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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491248002080

2019

OMB No 1545-0052

## **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. ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

or	caler	ndar year 2019, or tax year beginning 01-01-20	)19 , an	d er	nding 12-31-	2019	
		Indation			A Employer Id	entification numbe	er
А	CHARII	ABLE FOUNDATION			88-0375802		
		d street (or P O box number if mail is not delivered to street address) NDMILL PARKWAY SUITE 220	Room/suite		<b>B</b> Telephone nu	mber (see ınstructio	ns)
					(702) 248-8184	ļ	
		ı, state or province, country, and ZIP or foreign postal code V, NV 89014			<b>C</b> If exemption	application is pendir	ng, check here
G CI	neck al	I that apply	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check h	ere
		Final return Amended return				ganizations meeting	
		$\square$ Address change $\square$ Name change				k here and attach co	· -
		pe of organization Section 501(c)(3) exempt private				ındatıon status was n 507(b)(1)(A), che	
		n 4947(a)(1) nonexempt charitable trust					
of	year (f	xet value of all assets at end from Part II, col (c),  ▶\$ 5,214,417    J Accounting method   □ Other (specify)     (Part I, column (d) must	Cash Accrua	ıl		ation is in a 60-mont n 507(b)(1)(B), che	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	100,237				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch. B					
	3	Interest on savings and temporary cash investments	1		1		
	4	Dividends and interest from securities	2,070		2,070		
	5a	Gross rents					
a)	Ь	Net rental income or (loss)					
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	b   7	Gross sales price for all assets on line 6a  Capital gain net income (from Part IV, line 2)					
~	8	Net short-term capital gain					
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	102,308		2,071		
	13	Compensation of officers, directors, trustees, etc	22.062				32.06
ıΛ	14 15	Other employee salaries and wages	32,062 7,601				7,60
Se	16a	Legal fees (attach schedule)	1,134		1,134		1,11
<u>e</u>	ь	Accounting fees (attach schedule)	5,925		2,963		
Ĭ	c	Other professional fees (attach schedule)					
ΙĶ	17	Interest					
st ra	18	Taxes (attach schedule) (see instructions)					
Ē	19	Depreciation (attach schedule) and depletion	44,091				
	20	Occupancy					
ם ס	21	Travel, conferences, and meetings					
Operating and Administrative Expenses	22	Printing and publications	<b>66</b> 07 240		315		97.00
֟֝֟֝֟֝֟֝֟֝ <del>֚</del>	23	Total operating and administrative expenses.	87,318		313		87,00
era B		Add lines 13 through 23	178,131		4,412		126,66
5	25	Contributions, gifts, grants paid	755,540		•		755,54
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	022.674		4 445		002.22
	27	Subtract line 26 from line 12	933,671		4,412		882,20
	_ , a	Excess of revenue over expenses and					
	ь	disbursements Net investment income (if negative, enter -0-)	-831,363		0		
	C	Adjusted net income (if negative, enter -0-)			0		
		· · · · · · · · · · · · · · · · · ·	1			ı	1

5,681,538

5,900,730

50,000

101,473

101,473

5.799.257

5,799,257

5.900.730

وج

ارجه

4,848,486

5,015,647

200,394

200,394

4.815.253

4,815,253

5.015.647

1

2

3

4

5

6

100,000

5,047,303

5,214,417

100,000

disqualified persons (attach schedule) (see instructions) . . . . . Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

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

Mortgages and other notes payable (attach schedule). . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

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

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

**Analysis of Changes in Net Assets or Fund Balances** 

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . . .

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

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 198,817

Accounts payable and accrued expenses . . . . . .

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

Less allowance for doubtful accounts ▶ Inventories for sale or use . . . . . Prepaid expenses and deferred charges . . . .

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30. Net assets without donor restrictions . . .

