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OMB No 1545-0052

Department of the Treasury Internal Revenue Service

#### **Return of Private Foundation** 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. ▶ Information about Form 990-PF and its instructions is at  $\underline{www.irs.gov/form990pf}$ .

Open to Public Inspection

For	cale	ndar year 2015, or tax	, and ending 1	and ending 12-31-2015								
	e of four	ndation A Casauria Foundation			A Employer ide	entification numbe	er					
Ca	sugnone	A Casauria i ouridation			94-3275970							
		street (or P O box number if mail is	not delivered to street address)	Room/suite	<b>B</b> Telephone nur	nber (see instruction	s)					
73	7 Bishop	Street			(808) 524-8099	ı						
	or town, olulu, HI	state or province, country, and ZIP 96813	or foreign postal code		<b>C</b> If exemption	application is pendin	g, check here 🕨 🦵					
<b>G</b> CI	neck al	I that apply   Initial return	Initial return of a fo	ormer public charity			ere 🕨 🖵					
	rook an	Final return Address char	A mended return	oner pasite ename,	<b>2.</b> Foreign or	D 1. Foreign organizations, check here  2. Foreign organizations meeting the 85% test, check here and attach computation						
H Ch	eck ty	pe of organization  Sectio	able trust 「Other taxable	e private foundation		indation status was t n 507(b)(1)(A), chec	. —					
of	year <i>(fr</i>	et value of all assets at end rom Part II, col. (c),	JA ccounting method Other (specify) (Part I, column (d) must	· 		ition is in a 60-mont n 507(b)(1)(B), chec						
		<b>\$</b> 3,181,855	(Part 1, Column (a) must	De on Casn Dasis.)		<b>r</b>	Г					
		Analysis of Revenue (The total of amounts in columns necessarily equal the amounts in instructions))	(b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment <b>(b)</b> income	Adjusted net (c) income	Disbursements for charitable purposes (d) (cash basis only)					
	1	Contributions, gifts, grants,	etc , received (attach									
		schedule)		70,000								
	2	Check 🟲 🦵 If the foundation	n is <b>not</b> required to attach									
		Sch B										
	3	Interest on savings and tem		1	1	1						
	4	Dividends and interest from		5,482	5,482	5,482						
	5a	Gross rents		171,902	171,902	171,902						
	b	Net rental income or (loss)		10.000								
3	6a	Net gain or (loss) from sale		-19,808								
Revenue	b	Gross sales price for all ass 42,644	ets on line 6a									
	7	Capital gain net income (fro	m Part IV, line 2)									
	8	Net short-term capital gain										
	9	Income modifications										
	10a	Gross sales less returns an allowances	d									
	Ь	Less Cost of goods sold .										
	c	Gross profit or (loss) (attack	h schedule)									
	11	Other income (attach sched	ule)									
	12	<b>Total.</b> Add lines 1 through 1	1	227,577	177,385	177,385						
	13	Compensation of officers, di										
	14	O ther employee salaries an	3									
φ.	15	Pension plans, employee be										
	16a	Legal fees (attach schedule		5,000	2,500							
Expenses	Ь	Accounting fees (attach sch	nedule)	3,000	1,500							
	C	Other professional fees (att	ach schedule)									
àtiv	17	Interest										
#	18	Taxes (attach schedule) (se	e instructions)	8,867	37							
and Administrative	19	Depreciation (attach schedu	ule) and depletion	23,480	23,480							
늘	20	Occupancy										
<u> </u>	21	Travel, conferences, and me	etings									
	22	Printing and publications .										
₹	23	Other expenses (attach sch	edule)	99,033	99,023							
Operating	24	Total operating and adminis	-									
2		Add lines 13 through 23.		139,380	126,540		0					
_	25	Contributions, gifts, grants		162,700			162,700					
	26	Total expenses and disburse 25	ments.Add lines 24 and	302,080	126,540		162,700					
	27	Subtract line 26 from line 1	2	552,000	220,3 10							
	a	Excess of revenue over expe		-74,503								
	ь	Net investment income (If n	egative, enter -0-)		50,845							
	С	Adjusted net income(if nega	ative, enter -0 -)			177,385						

