines 24 and 25	81,369.	150		80,662.
	27	Subtract line 26 from line 12:				
		Excess of revenue over expenses and disbursements	-16,176.			
	b	Net investment income (if negative, enter -0-)		9,497		<u> </u>
_	c	Adjusted net income (if negative, enter -0-)		_	N/A	<u> </u>

Pert II Balance Sheets Standar States and amounts interfaceous Genomical States	F	00	DAVIS LEVIN LIVINGSTON (CHARITABLE	1E ·	2001076 Dece 1
Cash - one interest-bearing Cash should active feet department state Cash - one interest-bearing Cash - one interest-bearing 275 , 357 . 76 , 941 . 76 , 941 . 76 , 941 .	=			Reginning of year		
Submy and emproyer can be employed to the complete lines of through 20 1 1 1 1 1 1 1 1 1	P	<u>art</u>	Balance Sheets Addition Schedules and amounts in the description column should be for end-of-year amounts only			·
2 Savings and temporary cash investments 3 Accounts receivable Less allowance for doubtful accounts 4 Petages removable Less allowance for doubtful accounts 5 Receivables due form officers, directors, trustees, and other 6 Receivables due form officers directors, trustees, and other 7 One area to as section 8 Investments of section as as 8 Investments of section as as 8 Investments - Corporate bonds 1 Investmen	\neg	_				
See Accounts receivable Less allowance for doubtful accounts Filtriges receivable				213,331.	70,241.	10,541.
Less allowance for doubtful accounts						
Prioges recordable Less allowance for doubtful accounts S Carats recovable Cara		J				
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Less allowance for doubtful accounts		7	· · · · · .			
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Propad expenses and deterred charges 10a investments - Corporate bonds 1 bit investments - Corporate bonds 1 investments - Cor	m	Ω				<u> </u>
b Investments - corporate stock c Investments - corporate stock start = corporate stock c Investments - corporate stock start = corporate stock c Investments - corporate stock c Investments - corporate stock start = corpo	set					
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Investments - both suitogs, and equipment tass			· F	0.	215,715	210//301
tess accessibilities desperation 12 Investments - other 37,473 .			F			
Investments - other 37,473.		'''				
13 Investments - other		12	· · · · · · · · · · · · · · · · · · ·		···································	
14 Land, buildings, and equipment: basis		l	r - r	37 473		
15 Other assets (describe 16 Total assets (describe 17 Total assets (describe 18 Total assets (describe 19 Deferred revenue 10 Deferred reven		1		31, 213.		
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(must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oo. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	_	Tota	I net assets or fund halances at heginning of year - Part II, column (a), line	30		
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5 Oo. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	1					312.830.
3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5 O • 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	9	•				
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 296,654.						
5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 296,654.				· · · · · · · · · · · · · · · · · · ·		
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30						
				olumn (b), line 30		
	<u>~</u>		and about 31 land balanced at one of Jose Jimo 1 miles into 3) 1 artifut	1-11		

423511 11-24-14

DAVIS LEVIN LIVINGSTON CHARITABLE Form 990-PF (2014) FOUNDATION 45-3981976 Page 3 Part IV Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold (e.g., real estate, (mo., day, yr.) (mó., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D - Donation 12/26/13 09/05/14 100 CHEVRON CORP SHS 12/16/14 200 SHS CHEVRON CORP P 05/08/95 P Various 12/30/14 206 CHEVRON CORP SHS 12/30/1 _d 600 SHS WPX ENERGY INC P 08/30/93 _е (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 115. <u> 12,596.</u> 12,481 а 24,982. -4,534. 20,448. þ 23,202. 23,078. 124. 6,763. 263 7,026. d е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (ı) Losses (from col. (h)) (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (1), if any 115. -4,534: b 124. 263. d If gain, also enter in Part I, line 7 -4,558. Capital gain net income or (net capital loss) 2 If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 N/A Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income Part V (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (c) (b) Net value of noncharitable-use assets Adjusted qualifying distributions Calendar year (or tax year beginning in) 237,780 <u>24,662</u> .103718 2013 114,960 .121277 13,942 2012 54,914 2011 0. 000000 2010 2009 .224995 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years .074998 3 the foundation has been in existence if less than 5 years <u> 290,790.</u> 4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5 21,809. Multiply line 4 by line 3 5 95 Enter 1% of net investment income (1% of Part I, line 27b)

7

8

Form **990-PF** (2014)

21,904.