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Other assets (describe > \_

Other liabilities (describe >\_

Grants payable

	4
	5
	6
	7
ç	8
Assets	9
As	10a
	b
	С
	11

b

12

13 14

15 16

17 18

19 20

21

22 23

24 25

28

30

Part III

2

3

Liabilities

Balances

Fund

ŏ 26

Assets 27

Net 29

5,799,257

-831,363

4,967,894

orm 9	90-PF (2019)					Page 3
Part	IV Capital Gains and I	osses for Tax on Inves	tment Income			
		kınd(s) of property sold (e g , ise, or common stock, 200 sh		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a						
	(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h <b>)</b> r (loss) ) minus (g)
а						
b						
С						
d						
e						
	Complete only for assets show	ring gain in column (h) and ov	vned by the foundation	on 12/31/69	(	I)
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) Excess of col (i) over col (j), if any		h) gain minus less than -0-) <b>or</b> om col (h))
a						
b						
С						
d						
e						
2	Capital gain net income or (n	et capital loss)	If gain, also enter in F If (loss), enter -0- in l		2	
3	Net short-term capital gain or	r (loss) as defined in sections	1222(5) and (6)			
J	• •	ne 8, column (c) (see instruct		4	3	
Part	V Qualification Unde	r Section 4940(e) for R	educed Tax on Net	Investment Inc	come	
	otional use by domestic private					
(i oi of	ndonal use by domestic private	Touridations subject to the se	ection 4540(a) tax on ne	et mvestment mcom	ie <i>)</i>	
(f secti	on 4940(d)(2) applies, leave tl	hıs part blank				

Net value of noncharitable-use assets

167,100

192,495

340,491

478,801

2

3

4

5

6 7

8

1,029,579

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

Enter the appropriate amount in each column for each year, see instructions before making any entries

157,060

170,603

465,185

472,165

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

3,429,321

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

Adjusted qualifying distributions

(a) Base period years Calendar

year (or tax year beginning in)

2018 2017

2016

2015

2014

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

Yes V No

0 939916

0 886272

1 366218

0 986140 3 330799

7 509345

1 501869

1,373,583

2,062,942

2,062,942

963,077

Form 990-PF (2019)

(d)

Distribution ratio

(col (b) divided by col (c))

Form	990-PF (20	19)								F	age <b>6</b>
Pa	rt VII-B	Statements Regard	ding	<b>Activities for Which</b>	Form 4720 May Be	Required (con	tınued)				
5a	During the	year did the foundation	pay o	r incur any amount to						Yes	No
<ul><li>(1) Carry on propaganda, or otherwise</li><li>(2) Influence the outcome of any specified</li></ul>				se attempt to influence legislation (section 4945(e))?							
				c public election (see sect	tion 4955), or to carry	_					
	•			egistration drive?		· ·	Yes 🗸	No			
		-		ravel, study, or other sım			Yes 🗹	No			
		-		her than a charitable, etc							
				ctions		• • □	Yes 🗹	No			
				eligious, charitable, scien ention of cruelty to childi							
ь			•	any of the transactions fa			Yes 🗹	No			
	•	, , , ,		ent notice regarding disas	• •	•			5b		
	•			regarding disaster assist			▶ ┌	1			
c	_	· -		does the foundation clain			_	ı			
		•		sponsibility for the grant	•		v 🗆	N			
	If "Yes," at	tach the statement requi	red b	y Regulations section 53	4945-5(d)	ш	Yes 🗀	No			
6a	Did the fou	indation, during the year	, rece	ive any funds, directly or	indirectly, to pay premiu	ıms on					
	a personal	benefit contract?				. $\Box$	Yes 🗸	No			
b	Did the fou	indation, during the year	, pay	premiums, directly or inc	lirectly, on a personal bei	nefit contract? .		MO	6b		No
	If "Yes" to	6b, file Form 8870									
7a	At any time	e during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tran	nsaction?	Yes 🗸	No			
b				proceeds or have any net					7b		
8		•		1960 tax on payment(s) o			r				
				ar <sup>7</sup>			Yes 🗹				
Pa		Information About ( and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	nagers, Highly	y Paid E	mplo	yees,		
1	List all off	icers, directors, truste	es, fo	oundation managers ar	nd their compensation.	See instruction	s				
			(	<b>b)</b> Title, and average	(c) Compensation (If	(d) Contribut		. (e)	Exper	ise acc	ount.
	( <b>a</b> ) Nai	me and address		hours per week devoted to position	not paid, enter -0-)	employee benefit deferred comp	: plans and ensation			llowand	
DAVII	O S DRUZ		PRES	IDENT/DI	0	dererred comp					0
2657	WINDMILL PA	RKWAY 220	20 0	)							
	ERSON, NV 8							_			
	EEN A HAVILA OX 976	ND	1 00	RETARY/TR	0		1	이			0
	OX 976 IWA, HI 9671	2									
AMBE	R M WILSON			CTOR	0		1	0			0
	2 AUHAELE LO		1 00								
	ANI, HI 9678  Compensa		id en	nployees (other than t	 hose included on line 1	see instructio	ns). If no	ne, e	nter "	NONE.	71
						(d) Contribut		,			-
(a)		ddress of each employee	paid	(b) Title, and average hours per week	(c) Compensation	employee b				se acco	
	mo	re than \$50,000		devoted to position	(-,	plans and de compensa		ot	her all	owanc	es
NON	 E					Companies					
-											
Tota	<b>I</b> number of	other employees paid ov	er \$5	0,000			<b>&gt;</b>				
								For	m <b>99</b> 0	0-PF (	(2019)