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year		of year
		should be for end-or-year amounts only (see instructions)	(a) Book Value 30,395	<b>(b)</b> Book Value 8,13	(c) Fair Market Value
	1	Cash—non-interest-bearing		•	<u> </u>
	2	Savings and temporary cash investments	4,799	8,01	8,014
	3	Accounts receivable			
		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 -			
ا ي	8	Inventories for sale or use			
ssets	9	Prepaid expenses and deferred charges			
Ą	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	136,13	215,704	
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ► 2,794,283		_	
		Less accumulated depreciation (attach schedule) ► 77,429	2,736,256	2,716,85	2,950,000
	15	Other assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		Instructions Also, see page 1, item I)	2,943,641	2,869,14	3,181,855
	17	Accounts payable and accrued expenses			
۸	18	Grants payable			
bilities	19	Deferred revenue			
副	20	Loans from officers, directors, trustees, and other disqualified persons			
<u> </u>	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe)		<b>19</b> 3	3
	23	Total liabilities(add lines 17 through 22)		;	3
۸		Foundations that follow SFAS 117, check here			
Balance		and complete lines 24 through 26 and lines 30 and 31.			
힐	24	Unrestricted			
	25	Temporarily restricted			
Fund	26	Permanently restricted			
리		Foundations that do not follow SFAS 117, check here			
5		and complete lines 27 through 31.			
쓊	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	2.242.544	0.050.40	
	29	Retained earnings, accumulated income, endowment, or other funds	2,943,641	2,869,13	
₹	30	Total net assets or fund balances(see instructions)	2,943,641	2,869,13	-
	31	Total liabilities and net assets/fund balances(see instructions)	2,943,641	2,869,14	1
	rt III	Analysis of Changes in Net Assets or Fund Balances		<del></del>	
1		Total net assets or fund balances at beginning of year—Part II, column	- I I		
_		with end-of-year figure reported on prior year's return)	<del> </del>	2,943,641	
2		Enter amount from Part I, line 27a		<del> </del>	-74,503
3		Other increases not included in line 2 (itemize)		— <u>3</u>	
4		Add lines 1, 2, and 3			2,869,138
5		Decreases not included in line 2 (itemize)		_ 5	
6		Total net assets or fund balances at end of year (line 4 minus line 5)—P	'art II, column (b), lı	ne 30 <b>. 6</b>	2,869,138

the Part VI instructions

		the kınd(s) of property sold (e g , re	How acquired P—Purchase (b) D—Donation	ט ן	ate acquired no , day, yr )	Date sold (d) (mo , day, yr )		
1a	See Additional Data T	able						
b								
С								
d								
e								
(6	e) Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)		t or other basıs expense of sale	Gain or (loss) ( <b>h)</b> (e) plus (f) minus (g)			
a See Additional Data Table		able						
ь								
С								
d								
e								
Со	mplete only for assets s	howing gain in column (h) and owne	d by the foundation	n on 12/31/69		Gains (Col	(h) gaın mınus	
(i)	F M V as of 12/31/69	A djusted basis (j) as of 12/31/69		r col (j), if any	(I) c	ol (k), but no	ot less than -0-) <b>or</b> (from col (h))	
a	See Addıtıonal Data T	able						
b								
С								
d								
e							_	
2	Capital gain net incom	ne or (net capital loss)	If gain, also enter If (loss), enter -0-	in Part I, line 7	2		-19,808	
3	Net short-term capita	l gaın or (loss) as defined ın sectioi	ns 1222(5) and (6	)				
	If gain, also enter in P in Part I, line 8	art I, line 8, column (c) (see instru	ctions) If (loss), e · · · ·	nter - 0 -   • •	3		-116	
Part	V Qualification U	nder Section 4940(e) for R	educed Tax on	Net Investme	nt In	come		
	tional use by domestic pi on 4940(d)(2) applies, le	rivate foundations subject to the se eave this part blank	ection 4940(a) tax	on net investment	ıncom	e )		
		section 4942 tax on the distributa t qualify under section 4940(e) Do			erıod?		┌ Yes ┌ No	
<b>1</b> En	ter the appropriate amou	nt in each column for each year, se	ee instructions befo	ore making any ent	ries			
	(a) e period years Calendar or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncha	ritable-use assets		(d) Distributio (col (b) divided	n ratio	
, cui (	2014	132,125		3,269,718		(55) (b) divided	0 04041	
	2013	92,250		3,242,136			0 02845	
	2012	77,155		2,166,516			0 03561	
	2011	66,800		1,560,009			0 04282	
	2010	50,120		1,322,306			0 03790	
2	<b>Total</b> of line 1, column			<u> </u>	2		0 185197	
3		atio for the 5-year base period—div ne foundation has been in existence			3		0 037039	
4	Enter the net value of	noncharitable-use assets for 2015	from Part X, line 5	5	4		3,185,812	
5	Multiply line 4 by line	3		[	5		117,999	
6	Enter 1% of net inves	tment income (1% of Part I, line 27	7b) <b></b>	[	6		508	
7	Add lines 5 and 6			[	7		118,507	
8	Enter qualifying distrib	outions from Part XII, line 4		[	8		162,700	