80,662.

Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

DAVIS LEVIN LIVINGSTON CHARITABLE

	990-PF (2014) FOUNDATION 45-3981 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	976		age 4
<u> </u>	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			<u>,</u>
	Date of ruling or determination letter:			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			95.
	of Part I, line 27b			55.
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2			95.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			95.
	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c 6c			Ş
	Backup withholding erroneously withheld 6d			
	Total credits and payments. Add lines 6a through 6d			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			95.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10			<u> </u>
	Enter the amount of line 10 to be: Credited to 2015 estimated tax			
	rt VII-A Statements Regarding Activities			•
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
14	any political campaign?	1a		<u>X</u> ,
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		<u> X</u> -
٠	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		Χ.
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
•	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			-
٠	managers. > \$ 0.	Ì		-
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X '
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			-
·	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
Aa	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
·	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
·	By language in the governing instrument, or			;
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		1	
	remain in the governing instrument?	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Х	
•	bid the foundation have at least posses in according to the same growth and the same growth according to the same growth according t			
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions)			
-	HI			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
•	of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			•
•	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	1	X ·
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
		rm 99 0	-PF	

X

3Ь

4a

N/A

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
				
	-			
	1			
Total number of other employees paid over \$50,000			>	(

Form **990-PF** (2014)

DAVIS LEVIN LIVINGSTON CHARITABLE

Form 990-PF (2014) FOUNDATION		3981976 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundated Paid Employees, and Contractors (continued)		;
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		<u> </u>
		_
Total number of others receiving over \$50,000 for professional services		D
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	_ ,
number of organizations and other beneficiaries served, conferences convened, research papers pro-	duced, etc.	Expenses 1
1 N/A		
2		
	4	
		-
3		_
4		
4	-	7
Part IX-B Summary of Program-Related Investments		l
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount -
1 N/A		
2		
All other program-related investments. See instructions.		
3		-
		,
Total. Add lines 1 through 3		0.
realities and i sireaging		Form 990-PF (2014)

Form 990-PF (2014)

FOUNDATION

_ P 3	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	269,075.
	Average of monthly cash balances	1b	269,075. 26,143.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	295,218.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	295,218.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,428.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	290,790.
6	Minimum investment return. Enter 5% of line 5	6	14,540.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	14,540.
2a	Tax on investment income for 2014 from Part VI, line 5		•
b	Income tax for 2014. (This does not include the tax from Part VI.)		<u>'</u>
C	Add lines 2a and 2b	2c	95.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,445.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	14,445.
6	Deduction from distributable amount (see instructions)	6	0:
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	14,445.
P	art XII Qualifying Distributions (see instructions)		•
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		00 ((2)
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	80,662.
þ	0	1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		,
a		3a	
Ь		3b	00 ((2)
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	80,662
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	٥٦
	income. Enter 1% of Part I, line 27b	5	95. 80,567.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

				
,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,		. одго риск по до но		
line 7				14,445.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				· •
d From 2012 11,442.				
e From 2013 13,651.				
f Total of lines 3a through e	25,093.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$80,662.				
a Applied to 2013, but not more than line 2a			0.	-
b Applied to undistributed income of prior	-			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				14,445.
e Remaining amount distributed out of corpus	66,217.	<u></u>		
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				,
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	91,310.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable	<u></u> .			
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	•
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must			[
be distributed in 2015				0.
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)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.		· · · · · · · · · · · · · · · · · · ·		
Subtract lines 7 and 8 from line 6a	91,310.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012 11,442.				
d Excess from 2013 13,651.				
e Excess from 2014 66, 217.				<u> </u>
423581				Form 990-PF (2014)

LYNNE AGBALOG, 808-524-7500

851 FORT STREET MALL, STE 400, HONOLULU, HI 96813

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

NO SPECIFIC FORM REQUIRED.

c Any submission deadlines:

NONE

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

RECIPIENT MUST BE A 501(C)(3) ORGANIZATION.

