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OMB No 1545-0052

Open to Public

Form 990-PF

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 <u>www.irs.gov/form990pf</u>.

Inspection

		ndar year 2015, or tax year beginning 07-0	1-2015	, ar	nd ending 0		
AM		CARPET ONE FOUNDATION				entification numb	er
C/	O DAVID	K ARITA			71-1009218		
		street (or P O $$ box number if mail is not delivered to street address) iLULA WAY	Room/suite		•	nber (see instruction	s)
					(808) 832-2007		
	or town, , HI 967	state or province, country, and ZIP or foreign postal code 01			C If exemption	application is pendin	g, check here ▶
		that apply Initial return Initial return of a f Final return Amended return Address change Name change			2. Foreign or test, check	ganizations, check h ganizations meeting k here and attach co indation status was	the 85% mputation
		pe of organization		n		507(b)(1)(A), chec	
Fair of	r marke year <i>(fr</i>		√ Cash			ition is in a 60-mont n 507(b)(1)(B), ched	
Pa	rt 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) (see instructions)	Revenue and expenses per (a) books	(b)	Net investment income	Adjusted net (c) Income	Disbursements for charitable purposes (d) (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach					
	2	schedule) Check ► ☐ If the foundation is not required to attach Sch B	300,000				
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	1,952		1,952		
	5a	Gross rents	,		<u> </u>		
	b	Net rental income or (loss)					
He	6a	Net gain or (loss) from sale of assets not on line 10	78,796				
Reverkie	ь	Gross sales price for all assets on line 6a 535,652					
<u>~</u>	7	Capital gain net income (from Part IV, line 2)			78,796		
	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total.Add lines 1 through 11	380,748		80,748		
	13	Compensation of officers, directors, trustees, etc	0		0		(
	14	Other employee salaries and wages					
6S	15	Pension plans, employee benefits					
ens	16a	Legal fees (attach schedule)					
×	b	Accounting fees (attach schedule)					
and Administrative Expenses	c	Other professional fees (attach schedule)					
atı	17	Interest	05-1 1.604		0		,
<u> </u>	18	Taxes (attach schedule) (see instructions)	1,604		0		
Ξ	19	Depreciation (attach schedule) and depletion					
ΑĠ	20	Occupancy					
ק ק	21	Travel, conferences, and meetings					
ਰ	22	Printing and publications	06-1 1 771		538		-
ţIIX	23	Other expenses (attach schedule)	1,771		538		
Operating	24	Total operating and administrative expenses.	3,375		538		.
ă	25	Add lines 13 through 23	53,700		538		53,700
_	25 26		55,700				33,700
		Total expenses and disbursements. Add lines 24 and 25	57,075		538		53,703
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	323,673		00.345		
	b	Net investment income (If negative, enter -0-) Adjusted net income(If negative, enter -0-)			80,210		
	С	Aujusteu net income(ii negative, enter -0-)					

D-1	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	if year
F (·			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	96,156	895,969	895,969
	2	Savings and temporary cash investments	474,643		
	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 ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	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 ▶			
		Less accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	570,799	895,969	895,969
	17	Accounts payable and accrued expenses			
,	18	Grants payable			
Liabilities	19	Deferred revenue			
直	20	Loans from officers, directors, trustees, and other disqualified persons			
Lıa	21	Mortgages and other notes payable (attach schedule)			
	22		107		4
	23	Total liabilities(add lines 17 through 22)	107	1,604	
s		Foundations that follow SFAS 117, check here ▶			
ж		and complete lines 24 through 26 and lines 30 and 31.			
lar	24	Unrestricted	570,692	894,365	
æ	25	Temporarily restricted			
Fund Balance	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here			
ō		and complete lines 27 through 31.			
Assets	27	Capital stock, trust principal, or current funds			
5.5	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	570,692	894,365	4
	31	Total liabilities and net assets/fund balances(see instructions)	570,799	895,969	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, column	(a), line 30 (must ag	jree	
		, , , , , ,			570,692
2		Enter amount from Part I, line 27a		2	323,673
3		Other increases not included in line 2 (itemize)		3	0
4		Add lines 1, 2, and 3		4	894,365
5		Decreases not included in line 2 (itemize) ▶		5	0
6		Total net assets or fund halances at end of year (line 4 minus line 5)—P	art II. column (b) le	no 20 a	904 265