Forr	990-PF (2019)		Page <b>7</b>
Pa	rt VIII Information About Officers, Directors, Truste and Contractors (continued)	ees, Foundation Managers, Highly Paid E	mployees,
3	Five highest-paid independent contractors for professional se	ervices (see instructions). If none, enter "NOI	NE".
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NON	E		
Tota	I number of others receiving over \$50,000 for professional services.		
	rt IX-A Summary of Direct Charitable Activities		
	he foundation's four largest direct charitable activities during the tax year Includ		Expenses
	nzations and other beneficiaries served, conferences convened, research papers i NONDENOMINATIONAL MEDITATION CENTER FOR COMMUNITY USE	produced, etc	<u> </u>
2	NONDENOMINATIONAL MEDITATION CENTER FOR COMMONITY USE		78,573
3			
4			
Pa	rt IX-B Summary of Program-Related Investments (S	see instructions)	
	escribe the two largest program-related investments made by the foundation dur	ring the tax year on lines 1 and 2	Amount
1	MEDITATION CENTER IMPROVEMENTS		80,872
2			
,	Il other program related investments. Can instructions		
3	ll other program-related investments See instructions		
Tota	I. Add lines 1 through 3		80,872
			Form <b>990-PF</b> (2019)

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

5

963.077

Form **990-PF** (2019)

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

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

Page 9

68,679

68,679

Form **990-PF** (2019)

**b** Total for prior years

a From 2014. . . . .

e From 2018. . . . .

**b** From 2015. . . . c From 2016. . .

**d** From 2017. . . .

Form 990-PF (20	019)	
Part XIII	Undistributed Income	(see instructions)

990-PF (2	019)
+ XIII	Undi

1 Distributable amount for 2019 from Part XI, line 7

2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . .

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2019 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 **b** Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 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 2014 not

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9

a Excess from 2015. .

**b** Excess from 2016. .

d Excess from 2018. .

e Excess from 2019. .

c Excess from 2017. . . .

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4 🕨 \$ a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

3,377,842 448,225

448 160

160.978 148,705

448.225

448,160

160.978

148.705

894.398

(a) Corpus

4.583.910

894.398

5,478,308

3.377.842

2,100,466

(b)

Years prior to 2018

(c)

2018

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under

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

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed A CHARITABLE FOUNDATION BOARD OF DI

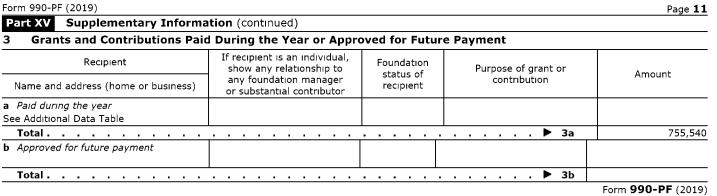
2657 WINDMILL PARKWAY 220 HENDERSON, NV 89014 (007) 022-4881

b The form in which applications should be submitted and information and materials they should include AN APPLICANT MUST SUBMIT TO THE BOARD OF DIRECTORS A PROPOSAL THAT OUTLINES THE PURPOSE OF THE RESEARCH. THE IDEA BEING STUDIED AND THE COST

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

NONE Form **990-PF** (2019)



Enter gross	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )
_	and contracts from government agencies					
	ership dues and assessments store is on savings and temporary cash					
	nents			14	1	
4 Dividei	nds and interest from securities			14	2,070	
	ntal income or (loss) from real estate					
	-financed property.					
	lebt-financed property	+				
	investment income.					
	r (loss) from sales of assets other than					
invento	·					
	come or (loss) from special events					
	profit or (loss) from sales of inventory revenue a					
с						
d						
	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1 1	2,071	2,071
	orksheet in line 13 instructions to verify calcu				•	2,071
Part XV	Relationship of Activities to th					
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's ex					
	instructions )					
	instructions )					
	Instructions )					
	instructions )					
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•	,		
art XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	able	
	Exempt organizations		