Form 990-PF (2014)

Form 990-PF (2014)

FOUNDATION

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution show any relationship to Foundation Amount status of any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year PC UNRESTRICTED SUPPORT BALLET HAWAII NONE PC UNRESTRICTED SUPPORT 777 S. HOTEL ST 5,000. HONOLULU, HI 96813 DOMESTIC VIOLENCE ACTION CENTER NONE PC UNRESTRICTED SUPPORT PO BOX 3198 1,000. HONOLULU, HI 96801 EPIC OHANA, INC. NONE PC SUPPORT HAWAII YOUTH 1130 N. NIMITZ HWY, SUITE C-210 OPPORTUNITY 5,000. HONOLULU, HI 96817 EPIC OHANA, INC. NONE STAFF HEALTH AND NUTRITION 1130 N. NIMITZ HWY, SUITE C-210 5.000. HONOLULU HI 96817 See continuation sheet(s) Total **▶** 3a 80,662. b Approved for future payment None Total **≥** 3b

FOUNDATION

Part XVI-A	' And	dvoic	of In	00m0	Drodu	oina	Activition
Lair VAI-W	~!!!	aryoro	01 111	COILIG	Tiouu	unig	ACUVILIES.

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ed by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
	Code	· ·	COUG		
b					7
c		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	<u> </u>
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash				1.5	
Investments			14	16. 1,156.	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate:			<u> </u>	1,130.	
a Debt-financed property					
b Not debt-financed property					.
6 Net rental income or (loss) from personal					
property					
7 Other investment income		•	14	8,475.	····
8 Gain or (loss) from sales of assets other					-
than inventory		,	18	-4,558.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b			 - 		
c		·			
d					
12 Subtotal. Add columns (b), (d), and (e)		0.	1 1	5,089.	0.
13 Total. Add line 12, columns (b), (d), and (e)	<u></u>				5,089.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	cempt	Purposes	•
		·			-link-root of
Explain below how each activity for which inco the foundation's exempt purposes (other than			COMMID	ned importantly to the accom	JASIHHEIR OI
	o, promaing rai				······
				· · · · · · · · · · · · · · · · · · ·	·
		•		.	
					-
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	-				
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Form 990-PF (ATTON	ION CHARITABLE		81976	Pa	ge 13
Part XVII			and Transactions ar	nd Relationships With Noncl			<u> </u>
	Exempt Organ			•			
1 Did the o	rganization directly or indir	rectly engage in any of the following	ing with any other organization	described in section 501(c) of		Yes	No
the Code	(other than section 501(c)	(3) organizations) or in section 5	527, relating to political organiz	ations?			
a Transfers	s from the reporting founda	ation to a noncharitable exempt o	organization of:				
(1) Cast	h				1a(1)		<u> </u>
(2) Othe	er assets				1a(2)		_ <u>X</u> _
-	nsactions:						
	s of assets to a noncharital	, ,			1b(1)		_ <u>X</u> _
		ncharitable exempt organization			1b(2)		<u> X</u> .
	tal of facilities, equipment,				1b(3)		X
	nbursement arrangements				1b(4)		X
	ns or loan guarantees	mbarahin ar fundraisina salisitat	vono		1b(5)		X
		mbership or fundraising solicitati			1b(6) 1c		X
		Iling lists, other assets, or paid er		ays show the fair market value of the good		otc	
			• •	in any transaction or sharing arrangemen		,	
	-	other assets, or services received		any transaction of ontining arrangemen	.,		
(a) Line no	(b) Amount involved	(c) Name of noncharitab		(d) Description of transfers, transactions, a	and sharing ar	rangeme	nts
	- · · - · · · · · · · · · · · · · · · ·	N/A					
		•					
	•		•				
				N 1817 -			
			· .	<u> </u>			
-							
On lothofor	undation directly or indirec	the offiliated with or related to or	an or more toy exampt organize	ations described			
		tly affiliated with, or related to, on r than section 501(c)(3)) or in se		ations described	Yes	X] No
	complete the following sch		otion ozr				
<u>U 11 100, 1</u>	(a) Name of org		(b) Type of organization	(c) Description of relation	onship		
	N/A		,,,,,	• • • • • • • • • • • • • • • • • • • •			