the Part VI instructions

			l(s) of property sold (e g , re or common stock, 200 shs	·	P—Purchas (b) D—Donation	e (c)	Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	PUBLICLY TRADED	SECURI	TIES		(D) D Donate			
b						+		
С С						-		
d						-		
						_		
e		Т						
(е) Gross sales price		Deprectation allowe (f) (or allowable)		t or other basis expense of sale			or (loss) (f) minus (g)
a	5	35,652	(i) (or anomable)	(g) plus	456,8	56	(11) (0) pius	78,796
b		,						
						-		
c d						-		
e					4.0.10.4.15.0	+		
Со	mplete only for assets	showing	gain in column (h) and owne			_		(h) gain minus t less than -0-) or
(i)	FMV as of 12/31/69		Adjusted basis (j) as of 12/31/69		cess of col (1) r col (1), if any			from col (h))
a			(3) == == == == == == == == == == == == ==	(, : : :	(37,)	- ``		78,796
b								· · ·
С С								
d								
						_		
е				Tf	D 7 7	.	<u> </u>	
2	Capital gain net inco	me or (n	et capital loss)	If gain, also enter If (loss), enter -0		} .	2	78,796
3	Net short-term canit	al dain o	r (loss) as defined in sectio	ns 1222(5) and (6	.)	' ⊢	-	
•	·	_	•		•	,		
	in Part I, line 8 .		ne 8, column (c) (see ınstru • • • • • •		• •	} ;	3	
Part \	V Qualification (Under	Section 4940(e) for R	educed Tax or	n Net Investm	ent:	Income	
	ional use by domestic on 4940(d)(2) applies,		oundations subject to the se s part blank	ection 4940(a) tax	on net investme	nt inco	ome)	
			n 4942 tax on the distributa y under section 4940(e) Do			period	17	┌─ Yes 🔽 No
1 Ent	er the appropriate amo	unt in ea	ich column for each year, se	ee instructions bef	ore makıng any e	ntries		
	(a)		, ,			· ·	(d)	
	period years Calendar	Adıu	(b) sted qualifying distributions	(c) Net value of noncha			Distributio	
year (c	or tax year beginning in) 2014	,	45.025		625,718	-	(col (b) divided	by col (c)) 0 071957
	2014		46,590		547,489			0 085098
	2013		40,390		498,734			0 081085
	2011		34,940		456,905			0 076471
	2010		31,982		448,703			0 071277
2		n (d)				2		0 385888
3	A verage distribution	ratio for	the 5-year base period—div	vide the total on lir	ne 2 by 5, or by	3		0 077178
	,		lation has been in existence ritable-use assets for 2015	•		4	+	
4				•				774,294
5						5		59,758
6			ncome (1% of Part I, line 2	•		6	1	802
7						7		60,560
8			from Part XII, line 4			8		53,703
	If line 8 is equal to o	r areater	than line 7, check the box	in Part VI line 1h	and complete that	at part	using a 1% tax	rate See

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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)?

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names

.

If "Yes," complete Part XIV

and addresses 🥦

Yes

No

9

10

Par	t VII-A Statements Regarding Activities (continued)			age .
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 ▶(80)	3)832-	2007	
	Located at ▶98-1015 PALULA WAY AIEA HI ZIP+4 ▶96701			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	_
	and enter the amount of tax-exempt interest received or accrued during the year		- 1	
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	103	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 ▶			
Pai	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
1 a	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?			ļ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			ļ
	(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)? \square Yes \square No			ļ
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	ıf 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) $ extstyle ext$			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	۱		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	ı	l	I
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			[
	that were not corrected before the first day of the tax year beginning in 2015?	1 c		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))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes ✓ No] [
	If "Yes," list the years > 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is not 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 all years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section $4942(a)(2)$ are being applied to any of the years listed in $2a$, list the years here			
	▶ 20			
3a	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	١		
4~	If the foundation had excess business holdings in 2015)	3b		N/o
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a		No
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