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

ĽŒL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	<del>54</del> 0(e),	, UI 4340—SC	e pag	C 10 OL	rue ins	LIUCLIC	'IIS)			
1a		<b>-</b> ┌		1							
	and enter "N/A" on line 1  Date of ruling or determination letter			Į							
	(attach copy of letter if necessary—see instructions)			ĺ							
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			J	1				508		
	here 🟲 🔽 and enter 1% of Part I, line 27b			• •							
С	All other domestic foundations enter $2\%$ of line $27b$ Exempt foreign organizal Part I, line $12$ , col (b)	ations 6	enter 4% of								
2	enter -0-) <b>2</b>										
3	Add lines 1 and 2			•	3				508		
4	Subtitle A (income) tax (domestic section $4947(a)(1)$ trusts and taxable four enter -0-)	ndation	is only Othe	ers	4						
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter - 0		•	5				508		
6	Credits/Payments		ī								
а	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		2,367							
b	Exempt foreign organizations—tax withheld at source	6b									
С	Tax paid with application for extension of time to file (Form 8868)	6с									
d	Backup withholding erroneously withheld	6d									
7	Total credits and payments Add lines 6a through 6d				7				2,367		
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2	2220 is	attached		8						
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> .			•	9						
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amoun	t over	paid	•	10				1,859		
11		1,859	Refunded	<u> </u>	11						
Pai	t VII-A Statements Regarding Activities										
1a	During the tax year, did the foundation attempt to influence any national, state	e, or loc	al legislatio	n or d	ıd			Yes	No		
	it participate or intervene in any political campaign?						1a		No		
b	Did it spend more than \$100 during the year (either directly or indirectly) for p			see Ir	ıstructı	ons					
	for definition)?					•	1b		No		
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities	and co	pies of any n	nateria	ils						
_	published or distributed by the foundation in connection with the activities.						4 -		NI-		
	Did the foundation file <b>Form 1120-POL</b> for this year?	• •				•	1c		No		
a	Enter the amount (if any) of tax on political expenditures (section 4955) impos										
_	(1) On the foundation  \$ (2) On foundation managers  Enter the reimburg ment (if any) and by the foundation during the year for poly										
e	Enter the reimbursement (if any) paid by the foundation during the year for polion foundation managers > \$	iticai e	xpenditure t	ax IIII	Josed						
2	Has the foundation engaged in any activities that have not previously been rep	norted :	to the IDS2				2		No		
2	If "Yes," attach a detailed description of the activities.	porteu	to the INS.						NO		
3	Has the foundation made any changes, not previously reported to the IRS, in it	ts gove	rning instru	mont	articlo	•					
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confu	=	=	-		3	3		No		
4a	Did the foundation have unrelated business gross income of \$1,000 or more d						4a	$\vdash$	No		
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	_					4b		No		
5	Was there a liquidation, termination, dissolution, or substantial contraction du							$\vdash$	No		
_	If "Yes," attach the statement required by General Instruction T.	9	-,								
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45)sa	tisfied eithe	r							
	By language in the governing instrument, or	,									
	• By state legislation that effectively amends the governing instrument so th	at no n	nandatory di	rectio	ns						
	that conflict with the state law remain in the governing instrument?						6		No		
7	Did the foundation have at least \$5,000 in assets at any time during the year?	?If "Yes	s," complete	Part II	, col. (c	·),					
	and Part XV.						7	Yes			
8a	Enter the states to which the foundation reports or with which it is registered (	see ins	tructions)								
	▶HI										
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	90-PF	to the Attori	ney							
	General (or designate) of each state as required by General Instruction G? If	"No," at	tach explana	tion .			8b	Yes			
9	Is the foundation claiming status as a private operating foundation within the r		•								
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for	Part >	(IV)?						
	If "Yes," complete Part XIV						9	$\sqcup \hspace{-0.1cm} \sqcup$	No		
10	Did any persons become substantial contributors during the tax year? If "Yes,			_							
	and addresses.						10	1 /	No		

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶The Foundation Telephone no ▶(808	1524	-8099	
	Located at ▶737 Bishop Street Suite 2990 Honolulu HI ZIP+4 ▶96813	<del>/</del>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here			
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? $ extstyle  ex$			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days ) Yes V No			
Ь	If any answer is "Yes" to $1a(1)-(6)$ , did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations	41		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			NI-
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))  At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
а	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
ь	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to allyears listed, answer "No" and attach statement—see instructions )	2b		No
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$ ) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.).	3b		No
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pa	rt VII-B Statements Rega	iraing Activities fo	r vvr	ich Form 4/20	мау	Be Required (Cont	inue	a)	
5a	During the year did the foundation	n pay or incur any amour	it to						
	(1) Carry on propaganda, or othe	rwise attempt to influenc	e leg	ıslatıon (section 49	No No				
	(2) Influence the outcome of any	specific public election	(see	section 4955), or to	carr	ry			
	on, directly or indirectly, any						- No		
	(3) Provide a grant to an individu					☐ Yes ☐			
	(4) Provide a grant to an organiza				scrib	·			
	in section 4945(d)(4)(A)? (se						- No		
	(5) Provide for any purpose other					, , , , , , , , , , , , , , , , , , , ,			
	educational purposes, or for t	- '				Г Yes 🗟	- No		
ь	If any answer is "Yes" to 5a(1)-(	•				, ,			
	Regulations section 53 4945 or							5b	No
	Organizations relying on a curren								
С	If the answer is "Yes" to question								
Ū	tax because it maintained expend						- No		
	If "Yes," attach the statement requ				•	,,			
6a	Did the foundation, during the year				nren	nuims on			
vu	a personal benefit contract?		-		-		- No		
ь	Did the foundation, during the year					, ,		6b	No
	If "Yes" to 6b, file Form 8870.	ang promising, unecci		, nai k	Janaile Commune: 1 1	•		110	
7a	At any time during the tax year, v	ransaction? <b>TYes</b> F	. No						
	If yes, did the foundation receive	·		7b	No				
						n Managers, Highly			
Pa	and Contractors	t officers, birector	J, II	astees, i oanac		i Hanagers, mgmy	raid	Lilipio	yccs,
1	List all officers, directors, trustee	s, foundation managers	and t	heir compensation (	see i	nstructions).			
		Title, and average	(c) Compensation(If			(d)			
	(a) Name and address	hours per week	-(1-)		ا ا	Contributions to mployee benefit plans	Expense account, (e) other allowances		
		<b>(b)</b> devoted to position				deferred compensation			
Josep	ph P Nicolai	Trustee		0					
	Bishop Street Suite 2990	1 00							
	olulu,HI 96813								
	her K L Conahan	Trustee	0						
	Bishop Street Suite 2990 olulu, HI 96813	1 00							
	Compensation of five highest-paid	l employees (other than	thos	e included on line 1	-600	instructions) If none a	ter"l	NONE "	
				e incidued on line 1–	-366	Contributions to		TONE.	
Na	(a) me and address of each employee ;	Title, and avei		(c) Compensatio	n	employee benefit	E	xpense	account,
ING	more than \$50,000	(b) devoted to pos			'''	plans and deferred	(e)	other allo	wances
NO 10	· · ·					(d) compensation			
пои	NE .								
Tota	al number of other employees paid o	over\$50,000							