							•
				statements, and to the best of my knowledge stone of which preparer has any knowledge	May the IRS	discuss	this
Sign	beller, it is true, correct, and an	make Decidation of preparational tr			return with the	(see ins	er <u>tr</u>)?
Here	×	7-	110/22/15	x Trustee	LX Yes	: L	J No
Sı	gnature of officer of trustee	1	Date	Title			
	Print/Type preparer's	ame Preparer's	sygnature //	Date Check X if PT	IN		
Detal	//	 Y / .		self- employed			
Paid	MARSHALIN T				00469		
Preparer	1 11 11 0 11 at 110 P = ===============================	SHALL T. INGRA	HAM, CPA	Firm's EIN ► 99-	02350	63	-
Use Only	` <u> </u>	OO DIGUOD CE	GIITER OOOE				
		88 BISHOP ST.,		000	E26 1	900	
	ı HC	NOLULU, HI 968	<u> 13</u>	Phone no. 808-	Form 99 0	0-PF	(2014)
					runn ss	-	(2017)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

Name of the organization

Organization type (check one):

DAVIS LEVIN LIVINGSTON CHARITABLE FOUNDATION

45-3981976

Filers of:	Section:
riiers oi.	
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	is covered by the General Rule or a Special Rule .)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from for, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Z, line 1. Complete Parts I and II.
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the autions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals Complete Parts I, II, and III.
year, contribution is checked, enter purpose. Do not d	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the is exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ble, etc., contributions totaling \$5,000 or more during the year.
but it must answer "No" o	that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

DAVIS LEVIN LIVINGSTON CHARITABLE FOUNDATION

45-3981976

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARK DAVIS 851 FORT STREET, SUITE 400 HONOLULU, HI 96813	\$ 7,026.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARK DAVIS 851 FORT STREET, SUITE 400 HONOLULU, HI 96813	\$ <u>23,078.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MICHAEL LIVINGSTON 851 FORT STREET, SUITE 400 HONOLULU, HI 96813	\$ 30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroil Oncash (Complete Part II for noncash contributions)

Name of organization
DAVIS LEVIN LIVINGSTON CHARITABLE FOUNDATION

Employer identification number

45-3981976

art II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	600 SHS WPX		
		\$ 7,026.	12/22/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	206 SHS CHEVRON CORPORATION		
		\$23,078.	12/22/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>.</u>			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Employer identification number Name of organization DAVIS LEVIN LIVINGSTON CHARITABLE 45-3981976 FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Part III Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Form 990-PF Interes	st on Savin	gs and Te	mporar	y Cash I	nvestments	Statement	1
Source	Rev	(a) Revenue Per Books 4. 12.		(b) nvestment ncome	(c) Adjusted Net Income		
14 FIRST HAWAIIAN BANK				4. 12.			
Total to Part I, lin				16.			
Form 990-PF	Dividends	and Inte	rest f	rom Secu	rities	Statement	
Source	Gross Amount	Capita Gains Dividen		(a) Revenue Per Books		-	
MORGAN STANLEY	1,156.		0.	1,156	. 1,15	6.	
To Part I, line 4	1,156.		0.	1,156	. 1,15	6.	72
Form 990-PF		Other	Income	<u> </u>		Statement	3
Description			(a Reve Per E	enue	(b) Net Invest- ment Income	_	
MORGAN STANLEY FORM	_	 	8,475.	8,475	•	•	
Total to Form 990-P	F, Part I,	line 11 =		8,475.	8,475	•	-
Form 990-PF		Та	Taxes		Statement 4		4
Description		(a) Expenses Per Books		(b) Invest- t Income	(c) Adjusted Net Incom		
							0:
U.S TREASURY 990 PF STATE OF HI TAX OFF		537 20		0. 0.			0.