	1 990-PF (2 rt VII-B		egardir	ng Activities for N	Which F	orm 4720 I	May Be Regi	ired (Cont	inue	d)	Page
5a				or incur any amount		01111 4720 1	ay be nege	an cu (com	mact		
	=	·		attempt to influence		n (section 494	·5(e))?	☐ Yes □	. No		
				: :ific public election (se	_	·		165	110	i i	i
				r registration drive?.		**	•	· Yes	No		
				travel, study, or othe				Yes V	i	i i	i
	• •	-		other than a charitabl			cribed	165	110	i i	i İ
				structions)		-		. Uss .	. No		
	(5) Provid	le for any purpose o	ther thar	religious, charitable, revention of cruelty to	scientific	c, literary, or			_		
L			•	id any of the transaction				Yes	/ No	<u> </u>	ļ I
b	•	,		urrent notice regardin			•			5b	
	-			ice regarding disaster	-	,			•		
	0.9424			.co.rogarag aleaete.				Г	- '	<i>i</i> 1	I
c		·	•	4), does the foundatio e responsibility for the				. □ Ves □	- _{No}		
				by Regulations section				1 103 1	110	i i	i
6 a	•		•	ceive any funds, direc		• •	premiums on				
			•					☐ Yes □	No		
b	Did the fo	undation, during the	vear, pa	y premiums, directly o	or indirec	tly, on a perso	nal benefit cont		1	6b	No
		6b, file Form 8870									
7a	At any tim	ne during the tax yea	ar, was tl	he foundation a party (to a prohi	bited tax shelt	er transaction?	Yes	No		
b	If yes, did	the foundation rece	eive any	proceeds or have any	net incor	ne attrıbutable	to the transact			7ь	İ
-	\ \ TTT	Information Ab	out Of	ficers, Directors,	Truste	es, Founda	tion Manage	ers, Highly	Paid	Emplo	yees,
		and Contractor									
	List all off	icers, directors, trus	tees, for	undation managers an	d their co	empensation (s	ee instructions	•			
	(a) Nam	o and address		Title, and average		npensation(If paid, enter	Contribu	•	E	Expense	account,
	(a) Naii	ne and address	(b) d	hours per week levoted to position	1100	-0-)	employee b			other all	lowances
DAVI) K ARITA		СНАІ	RMAN/PRESIDENT		0	and deferred of	ompensation 0			
	L015 PALU	LA WAY	1 00	KMAN/I KESIDEN I		Ö		o o			,
AIE	4,HI 9670)1									
	STINE D ARITA		_	PRESIDENT		0	1	0			1
	1015 PALU 4,HI 9670		0 10								
	EL K ARITA	, 1	VICE	PRESIDENT		0	1	0			
		PAE ST 126	0 10	RESIDENT		Ŭ		Ü			,
AIE	4,HI 9670)1									
JESSI	CASK SCHLA	AIS		LETARY/TREASURER		0	1	0			(
	539 HALAV 4,HI 9670		0 50								
			paid emr	oloyees (other than th	ose inclu	ded on line 1—	 see instruction	s). If none, en	ter"N	IONE."	
				T i				ributions to			
Nai	me and add	(a) ress of each employ	ee paid	Title, and average hours per week		Compensation	7 1 '	oyee benefit			account,
	mor	e than \$50,000		(b) devoted to positi	on			and deferred pensation	(e) (otner alli	owances
NON	IE										
]							
_											
						<u> </u>					
Tota	I number of	other employees pa	aid over:	\$50,000				. ▶			

Form **990-PF** (2015)

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	22,768
b	A verage of monthly cash balances	1b	763,317
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	786,085
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	786,085
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions).	4	11.791

2a

2b

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.