Part VIII Information About Officers, Directors, Trusto and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (		E"
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
NONE		
otal number of others receiving over \$50,000 for professional services.		<b>•</b>
Part IX-A Summary of Direct Charitable Activities		
ist the foundation's four largest direct charitable activities during the tax year. Include rele	evant statistical information such as the number	of Expenses
rganizations and other beneficiaries served, conferences convened, research papers prod	uced, etc	Lxpelises
1		
2		
3		
4 Part IX-B Summary of Program-Related Investments (	see instructions)	
Describe the two largest program-related investments made by the foundation during	•	A mount
1	the tax year on lines I and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		<b>•</b>

#### Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	ıs.)	
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	262,672
b	Average of monthly cash balances	1b	21,655
c	Fair market value of all other assets (see instructions)	1c	2,950,000
d	<b>Total</b> (add lines 1a, b, and c)	1d	3,234,327
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	A cquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,234,327
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	48,515
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	3,185,812
6	Minimum investment return. Enter 5% of line 5	6	159,291
Pai	<b>Distributable Amount</b> (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cei	rtain fo	reian organizations
	check here ► and do not complete this part.)	taiii io	reign organizations
1	Mınımum ınvestment return from Part X, line 6	1	159,291
2a	Tax on investment income for 2015 from Part VI, line 5   2a   508		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
c	Add lines 2a and 2b	2c	508
3	Distributable amount before adjustments Subtract line 2c from line 1	3	158,783
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	158,783
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	158,783
Dar	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	162,700
	Program-related investments—total from Part IX-B	1b	
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	
3	A mounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	162,700
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	508
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	162,192
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the fo	oundation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
1	Distributable amount for 2015 from Part XI, line 7				158,783
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			161,776	
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
c	From 2012				
d	From 2013				
	From 2014				
f	Total of lines 3a through e				
	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$ 162,700				
а	Applied to 2014, but not more than line 2a			161,776	
	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)		0		
d	Applied to 2015 distributable amount		_		924
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2015				
	(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:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
	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				
a	Subtract line 6c from line 6b Taxable amount —see instructions				
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				
_	Instructions				
Т	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				157,859
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 2010 not				
_	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
10					
	Analysis of line 9 Excess from 2011				
	Excess from 2012				
	Excess from 2013				
	Excess from 2014				
	Excess from 2015				
~	LACESS HUIII ZUIDI II II II II				

P	art XIV	Private Operating Foundat	<b>ions</b> (see ınstrı	uctions and Part	VII-A, questio	n 9)	
1a		dation has received a ruling or deterr , and the ruling is effective for 2015,					
h		to indicate whether the organization		_		n = 4942(1)(3) or	T 4942(1)(5)
		esser of the adjusted net	Tax year		Prior 3 years	17 17 12 (3)(3) 01	1 1312(1)(3)
		m Part I or the minimum	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
		t return from Part X for each	(a) 2015	( <b>b)</b> 2014	(6) 2013	(u) 2012	
<b>b</b> (		1					
		distributions from Part XII,					
		each year listed					
d		ncluded in line 2c not used					
	•	ractive conduct of exempt					
_		distributions made directly					
•		conduct of exempt activities					
	Subtract li	ne 2d from line 2c					
3		a, b, or c for the					
_		e test relied upon alternative test—enter					
а		of all assets					
		of assets qualifying					
	` '	section 4942(j)(3)(B)(i)					
b		nt" alternative test— enter 2/3					
		n investment return shown in					
_		e 6 for each year listed alternative test—enter					
·		support other than gross					
		tment income (interest,					
		nds, rents, payments					
		curities loans (section i)(5)), or royalties)					
		r)(5)), or royalties) ort from general public					
		or more exempt					
		izations as provided in					
		on 4942(j)(3)(B)(III)					
		st amount of support in exempt organization					
		investment income					
Pa	rt XV Sı	upplementary Information (	Complete this	part only if th	e organizatio	n had \$5,000 o	r more in
		ssets at any time during the	<u>year—see ins</u>	tructions.)			
1		on Regarding Foundation Managers: anagers of the foundation who have c	antributed mare th	an 20/ of the tota	l contributions ro	scawad by the found	ation
a		close of any tax year (but only if they					ation
b		anagers of the foundation who own 10				y large portion of th	e
	ownership	of a partnership or other entity) of wh	nich the foundation	n has a 10% or gre	eater interest		
2	Informat:	on Regarding Contribution, Grant, Gif	t Loom Cohelenski	in oto December			
2		e 🔭 if the foundation only makes co				and door not accont	
		i requests for funds. If the foundation					
		itions, complete items 2a, b, c, and c		, (	,		
а	The name	, address, and telephone number or e	-mail address of t	he person to whom	applications sho	ould be addressed	
		e A Casauria Foundation					
		p Street Suite 2990					
		HI 96813					
	(808) 524 not applica						
		n which applications should be subm	itted and informati	on and materials t	hey should inclu-	de	
ט		n which applications should be subm ting purpose	icceu anu mioriidu	on and materials t	.ney should iliciui	uc	
C	•	ssion deadlines					
		r 30th of each year					
d	Any restri factors	ctions or limitations on awards, such	as by geographic	aı areas, charıtabl	e neids, kinds of	institutions, or othe	r
	None						