Part	XATT	Exempt Organia	zations									
1 Did (c)	the org (other t	anization directly or in han section 501(c)(3)	dırectly enga organızatıon	age in any of the s) or in section	e following with a 527, relating to	any othe	er organizatio organizations	n described in sections?	on 501		Yes	No
<b>a</b> Tran	nsfers fi	om the reporting foun	dation to a r	oncharitable ex	empt organizatio	on of						
(1) Cash.       .										1)		No
										2)		No
		actions										
		of assets to a nonchari		-					. 1b(			No
		ases of assets from a n							1b(			No
		of facilities, equipmer	•						1b(	-+		No
(4) Reimbursement arrangements										<u>4)</u>		No
(6) Performance of services or membership or fundraising solicitations.									. 1b(	-+		No No
٠.		facilities, equipment, n	•	_					. 100			No
	-	er to any of the above		•								NO
of tl	ne good	ls, other assets, or ser saction or sharing arra	vices given b	y the reporting	foundation If th	ie found	lation receive	d less than fair marl	ket value			
<b>/-&gt;</b>	N. I	(In) Amount moderned	l (-> N				. D					
(a) Line	INO	(b) Amount involved	(c) Name of	noncharitable exe	empt organization	(a)	Description of	transfers, transactions,	and sharing a	IIIani	jernem	LS
		dation directly or indire	•		•				es 🔽 No			
		n section 501(c) (other		n 501(c)(3)) or	in section 52/?			ЦYє	es 🖭 No			
b If "Y	es," co	mplete the following so  (a) Name of organization		1 4	<b>b)</b> Type of organiza	tion	ı	(c) Description	of relationship	,		
		(a) Name or organization	лі		b) Type of Organiza	ition		(C) Description	or relationsiii	,		
-												
	ofmy	r penalties of perjury, howledge and belief h preparer has any kno	, it is true, c									
Sign Here	*	****			2020-08-26		*****		May the IR return	5 disc	cuss th	IIS
пеге				<u>l</u>			<b>)</b> ——		with the pr below	epare	r show	vn
	<b>'</b> s	ignature of officer or ti	rustee		Date		<b>7</b> Title	<u> </u>	(see instr )		Yes 🗆	] No
		Print/Type preparer's	name	Preparer's Sigi	nature	Date	e	Check if self-	PTIN			
Paid		ISOO OSHIMA				20	020-08-26	employed ▶ □	P00	4063	3/8	
Prep	arer	Firm's name ► OCC	PA LLC									
Use (								F	Fırm's EIN ▶	87-0	07167	21
		Firm's address ► 84	1 BISHOP S	T STE 208								
		НС	NOLULU, HI	968133920					Phone no (8	(80	521-6	5481

Recipient If recipient is an individual, show any relationship to status of recontribution Paid During the Year or Approved for Future Payment

Recipient If recipient is an individual, show any relationship to status of recontribution Amount

any foundation manager

NONE

Name and address (home or business)

MA CENTER CHARITIESPO BOX 613

SAN RAMON, CA 94583

Total . .

	or substantial contributor			
a Paid during the year				
NATURAL RESOURCES DEFENSE COUNCIL 40 W 20TH STREET NEW YORK, NY 10011	NONE	PC	SERVICES FOR PUBLIC INTEREST	9,000
ENVIRONMENTAL DEFENSE FUND 1875 CONNECTICUT AVE NW WASHINGTON, DC 20009	NONE	PC	SERVICES FOR PUBLIC INTEREST	3,000

PC

SERVICES FOR PUBLIC

INTEREST

2,500

755,540

recipient

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year D.C. 2 500

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

3880 SAN RAFAEL AVENUE LOS ANGELES, CA 90065	NONE	PC	INTEREST	2,500
AMERICAN RED CROSS	NONE	PC	SERVICES FOR PUBLIC	2,000

AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	NONE	PC	SERVICES FOR PUBLIC INTEREST	2,000