A mounts paid (including administrative expenses) to accomplish charitable, etc., purposes Expenses, contributions, qifts, etc —total from Part I, column (d), line 26. . . .

A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

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

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

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5

Add lines 2a and 2b.

Add lines 3 and 4. .

Distributable Amount

check here ► and do not complete this part.)

Income tax for 2015 (This does not include the tax from Part VI).

Distributable amount before adjustments Subtract line 2c from line 1.

Minimum investment return from Part X, line 6.

Tax on investment income for 2015 from Part VI, line 5. $\,$.

Recoveries of amounts treated as qualifying distributions.

Deduction from distributable amount (see instructions). .

Qualifying Distributions (see instructions)

Program-related investments—total from Part IX-B.

Amounts set aside for specific charitable projects that satisfy the

b Cash distribution test (attach the required schedule).

income Enter 1% of Part I, line 27b (see instructions). . .

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

Form 990-PF (2015)

Part XI

1

2a

3

4

5 6

7

1

2

3

5

Part XII

774,294 38,715 (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain foreign organizations 38,715

5

1

2c

3

4

5

6

7

1a

1h

2

За

3b

4

5

1,604

Page 8

1,604

37,111

37.111

37,111

53,703

53,703

Form **990-PF** (2015)

Ω 53,703

0

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P	The strict of th	uctions)			
		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2014	2014	2015
	Distributable amount for 2015 from Part XI, line 7				37,111
	Undistributed income, if any, as of the end of 2015				
	Enter amount for 2014 only		0		0
	Total for prior years 20, 20, 20		U		
3	Excess distributions carryover, if any, to 2015 From 2010				
a	From 2010				
Ь	From 2012				
q	From 2013				
e	From 2014				
	Total of lines 3a through e	71,917			
	Qualifying distributions for 2015 from Part	<u> </u>			
•	XII, line 4 \$ 53,703				
а	Applied to 2014, but not more than line 2a				О
	Applied to undistributed income of prior years		0		
	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election	0			
	required—see instructions)				
	Applied to 2015 distributable amount				37,111
	Remaining amount distributed out of corpus	16,592			1
5	Excess distributions carryover applied to 2015	0			C
	(If an amount appears in column (d), the				
e	same amount must be shown in column (a)) Enter the net total of each column as				
O	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	88,509			
	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		o		
d	Subtract line 6c from line 6b Taxable amount				
-	—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see				0
_	Instructions				<u> </u>
Ť	Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must				
	be distributed in 2015				0
7	A mounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(F) or 4942(g)(3) (Election may	0			
_	be required - see instructions)				+
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	9,989			
9	Excess distributions carryover to 2016.				1
-	Subtract lines 7 and 8 from line 6a	78,520			
10	Analysis of line 9				
а	Excess from 2011 12,451				
b	Excess from 2012 15,689				
c	Excess from 2013 19,942				
d	Excess from 2014				
_е	Excess from 2015 16,592				
					Form 990-PF (2015)

	m 990-PF (2015)			N/TT A	0)	Page 1 (
	Part XIV Private Operating Foundate	•		'''	9)	
La	If the foundation has received a ruling or determined foundation, and the ruling is effective for 2015,		•	. •		
	Check box to indicate whether the organization	is a private opera	ting foundation des	scribed in section	4942(j)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b 8	85% of line 2a					
	Qualifying distributions from Part XII, line 4 for each year listed					
d	A mounts included in line 2c not used directly for active conduct of exempt					
е	activities Qualifying distributions made directly for active conduct of exempt activities					
3	Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					
_	(1) Value of all assets					
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(III)					
	(3) Largest amount of support from an exempt organization					
_	(4) Gross investment income					
Pa	ITT XV Supplementary Information (assets at any time during the			e organization	had \$5,000 o	r more in
l a	Information Regarding Foundation Managers: List any managers of the foundation who have complete the close of any tax year (but only if the	ontributed more th	an 2% of the total			ation
	DAVID K ARITA					
b	List any managers of the foundation who own 10 ownership of a partnership or other entity) of whether the state of the sta				large portion of the	2
2	Information Regarding Contribution, Grant, Gif	t, Loan, Scholarshi	p, etc., Programs:			
	Check here ▶ ☐ If the foundation only makes of unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, and other conditions.	n makes gifts, gran				
а	The name, address, and telephone number or e	mail address of th	e person to whom a	applications should	d be addressed	
	See Additional Data Table					
b	The form in which applications should be subm	itted and informati	on and materials t	hey should include	:	
	See Additional Data Table					
c	Any submission deadlines					
	See Additional Data Table		-1	- 6-14- 1 - 1 - 6		-
d	Any restrictions or limitations on awards, such factors	as by geographica	aı areas, charıtable	e Tields, kinds of in:	stitutions, or othei	-