Part XV Supplementary Information(continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table 162,700 **b** Approved for future payment

orm 990-PF (2015)  Part XVI-A Analysis of Income-Produc	ing Activitie	s			Page <b>12</b>
nter gross amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	n 512, 513, or 514	(e)
<b>1</b> Program service revenue	(a) Business code	<b>(b)</b> A mount	(c) Exclusion code	(d) A mount	Related or exempt function income (See
•	Business code	//modific	Exclusion code	Attrioune	instructions )
a b					
c					
d					
e					
<b>g</b> Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	1	
Dividends and interest from securities			14	5,482	
Net rental income or (loss) from real estate  a Debt-financed property					
<b>b</b> Not debt-financed property			16	49,880	
Net rental income or (loss) from personal property					
Other investment income					
Gain or (loss) from sales of assets other than inventory					-19,808
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					
Other revenue a					
b					
c					
e					
Subtotal Add columns (b), (d), and (e)				55,363	•
<b>Total.</b> Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify (			1	13	35,555
art XVI-B Relationship of Activities to		plishment of I	Exempt Purpos	es	
ine No. Explain below how each activity for whithe accomplishment of the foundation's instructions )					

126	Lt XAT	Noncharitable					Sactio	ns and	Relationsnips	with			
		organization directly or in	ndırectly (	engage	ın any of	the following w						Yes	No
	rganiza	• •			, ( ( ) ( ) (	, ga <u>z</u> acio	000	,	rotating to politic				
	_	s from the reporting four	ndation to	a nonch	narıtable (	exempt organiz	ation of						
(	<b>1)</b> Cas	h									1a(1)		No
(	<b>2)</b> Oth	erassets									1a(2)		No
b	ther tra	insactions											
(	<b>1)</b> Sale	s of assets to a noncha	rıtable ex	empt or	ganızatıo	n					1b(1)		No
		hases of assets from a									1b(2)		No
(	<b>3)</b> Reni	tal of facilities, equipme	nt, or othe	erasset	s						1b(3)		No
		nbursement arrangemer									1b(4)		No
		ns or loan guarantees.									1b(5)		No
		rmance of services or m									1b(6)		No
	· -	of facilities, equipment, i		-	=						1c		No
		swer to any of the above										lue	
ı	fthe go	ods, other assets, or se ansaction or sharing arr (b) Amount involved	rvices giv angement	en by th , show i	ne reporti n column	ng foundation	If the foo of the go	undation i ods, othe	eceived less thai	n fair mark ces receive	et value ed	!	nts
(, -		(-),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0) 11							,			
							<del> </del>						
c	lescribe	undation directly or indi d in section 501(c) of th complete the following (a) Name of organization	ne Code (d schedule		an sectio		rın secti			otion of relati	. □Y€ onship	es 🔽	· No
Sig He	n the	der penalties of perjury, best of my knowledge a prmation of which prepar *****  Signature of officer or t	ind belief, er has an	ıt ıs tru	e, correct		e Declar			May t May t return with t below	r) is ba: he IRS di he prepa	sed on scuss th	all nis wn
		1		I			ID-t-		Check if self-		nstr )? 🗸	resi	NO
		Print/Type preparer's Reynold Lum	name	Prepa	rer's Sıgn	ature	Date		employed •	PTIN	001416	569	
Use	parer	Firm's name ► SHEA & CO CPAS IN	С				•		Firm's EIN ▶	•			
On	ıy	Firm's address ►  1585 KAPIOLANI BLVD STE 1240 HONOLULU, HI 968144527							Phone no (808	3)589-100	01		

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	(b) How acquired P—Purchase D—Donation	Date acquired (c) (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
6 British America TOB	Р	2014-10-29	2015-01-29
3 Anheuser Busch	Р	2014-10-29	2015-03-31
7 Walt Disney	Р	2014-10-29	2015-03-31
14 ABB Ltd	Р	2014-10-29	2015-06-26
32 Honda Motor Co	Р	2014-10-29	2015-06-26
400 Nokia CP ADR	Р	2000-03-07	2015-06-26
300 Powershares QQQ Tr	Р	2000-03-07	2015-06-26
32 ABB Ltd	Р	2014-10-29	2015-09-19
3 Chevron Corp	Р	2014-10-29	2015-09-19
5 Chevron Corp	Р	2014-10-29	2015-10-13

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
685		666	19
366		331	35
739		624	115
304		303	1
1,053		980	73
2,764		21,978	-19,214
32,733		33,155	-422
628		693	-65
243		351	-108
441		585	-144