WASHINGTON, DC 20006				
MALAMA PUPUKEA-WAIMEAPO BOX 188 HALEIWA, HI 96712	NONE	PC	SERVICES FOR PUBLIC INTEREST	1,000

755,540

▶ 3a

WASHINGTON, DC 20000				
MALAMA PUPUKEA-WAIMEAPO BOX 188 HALEIWA, HI 96712	NONE	PC	SERVICES FOR PUBLIC INTEREST	1,00

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Marine and address (nome or business)	or substantial contributor			
a Paid during the year				
NORTH SHORE COMMUNITY LAND TRUST PO BOX 1179 HALEIWA, HI 96712	NONE	PC	SERVICES FOR PUBLIC INTEREST	750
	·			

recipient

•				1
NORTH SHORE NEWS 66-437 KAMEHAMEHA HWY210 HALEIWA, HI 96712	NONE	PC	SERVICES FOR PUBLIC INTEREST	2

NORTH SHORE NEWS 66-437 KAMEHAMEHA HWY210	NONE	PC	SERVICES FOR PUBLIC INTEREST	250
HALEIWA, HI 96712				

66-437 KAMEHAMEHA HWY210 HALEIWA, HI 96712			INTEREST	
ONCE A MONTH CHURCHPO BOX 117	NONE	PC	SERVICES FOR PUBLIC	250

HALEIWA, HI 96712				
DNCE A MONTH CHURCHPO BOX 117	NONE	PC	SERVICES FOR PUBLIC	25

HALEIWA, HI 90/12				
ONCE A MONTH CHURCHPO BOX 117	NONE	PC	SERVICES FOR PUBLIC	
HALFIWA HI 96712			INTEREST	

ONCE A MONTH CHURCHPO BOX 117 HALEIWA, HI 96712	NONE	PC	SERVICES FOR PUBLIC INTEREST	
The state of the s				

ONCE A MONTH CHURCHPO BOX 117 HALEIWA, HI 96712	NONE	PC	SERVICES FOR PUBLIC INTEREST	2
Total			▶ 3a	755,540

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
THE PRIVATE SECTOR HAWAII PO BOX 1109 HALEIWA, HI 96712	NONE	PC	SERVICES FOR PUBLIC INTEREST	250
WAILUA HIGH SCHOOL FOUNDATION 67-160 FARRINGTON HIGHWAY WAILUA, HI 96791	NONE	PC	SERVICES FOR PUBLIC INTEREST	250
HAWAII FOODBANK 2611 KILIHAU STREET HONOLULU, HI 96819	NONE	PC	SERVICES FOR PUBLIC INTEREST	100

Total . .

755,540

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

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

a Paid during the year				
BONANTS EINDHOVEN C/O WELLS FARGO BANK 375 PARK AVENUE	NONE	NC	SCIENTIFIC RESEARCH	16,500

NEW YORK, NY 10152

STATE OF HAWAII	NONE	GOVERNMENT	PARK USE	717,190
DEPT OF LAND & NATURAL RESOURCES				
1151 PUNCHBOWL ST HONOLULU, HI 96813				
1101101010,111 90013				

755,540

efile GRAPHIC print - DO NOT F	PROCESS	As Filed Dat	a -	D	LN: 93491248002080	
TY 2019 Accounting Fees Schedule						
	Name:	A CHARITA	BLE FOUNDATIO	N		
	EIN:	88-037580	12			
	<del></del>			<del> </del>	1	
Category	Amo	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

2,963

5,925

ACCOUNTING FEES

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

## **TY 2019 Depreciation Schedule**

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Name: A CHARITABLE FOUNDATION

			8-0375802						
Description of Property	Depreci Date Acquired	ation Schedule 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
REFRIGERATOR	2015-01-27	1,045	882	200DB	7 0000	46			
80 FOLDING CHAIRS	2015-03-15	1,423	1,201	200DB	7 0000	63			
MEDITATION PROP- LAND	2014-04-24	2,357,103							
MEDITATION PROP- BUILDING	2015-05-08	1,061,532	98,668	S/L	39 0000	27,219			
SOLAR PANELS	2019-02-13	56,254		S/L	15 0000	1,875			
MEDITATION PROP- LAND IMPROV	2015-05-08	264,273	47,900	S/L	20 0000	13,213			
MEDITATION PROPERTY-SEPTIC SYSTEM	2015-05-08	25,132	6,074	S/L	15 0000	1,675			

DLN: 93491248002080

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491248002080
TV 2010 Land Etc		
TY 2019 Land, Etc.		
Schedule		

Name: A CHARITABLE FOUNDATION

ETNI 00 0275002

	EIN: 88-03/3802			
Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
BUILDINGS & LAND IMPROVEMENTS	1,409,661	198,817	1,210,844	1,409,661
LAND-UPPER PUPUKEA	826,047		826,047	826,047
LAND IMPROVEMENTS-ROAD	71,277		71,277	71,277
LAND IMPROVEMENTS-CUL-DE- SAC	383,214		383,214	383,214
LAND - MEDITATION CTR PROP	2,357,104		2,357,104	2,357,104