See Additional Data Table

Form 990-PF (2015)

Part XV Supplementary Information(continued)

3 Grants and Contributions Paid	During the Year or App	roved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	A mount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year See Additional Data Table	or substantial contributor	Гестриент		
Total			▶ 3a	53,700
b Approved for future payment Total			№ 2h	

	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Progran	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See instructions)
f	and contracts from government agencies					
2 Member 3 Interes	ership dues and assessments st on savings and temporary cash ments					
	nds and interest from securities			14	1,952	
	ntal income or (loss) from real estate					
	financed property ebt-financed property					
6 Net rei proper	ntal income or (loss) from personal ty					
8 Gain o	nvestment income. r (loss) from sales of assets other than ory			18	78,796	
	ome or (loss) from special events profit or (loss) from sales of inventory					
 11 Other:	revenue a					
е						_
12 Subtot 13 Total.A	al Add columns (b), (d), and (e)			L	80,748 .3	80,748
12 Subtot 13 Total.A (See w	al Add columns (b), (d), and (e). dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify Relationship of Activities to	calculations) the Accomp	olishment of E	xempt Purpos	es	80,748
12 Subtot 13 Total.A (See w	al Add columns (b), (d), and (e)	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to
12 Subtot 13 Total.A (See w Part XV Line No.	al Add columns (b), (d), and (e) add line 12, columns (b), (d), and (e) add line 12 in line 13 instructions to verify a columns. Belationship of Activities to Explain below how each activity for whe the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A co	es ontributed importa	80,748 ntly to

Part X		Information Re Noncharitable					ans	action	s and R	Relation	ships	With			gc <u></u>
		ganization directly or i	ndirectly e	engage	ın any of t	he following								V	N-
		1(c) of the Code (other	r than se	ction 50	01(c)(3) o	rganization	s) or	ın secti	on 527, i	relating to	politica	al		Yes	No
organi		ons / from the reporting four	dation to					t f							
													1a(1)		No
		assets										•	1a(1)		No
b Other				• •			•					• •	10(2)		140
		of assets to a noncha	ritable exe	empt or	rganizatior	1							1b(1)		No
		ases of assets from a		•	-								1b(2)		No
		l of facilities, equipme											1b(3)		No
		oursement arrangemen											1b(4)		No
		or loan guarantees.											1b(5)		No
		nance of services or m											1b(6)		No
		facilities, equipment, i			_								1c		No
	_	ver to any of the above	_	•	-		,							lue lue	
of the	good tran	ds, other assets, or se saction or sharing arra (b) Amount involved	rvices giv angement	en by t , show i	he reportii n column	ng foundatio	n If ie of	the four the good	ndation re ds, other	eceived le assets, o	ss than r servic	fair marke	et value ed	<u>:</u>	nte.
(a) Line No	+	(b) Amount involved	(c) Nume	or nonci	antable exe	inpt organizat		(4)	escription	or cransiers,	cransacci	0113, dila 3110	ing and	ngemen	
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descri √ No	bed	ndation directly or indi in section 501(c) of the omplete the following:	ne Code (d schedule		an section	•	orı)	n sectio				• • • • tion of relati	•	es	
		(a) Name of organization	<u> </u>		()) Type of orga	IIIZac	1011	+	(0) Descrip	cion or relaci	лізпр		
t	the b	er penalties of perjury, est of my knowledge a mation of which prepar	nd belief,	ıt ıs tru	ie, correct							n taxpayeı		sed on	all
Here	-	****				2016-11-	10	-) ;	*****			return			
	5	ignature of officer or t	rustee			Date		·	Tıtle			(see ii	nstr)?	Yes N	40
·		Print/Type preparer's CHERYL M SONOD		Prepa	rer's Sıgn	ature		Date 2016-	-11-05	Check if employed		PTIN P(01222	232	
Paid Prepar Use	er	Firm's name ► SONODA & ISARA LL	.P							Firm's E	[N ▶ 99)-032884	6		
Only		Firm's address ► 1150 SOUTH KING S 96814	T STE 60	5 HON	OLULU, F	II				Phone no	(808)) 597-133	17		