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets show	Gains (Col (h) gain minus		
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (1) <b>(k)</b> over col (j), if any	col (k), but not less than -0-) <b>or</b> (I) Losses (from col (h))
			19
			35
			115
			1
			73
			-19,214
			-422
			-65
			-108
			-144

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co )	How acquired P—Purchase <b>(b)</b> D—Donation	Date acquired (c) (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )
3 United Technology Corp	Р	2014-10-29	2015-10-13
8 Monsato Co	Р	2014-10-29	2015-12-03
5 SAP AG	Р	2014-10-29	2015-12-03
13 Wısdomtree Tr Japan Hedge	Р	2015-01-29	2015-12-22
6 Wisdomtree Tr Japan Hedge	Р	2015-03-31	2015-12-22
5 Wisdomtree Tr Japan Hedge	Р	2015-10-13	2015-12-22
Morgan Stanley	Р	2015-12-31	2015-12-31

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed <b>(f)</b> (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) <b>(h)</b> (e) plus (f) minus (g)
283		318	-35
775		896	-121
396		331	65
649		652	-3
300		330	-30
250		259	-9
35			35

#### Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I

Complete only for assets shown	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					
(i) F M V as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69	Excess of col (1) (k) over col (j), if any	col (k), but not less than -0-) or (I) Losses (from col (h))			
			-35			
			-121			
			65			
			-3			
			-30			
			-9			
			35			

	anto una contributiono	r ara baring	the real of Approved for	utaro rayment
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Aloha Council Boy Scouts of America 42 Puiwa Street Honolulu, HI 96817	None	NC	General Fund	2,250
Belgian Sheepdog Rescue Trust 200 River Street Avon, NY 14414	None	NC	General Fund	2,000
Big Brothers Big Sisters 418 Kuwili Street Ste 106 Honolulu, HI 96817	None	NC	General Fund	1,000
Boston College 140 Commonwealth Avenue Chestnut Hill, MA 02467	None	NC	General Fund	1,500
Boys Girls Club of Hawaii 1523 Kalakaua Avenue 202 Honolulu, HI 96826	None	NC	General Fund	5,000
Central Union Church Preschool 1660 S Beretania Street Honolulu, HI 96826	None	NC	General Fund	4,500
Chaminade University of Honolulu 3140 Waialae Avenue Honolulu, HI 96816	None	NC	General Fund	500
Friends of Kewalos P O Box 61794 Honolulu, HI 96839	None	NC	General Fund	500
Grassroot Institute of Hawaii 1314 S King Street Suite 1163 Honolulu, HI 96814	None	NC	General Fund	1,500
Hanahau'olı School 1922 Makıkı Street Honolulu, HI 96822	None	NC	General Fund	10,000
Hawaii Justice Foundation 737 Bishop Street Suite 2990 Honolulu, HI 96813	None	NC	General Fund	2,000
Hawaii Theatre Center 1132 Bishop Street Suite 1404 Honolulu, HI 96813	None	NC	General Fund	500
Hawaiian Humane Society 2700 Waialae Avenue Honolulu, HI 96826	None	NC	General Fund	2,700
Honolulu Council Navy League of the POBox 31032 Honolulu, HI 96820	None	NC	General Fund	2,000
Honolulu Museum of Art 900 S Beretanıa Street Honolulu, HI 96814	None	NC	General Fund	1,000
Total				162,700

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Hospice Hawaii 860 Iwilei Road Honolulu, HI 96817	None	NC	General Fund	1,500
Jehovah's Witnesses 239 Palii Street Maililani, HI 96789	None	PC	General Fund	3,000
Keiki O Ka Aina 3097 Kalihi Street Honolulu, HI 96819	None	NC	General Fund	1,000
Lanakıla Meals on Wheels 1809 Bachelot Street Honolulu, HI 96817	None	NC	General Fund	5,000
March of Dimes 1580 Makaloa Street Suite 1200 Honolulu, HI 96814	None	NC	General Fund	2,500
PBS Hawaii 2350 Dole Street Honolulu, HI 96822	None	NC	General Fund	5,000
Punahou School 1601 Punahou Street Honolulu, HI 96822	None	POF	General Fund	10,000
St Andrews Priory School 224 Queen Emma Square Honolulu, HI 96813	None	NC	General Fund	1,000
St Francis Hospice 2228 Liliha Street Suite 205 Honolulu, HI 96817	None	NC	General Fund	4,000
Straub Foundation 888 S King Street - FIC910 Honolulu, HI 96813	None	NC	General Fund	5,000
Tax Foundation of Hawaii 126 Queen Street Suite 304 Honolulu, HI 96813	None	NC	General Fund	1,000
Teach for America Hawaii 500 Ala Moana Blvd Suite 3-400 Honolulu, HI 96813	None	NC	General Fund	2,000
The Gift Foundation of Hawaii 1288 Ala Moana Blvd Suite 208 Honolulu, HI 96814	None	NC	General Fund	7,500
The Queen's Medical Center 1301 Punchbowl Street Honolulu, HI 96813	None	NC	General Fund	1,000
Westchester Italian Cultural Center 110 Charlmont Drive Pleasantville, NY 10570	None	NC	General Fund	1,750
Total			≯ 3a	162,700