Form 990-PF	Other E	xpenses		Statement		
Description	(a) Expenses Per Books	(b) Net Inves ment Inco	_			
MORGAN STANLEY FEES	150.	1	50.	0 ;		
To Form 990-PF, Pg 1, ln 23	150.	1	50.	0.		
orm 990-PF Corporate Stock				Statement 6		
Description			Book Value	Fair Market Ž		
4000 SHS CTRACKS EXCHNGE TRAI 4500 SHS PERFMNCE MILLER MLP	_	103,416. 116,297.	102,000. 114,750.			
Total to Form 990-PF, Part I	I, line 10b	=	219,713.	216,750		
Form 990-PF	Part XV - L of Foundati		`s	Statement 7		

Name of Manager

MARK S. DAVIS

MICHAEL K. LIVINGSTON

		ATM TITATION TOTAL	CITUITY TUDDE	
	FOUNDATI	ON		45-3981 <u>97</u> 6
Part XV	Supplementary Information			
3 Grants	and Contributions Paid During the Ye	ar (Continuation)		
	Recipient	If recipient is an individual		

Name and address (home or business) Name and address (home or business) Name and address (home or business) Purpose of grant or substantial contributor Subsol of ecopient Purpose of grant or contribution or substantial contributor None PC EMPLOYEE HAPPINESS NONE PC HAWAII YOUTH DPPORTUNITIES PC HAWAII YOUTH DPPORTUNITIES NONE PC UNRESTRICTED SUPPORT HAWAII POPS PO BOX 25037 HONOLULU, HI 96817 HAWAII PUBLIC RADIO 738 KAHEKA ST HONOLULU, HI 96814 HONOLULU, HI 96814 HONOLULU, HI 96814 HONOLULU, HI 96814 HONOLULU, HI 96817 HONOLULU, HI 96817 HONOLULU, HI 96817 HONOLULU, HI 96817 HONOLULU, HI 96818 HONOLULU, HI 96817 HONOLULU, HI 96817 HONOLULU, HI 96817 HONOLULU, HI 96817 HONOLULU, HI 96818 HONOLULU, HI 96817 NONE PC UNRESTRICTED SUPPORT HONOLULU, HI 96817 HONOLULU, HI 96817 HONOLULU, HI 96817 NONE PC UNRESTRICTED SUPPORT HONOLULU, HI 96817 HONOLULU, HI 96817 NONE PC UNRESTRICTED SUPPORT HONOLULU, HI 96817 HONOLULU, HI 96817 NONE PC UNRESTRICTED SUPPORT HONOLULU, HI 96817 HONOLULU, HI 96817 NONE PC UNRESTRICTED SUPPORT HONOLULU, HI 96817	
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NATIVE HAWAIIAN LEGAL CORORATION NONE PC UNRESTRICTED SUPPORT	
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	1,000
1164 BISHOP ST, SUITE 1205	
HONOLULU, HI 96813	1,000
PARENTS WITHOUT PARTNERS NONE PC UNRESTRICTED SUPPORT	
664 ULUMALU ST, KAILUA, HI 96734	1,000
MATERIA, 112 70 (32	
PLANNED PARENTHOOD OF HAWAII NONE PC UNRESTRICTED SUPPORT	
1350 S. KING ST, SUITE 310	
HONOLULU, HI 96814 Total from continuation sheets	4,250 64,662

45-398**1**976

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient POUND CIVIL JUSTICE INSTITUTE NONE UNRESTRICTED SUPPORT PC 777 SIXTH ST. NW WASHINGTON, DC 20001 1,350. TEMPLE EMANU-EL NONE PC JEWISH FILM FESTIVAL 2550 PALI HWY 5 000. HONOLULU, HI 96817 THE MEDIATION CENTER OF THE PACIFIC NONE PC UNRESTRICTED SUPPORT 245 N. KUKUI ST, SUITE 206 HONOLULU, HI 96817 5,000, THE MEDIATION CNETER OF THE PACIFIC NONE PC UNRESTRICTED SUPPORT 245 N. KUKUI ST, SUITE 206 5,000. HONOLULU HI 96817 UNIVERSITY OF MONTANA NONE PC UNRESTRICTED SUPPORT 32 CAMPUS DR 3,000. MISSOULA, MT 59812 WASHINGTON MIDDLE SCHOOL NONE PC WMS CHESS CLUB 1633 S. KING ST 2 500 HONOLULU HI 96826 WILLIAM S RICHARDSON SCHOOL OF LAW. NONE PC UNRESTRICTED SUPPORT UNIV OF HAWAII 2500 CAMPUS DR 3,000. HONOLULU, HI 96826 Total from continuation sheets