Programs: a The name, address, and telephone number of the person to whom applications should be addressed DAVID K ARITA

Form 990PF Part XV Line 2a - 2d - Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc.,

98-1015 PALULA WAY AIEA.HI 96701

(808) 832-2007

b The form in which applications should be submitted and information and materials they should include ALL SCHOLARSHIP APPLICATIONS MUST CONSIST OF A WRITTEN STATEMENT STATING WHY THE RECIPIENT SHOULD BE SELECTED, VOCATIONAL AND EDUCATION GOALS, FINANCIAL NEED, LISTING OF EXTRACURRICULAR ACTIVITIES, AND LISTING OF SCHOOLS ATTENDED APPLICATIONS MUST ALSO INCLUDE A COPY OF ACADEMIC TRANSCRIPTS AND THREE

LETTERS OF RECOMMENDATION FROM A SCHOOL ADMINISTRATOR, TEACHER, AND PASTOR 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

SCHOLARSHIPS WILL BE PROVIDED ON A ONE-TIME BASIS ONLY AND LIMITED TO TUITION ONLY

	The hame, address, and delephone number of the person to whom applications should be dudies sed
	DAVID K ARITA 98-1015 PALULA WAY AIEA,HI 96701 (808) 832-2007
b	The form in which applications should be submitted and information and materials they should include
	SELECTION OF AWARD RECEIVERS WILL BE BASED ON CAREFUL REVIEW OF THE ORGANIZATION'S CHRISTIAN MINISTRIES AND/OR THE ORGANIZATIONS INTENDED PURPOSE FOR UTILIZING FUNDS OVERSIGHT PROCEDURES MAY INCLUDE A REQUEST FOR A WRITTEN REPORT OR NEWSLETTER FROM THE ORGANIZATION DETAILING THE RECEIPTS AND DISBURSEMENTS OF FUND RAISING ACTIVITIES, AS DEEMED NECESSARY
С	: Any submission deadlines
	NONE
d	Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
	QUALIFIED CHRISTIAN MINISTRIES, OR OTHER CHARITABLE ORGANIZATIONS THAT SERVE THE PEOPLE AND

COMMUNITIES IN THE STATE OF HAWAII

a. The name, address, and telephone number of the person to whom applications should be addressed.