	anto ana continuations	r ara baring	the real of Approved for	uture ruymeme
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	A mount
a Paid during the year				
After-School All Stars Hawaii 4747 Kilauea Avenue 210 Honolulu, HI 96816	None	NC	General Fund	1,500
American Parkinson Disease Associat 3375 Koapaka St Suite I-540 Honolulu, HI 96819	None	NC	General Fund	3,000
The Salvation Army 845 22nd Avenue Honolulu, HI 96816	None	NC	General Fund	2,000
Washington Place Foundation 320 S Beretania Street Honolulu, HI 96813	None	NC	General Fund	2,500
YMCA of Honolulu 1441 Palı Hıghway Honolulu, HI 96813	None	NC	General Fund	2,000
Friends of Children's Justice 3019 Pali Highway Honolulu, HI 96817	None	NC	General Fund	4,500
Hawaii Foodbank 2611 Kilihau Street Honolulu, HI 96819	None	NC	General Fund	4,000
Honolulu Police Community Foundatio 6650 Hawaii Kai Dr Suite 250 Honolulu, HI 96825	None	NC	General Fund	1,500
Imua Kakou Trykes PO Box 5127 High Point, NC 27262	None	NC	General Fund	5,000
Pacific Aviation Museum 319 Lexington Blvd Honolulu, HI 96818	None	NC	General Fund	2,000
Palama Settlement 810 N Vineyard Blvd Honolulu, HI 96817	None	NC	General Fund	1,000
Doctors Without Borders PO Box 5023 Hagerstown, MD 21741	None	NC	General Fund	3,000
Child Family Service 91-1841 Ft Weaver Rd Ewa Beach, HI 96706	None	NC	General Fund	1,000
Hawaii Symphony Orchestra 3610 Waialae Ave Honolulu, HI 96816	None	NC	General Fund	10,000
Moanalua Gardens Foundation 1352 Pineapple Place Honolulu, HI 96819	None	NC	General Fund	2,000
Total				162,700

			• •	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
American Red Cross PO Box 88678 Honolulu, HI 96830	None	NC	General Fund	2,500
Aloha Medical Mission 810 N Vineyard Blvd Honolulu, HI 96817	None	NC	General Fund	1,000
Kapıolanı Health Foundatıon 55 Merchant Street Suite 2600 Honolulu, HI 96813	None	NC	General Fund	25,000
American Cancer Society 2370 Nuuanu Ave Honolulu, HI 96817	None	NC	General Fund	1,000
Total				162,700

# **TY 2015 Accounting Fees Schedule**

Name: Castiglione A Casauria Foundation

**EIN:** 94-3275970

**Software ID:** 15000324

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting	3,000	1,500	0	0

DLN: 93491124005356

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

# **TY 2015 Depreciation Schedule**

Name: Castiglione A Casauria Foundation

**EIN:** 94-3275970

**Software ID:** 15000324

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
House	2012-08-29	845,719	51,500	SL	2 56 %	21,684	21,684		
Water Heater	2013-02-15	2,007	1,225	200DB	15 60 %	313	313		
Refrigerator	2013-10-18	2,302	990	200DB	22 80 %	525	525		
Washer & Dryer	2014-08-01	1,171	234	200DB	32 00 %	375	375		
Sofa and wall unit	2015-04-03	2,320		200DB	14 29 %	332	332		
9 piece dining set	2015-05-18	1,758		200DB	14 29 %	251	251		

# **TY 2015 Investments Corporate Stock Schedule**

Name: Castiglione A Casauria Foundation

**EIN:** 94-3275970

**Software ID:** 15000324 **Software Version:** 2015v2.0

Name of Stock	End of Year Book Value	End of Year Fair Market Value
500 Bank of Hawaii	13,088	31,450
3000 Harley Davidson Inc	71,370	136,170
30 Net Service Corp	2,062	
1200 Fiat Chrysler Automobiles NV	18,835	16,788
12 A G C O Corp	624	545
23 Abbott Laboratories	981	1,033
4 Allergan PLC SHS	950	1,250
1 Alphabet Inc Cl A	556	778
3 Amazon Com Inc	890	2,028
11 American Express Co	965	765
6 Anheuser Bush Inbev Sa Spon	661	750
11 Apple Inc	1,189	1,158
90 Banco Bilbao Viz Arg Sa Ads	1,003	660
79 Bank of America Corp	1,330	1,330
3 Blackrock Inc	988	1,022
4 Cdn Pacific Ry Ltd New	817	510
26 Crh Plc Adr	619	749
5 Diageo Plc Spon Adr New	581	545
28 Grupo Televisa S.A. Global Dep	972	762
17 HDFC Bank Ltd Adr	892	1,047
17 Konınklıjke Phil El Sp Adr New	433	430
4 Linkedin Corp - A	865	900
12 Metlife Incorporated	623	579
9 National Oilwell Varco Inc	653	301
17 Noble Energy Inc	985	560
27 Oracle Corp	1,088	986
7 Pepsico Inc NC	661	699
22 Pfizer Inc	649	710
9 Raytheon Co	913	1,121
10 Sap Ag	662	791

End of Year Book Value	End of Year Fair Market Value
971	698
1,340	1,336
1,043	737
925	1,135
995	1,123
635	576
859	1,241
658	645
1,194	1,200
611	596
	971 1,340 1,043 925 995 635 859 658 1,194