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DL	N: 93491248002080
TY 2019 Legal Fees Schedule	е			_
	e: A CHARITAB N: 88-0375802	SLE FOUNDATION		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,134	1,134		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: A CHARITABLE FOUNDATION

UNINVESTED RECEIPTS

**EIN:** 88-0375802

Other Assets Schedule

Description

50,000

Beginning of Year -

**Book Value** 

DLN: 93491248002080

End of Year - Fair

100,000

Market Value

End of Year - Book Value

100,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491248002080
TY 2019 Other Decreases Sch	edule	
Name:	A CHARITABLE FOUNDAT	ΓΙΟΝ
EIN:	88-0375802	
De	escription	Amount
DRIOD VEAR LINDECORDED DEDDECLATION	ON	153.641

PRIOR YEAR UNRECORDED DEPRECIATION 152,641 |

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	l: 93491248002080		
TY 2019 Other Expenses Schedule						
Name:	A CHARITABLE	FOUNDATION				
EIN:	88-0375802					
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						

245

70

1,597

46,882

32,516

143

650

560

4,655

245

70

1,597

46,882

32,516

143

650

560

4,654

BANK SERVICE CHARGES

**EMPLOYMENT INSURANCE** 

ROADSIDE MAINTENANCE

SECURITY ALARM EXPENSE

LAND ACQUISITION EXPENSES

MEDITATION PROPERTY EXPENSES

LICENSES & FEES

OFFICE EXPENSE

UTILITIES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491248002080		
TY 2019 Other Liabilities Schedule						
Name	A CHARITABLE	= FOUNDATIO	N			
		LICONDAIR	514			
EIN:	88-0375802					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
			DOOK Falac			
PAYROLL WITHHOLDING TAXES			1,473	394		
TACTICAL INVESTMENT MGT CORP.			100,000	200,000		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491248002080 TY 2019 Reduction Explanation Statement Name: A CHARITABLE FOUNDATION **EIN:** 88-0375802 Explanation: LAND NOW CONSIDERED AS AN INVESTMENT, ALTHOUGH BEING OFFERED FOR SALE, DOES NOT PRODUCE CURRENT SPENDABLE FUNDS.

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -		DLN: 93491248002080
Schedule B	Schedule of Contributors		OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ, or 990-PF ► Go to <u>www irs gov/Form990</u> for the latest information		2019
Name of the organization A CHARITABLE FOUNDATIO	N.	Employer ic	lentification number
		88-0375802	
Organization type (check	one)		
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization		
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fo	undation	
	☐ 527 political organization		
Form 990-PF	<b>☑</b> 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation	
	501(c)(3) taxable private foundation		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, controperty) from any one contributor. Complete Parts I and II. See instruction		
Special Rules			
under sections 509 received from any	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\theta(a)(1)$ and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-E one contributor, during the year, total contributions of the greater of (1) \$51, or (ii) Form 990-EZ, line 1 Complete Parts I and II	Z), Part II, line 13,	16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that it contributions of more than \$1,000 exclusively for religious, charitable, see prevention of cruelty to children or animals. Complete Parts I, II, and III		
during the year, co If this box is check purpose Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that intributions exclusively for religious, charitable, etc., purposes, but no such ed, enter here the total contributions that were received during the year for nplete any of the parts unless the <b>General Rule</b> applies to this organization, etc., contributions totaling \$5,000 or more during the year	h contributions tota or an <i>exclusively</i> re on because it recei	aled more than \$1,000 eligious, charitable, etc , ived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't fil <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the box on t I, line 2, to certify that it doesn't meet the filing requirements of Schedule	line H of its Form	
For Paperwork Reduction Actor Form 990, 990-EZ, or 990-		chedule B (Form 990	, 990-EZ, or 990-PF) (2019)

Employer identification number

CHARITABLE FO	UNDATION	88-0375802	
Part I Contributors	Contributors (see instructions) Use duplicate copies of Part I if add	ditional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TACTICAL INVESTMENT MANAGEMENT CORP  2657 WINDMILL PARKWAY SUITE 220  HENDERSON, NV 89014	\$ 100,000	Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions )  (d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions)
		Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2019)