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

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				
BOY SCOUTS OF AMERICA 42 PUIWA ROAD HONOLULU,HI 96817	NONE	PUBLIC CHARITY	GENERAL FUND	7,500
CENTER FOR TOMORROW'S LEADERS 677 ALA MOANA BLVD SUITE 1100 HONOLULU,HI 96813	NONE	PUBLIC CHARITY	GENERAL FUND	2,500
CHAMINADE UNIVERSITY 3140 WAIALAE AVENUE HONOLULU,HI 96816	NONE	PUBLIC CHARITY	GENERAL FUND	2,500
FAMILY PROGRAMS HAWAII 250 VINEYARD STREET HONOLULU,HI 96813	NONE	PUBLIC CHARITY	ANNUAL HOLIDAY PARTY FOR FOSTER KIDS (ELF SPONSORSHIP)	1,000
GOOD NEWS JAIL & PRISON MINISTRY PO BOX 9760 HENRICO,VA 23228	NONE	PUBLIC CHARITY	GENERAL FUND	250
GOVERNOR'SMAYOR'S PRAYER BREAKFAST INC PO BOX 29804 HONOLULU,HI 96820	NONE	PUBLIC CHARITY	FELLOWSHIP MINISTRIES	1,500
GRASSROOT INSTITUTE OF HAWAII 355 MERCHANT STREET 3377 HONOLULU,HI 96801	NONE	RESEARCH & EDUCATION	GENERAL FUND	5,000
HAWAII BAPTIST ACADEMY 420 WYLLIE STREET HONOLULU,HI 96817	NONE	EDUCATIONAL INSTITUT	GENERAL FUND	5,000
HAWAII FAMILY ADVOCATES PO BOX 2757 HONOLULU, HI 96803	NONE	PUBLIC CHARITY	GENERAL FUND	5,000
HAWAII PACIFIC UNIVERSITY 1132 BISHOP STREET SUITE 307 HONOLULU,HI 96813	NONE	EDUCATIONAL INSTITUT	GENERAL FUND	1,000
KAIMUKI CHRISTIAN SCHOOL 1717 KOKO HEAD AVENUE HONOLULU,HI 96816	NONE	EDUCATIONAL INSTITUT	SCHOLARSHIP FUND	500
MANOA ELEMENTARY SCHOOL - ASSN OF PARENTS & TEACHERS 3155 MANOA ROAD HONOLULU,HI 96822	NONE	EDUCATIONAL INSTITUT	GENERAL FUND	500
PACIFIC RIM CHRISTIAN UNIVERSITY 2223 HOONEE PLACE HONOLULU, HI 96819	NONE	EDUCATIONAL INSTITUT	STUDENT SCHOLARSHIP FUND	2,500
PALI MOMI FOUNDATION 55 MERCHANT STREET SUITE 2600 HONOLULU,HI 96813	NONE	PUBLIC CHARITY	PALI MOMI MEDICAL CENTER	1,000
PUNAHOU SCHOOL 1601 PUNAHOU STREET HONOLULU,HI 96822	NONE	EDUCATIONAL INSTITUT	GENERAL FUNDGENERAL FUND	2,000
Total			▶ 3a	53,700

Recipient	If recipient is an individual,		Purpose of grant or	A mount	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution		
a Paid during the year					
ROTARY CLUB OF ALA MOANA 3773 KANAINA AVENUE HONOLULU,HI 96815	NONE	PUBLIC CHARITY	KCC SCHOLARSHIP FUND	2,200	
ST LOUIS SCHOOL 3142 WAIALAE AVENUE HONOLULU,HI 96816	NONE	EDUCATIONAL INSTITUT	GENERAL FUND	250	
THE SALVATION ARMY RAY & JOAN KROC CORPS COMMUNITY CTR 91-3257 KUALAKAI PARKWAY EWA BEACH, HI 96706	NONE	PUBLIC CHARITY	KROC CENTER FUNDING	5,000	
THE SALVATION ARMY PO BOX 620 HONOLULU, HI 96809	NONE	PUBLIC CHARITY	GENERAL FUND	5,000	
UNIVERSITY OF ROCHESTER G13 WALLIS HALL ROCHESTER,NY 14627	NONE	EDUCATIONAL INSTITUT	SCHOLARSHIP FOR ALICIA LAU	2,500	
YOUTH FOR CHRIST HAWAII PO BOX 11145 HONOLULU,HI 96828	NONE	EDUCATIONAL INSTITUT	GENERAL FUND	1,000	
Total			▶ 3a	53,700	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: AMERICAN CARPET ONE FOUNDATION

C/O DAVID K ARITA

1,230

538

per Books

EIN: 71-1009218

Description **Revenue and Expenses**

TAX RETURN PREPARATION FEE

OFFICE EXPENSE INVESTMENT EXPENSE Net Investment

538

Income

Adjusted Net Income

Disbursements for

Charitable Purposes



DLN: 93491315006496

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491315006496
TY 2015 Other Liabilities Sche	dule		
	AMERICAN CARPE	T ONE FOUNDATION	
	71-1009218		,

EIN: /1-1009218		
Description	Beginning of Year - Book Value	End of Year - Book Value

107

FEDERAL EXCISE TAX PAYABLE

DLN: 93491315006496

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

EIN : 7	1-1009218
Name	Address
DAVID K ARITA	98-1015 PALULA WAY AJFA. HJ 96701

TY 2015 Taxes Schedule	
Name:	AMERICAN CARPET ONE FOUNDATION

DLN: 93491315006496

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

FEDERAL EXCISE TAX

EIN: 71-1009218					
	Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

C/O DAVID K ARITA

1,604

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491315006496
Schedule B		Schedu	le of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information abo	out Schedule B (Fo	Form 990, 990-EZ, or 990-PF rm 990, 990-EZ, or 990-PF) and its in <u>w irs gov/form990</u>	structions is at	2015
Name of the organization				Employer id	entification number
AMERICAN CARPET C C/O DAVID K ARITA	THE FOUNDATION			71-100921	.8
Organization type (ch	eck one)				
Filers of:	of: Section:				
Form 990 or 990-EZ	orm 990 or 990-EZ				
	T 4947(a)(1)	nonexempt charita	ble trust not treated as a private four	ndation	
	☐ 527 politica	l organization			
Form 990-PF	√ 501(c)(3) €	exempt private four	ndation		
	T 4947(a)(1)	nonexempt charita	ble trust treated as a private foundati	ion	
	<u></u> 501(c)(3) t	axable private four	ndation		
other property Special Rules For an organizat) from any one contribution described in section	utor Complete Parts n 501(c)(3) filing Fi	nat received, during the year, contributed in a land last See instructions for determinal last see instructions for determinal last see instructions for determination of the second second see in the second	ning a contributor's f	total contributions
under sections t received from ai	509(a)(1) and 170(b)(1)(A)(vı), that check ıng the year, total c	ked Schedule A (Form 990 or 990-EZ) contributions of the greater of (1) \$5,0), Part II, line 13, 16a	, or 16b, and that
during the year,		ore than \$1,000 ex	(10) filing Form 990 or 990-EZ that re colusively for religious, charitable, sci ete Parts I, II, and III		
during the year, this box is checl purpose Do not	contributions exclusive ked, enter here the total complete any of the pa	ely for religious, ch il contributions that arts unless the Ger	(10) filing Form 990 or 990-EZ that re aritable, etc., purposes, but no such were received during the year for an neral Rule applies to this organization more during the year.	contributions totaled n exclusively religiou n because it receive	I more than \$1,000 If us, charitable, etc , ed <i>nonexclusively</i>
Caution. An organization 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), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its 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)					

Name of organization

AMERICAN CARPET ONE FOUNDATION

Employer identification number 71-1009218

C/O DAVID K ARITA Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person DAVID K ARITA **Payroll** 98-1015 PALULA WAY \$ 300,000 Noncas h AIEA, HI96701 (Complete Part II for noncash contributions) (b) (c) (d) (a) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + $\mathbf{4}$ **Total contributions** Type of contribution Person **Payroll Noncash** (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Pavroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncas h (Complete Part II for noncash contributions)

Employer identification number

O DAVID KARI		71-1009218	
art II	Noncash Property (see instructions) Use duplicate copies of 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
(a) o.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
(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
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

nedule B (Form 990, 9	990-EZ, or 990-PF) (2015)		Page 4
me of organization			Employer identification number
ERICAN CARPET C DAVID KARITA	ONE FOUNDATION		71-1009218
total more line entry. of \$1,000 or	than \$1,000 for the year from any o	Itions to organizations describ ne contributor. Complete colu III, enter the total of exclusivel mation once. See instructions	bed in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following y religious, charitable, etc., contributions
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
_	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a)	(1) Down on the 16		
o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· =	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) ofrom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. =			
-	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee
(a) o.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- =			
	Transferee's name, address, and	(e) Transfer of gift	Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)