# TY 2015 Land, Etc. Schedule

Name: Castiglione A Casauria Foundation

**EIN:** 94-3275970

**Software ID:** 15000324

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Furniture and Fixtures	9,558	4,245	5,313	
Buildings	845,719	73,184	772,535	2,950,000
Land	1,939,006		1,939,006	

# TY 2015 Legal Fees Schedule

Name: Castiglione A Casauria Foundation

**EIN:** 94-3275970

**Software ID:** 15000324

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Legal Fees	5,000	2,500	0	0

# **TY 2015 Other Expenses Schedule**

Name: Castiglione A Casauria Foundation

**EIN:** 94-3275970

**Software ID:** 15000324

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Investment Expense	481	481		
License & permits	10			
Rental Expenses	98,542	98,542		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491124005356

#### **TY 2015 Other Liabilities Schedule**

Name: Castiglione A Casauria Foundation

**EIN:** 94-3275970

**Software ID:** 15000324

Description	Beginning of Year - Book Value	End of Year - Book Value
Rounding		3

#### **TY 2015 Taxes Schedule**

Name: Castiglione A Casauria Foundation

**EIN:** 94-3275970

**Software ID:** 15000324

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Federal Income Tax	8,830			
Foreign Tax	37	37		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93491124005356

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

2015

**Employer identification number** 

Castig	lione A Casauria Foui		
			94-3275970
Organ	ization type (check o	one)	
Filers	of:	Section:	
Form 990 or 990-EZ		<b>「</b> 501(c)( ) (enter number) organization	
		☐ 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	1
Form 9	90-PF	<b>⊽</b> 501(c)(3) exempt private foundation	
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation	
		□ 501(c)(3) taxable private foundation	
Gener マ		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions in any one contributor. Complete Parts I and II. See instructions for determining a	
Specia	al Rules		
Γ	under sections 509(a received from any or	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3% supply (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Partile contributor, during the year, total contributions of the greater of <b>(1)</b> \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that
Γ	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive contributions of more than \$1,000 exclusively for religious, charitable, scientific cruelty to children or animals Complete Parts I, II, and III	•
Г	during the year, conti this box is checked, a purpose Do not com	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ributions exclusively for religious, charitable, etc., purposes, but no such contributions there the total contributions that were received during the year for an excludete any of the parts unless the <b>General Rule</b> applies to this organization because contributions totaling \$5,000 or more during the year	outions totaled more than \$1,000 lf usively religious, charitable, etc, ause it received nonexclusively

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
Castiglione A Casauria Foundation

Employer identification number 94-3275970

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 cont	tribution
1	Joseph P Nicolai		Person Payroll	r r
	2999 N Nımıtz Hwy	\$ 10,000	Noncash	, 
	Honolulu, HI 96819		(Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
2	JN Group Inc		Person	r
	2999 N Nımıtz Hwy	\$ 10,000	Payroll	Г
	Honolulu, HI 96819		Noncash (Complete Part II f	or noncash
(2)	(b)	(c)	contributions )	
(a) No.	(b) Name, address, and ZIP + 4  Cycle City Ltd	Total contributions	Type of cont	tribution
3			Person	<b>▽</b>
	600 Puuloa Road	\$ 50,000	Payroll	Г _
	Honolulu, HI 96819		Noncash (Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions ) (d) Type of conf	tribution
140.	name, address, and En 14	Total contributions	Person	Г
		\$	Payroll	Г
	-		Noncash	
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
	_		Person	Г
		\$	Payroll	Г _
			Noncash (Complete Part II f	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)	tribution
			Person	Г
		\$	Payroll	Γ
		Ψ	Noncash	Γ
			(Complete Part II f contributions)	or noncash

<b>Name of organization</b> Castiglione A Casauria Foundation		Employer identification number		
Castiglione A Casa	auria Foundation	94-3275970		
Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed	<u> </u>		
(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	
		\$		
(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	
		<u> </u>		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<u> </u>		
		I I		

Schedule B (Form 990, 990-EZ, or 990-PF)	(2015)
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990-EZ, or 990-PF) (2015)		Page <b>4</b>
ne of organization stiglione A Casauria Foundation		Employer identification number
		94-3275970
than \$1,000 for the year from any or For organizations completing Part I r less for the year. (Enter this infor	ne contributor. Complete colu II, enter the total of <i>exclusivel</i> mation once. See instructions	umns (a) through (e) and the following y religious, charitable, etc., contributions
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(a) Transfer of auft	
Transferee's name, address, and		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	· · · · · · · · · · · · · · · · · · ·	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and	· · · · · · · · · · · · · · · · · · ·	Relationship of transferor to transferee
(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
,	religious, charitable, etc., contributhan \$1,000 for the year from any of For organizations completing Part I ress for the year. (Enter this informate copies of Part III if additional space is to the property of gift  Transferee's name, address, and the property of gift  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and the property of gift  (b) Purpose of gift  Transferee's name, address, and the property of gift  (b) Purpose of gift	religious, charitable, etc., contributions to organizations descrifthan \$1,000 for the year from any one contributor. Complete colifor organizations completing Part III, enter the total of exclusively ress for the year. (Enter this information once. See instructions to copies of Part III if additional space is needed  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP4