2949103013215

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Open to Public inspection

Department of the Treasury

◆Do not enter social security numbers on this form as it may be made public. ◆Go to www.irs.gov/Form990PF for instructions and the latest information. Internal Revenue Service

For	calend	ar year 2018 or tax year beginning $12/01/18$, a	and ending $11/3$	0/19				
N	ame of four	ndation			A Emplo	yer identification number		
	AVIII TOUR A HOLD							
AUKINA FOUNDATION						-0328216		
		street (or P O box number if mail is not delivered to street address) BOX 892704	Ro	om/suite		none number (see instructions 3-521-2737	5)	
		state or province, country, and ZIP or foreign postal code			800	3-321-2737		
	/ILI				C If exer	nption application is pending,	check here @	' ∐(
_			n of a former public ch	narity	D 1 Fo	reign organizations, check he	re @	
•	Oncon c	Final return Amended	•	.a. ny				ш
		Address change Name cha				reign organizations meeting t % test, check here and attach		
	Ob 1. 4.				<u> </u>			ليبسا
"		ype of organization X Section 501(c)(3) exempt private	e private foundation	H		ate foundation status was tern n 507(b)(1)(A), check here	ninated under ④	
		4947(a)(1) nonexempt charitable trust Other taxable ket value of all assets at J Accounting method	Cash X Acc	<u> </u>	1			
		<u> </u>	Casii Acc	iuai		oundation is in a 60-month te section 507(b)(1)(B), check h	_	
	ine 16) •	500 544	ho on each basic \			(-/, //-// -/		لبينا
	art i	Analysis of Revenue and Expenses (The total of					(d) Disbursement	s
	aitt	amounts in columns (b), (c) and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes	
		the amounts in column (a) (see instructions))	books				(cash basis only))
'	1	Contributions, gifts, grants, etc , received (attach schedule)						
X	2	Check ◆ X if the foundation is not required to attach Sch. B						
آ '	3	Interest on savings and temporary cash investments	1,774		1,774			
J	4	Dividends and interest from securities						
	5a	Gross rents	25,200		25,200			
ە	ь	Net rental income or (loss) ———————————————————————————————————						
Revenue	6a	Net gain or (loss) from sale of assets not on line 10						
	b	Gross sales pnce for all assets on line 6a						
	7	Capital gain net income (from Part IV, line 2)			0			
	8	Net short-term capital gain				0		
	9	Income modifications	,,,,,			······································		
	10a	Gross sales less returns and allowances						
	b	Less Cost of goods sold						
	l c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	26,974		26,974	0		
_	12	Total. Add lines 1 through 11 RECEIVED Compensation of officers, directors, trustees, etc.	20,314		20,914	0		
es	13							
penses	14 15	Other employee salaries and wages Pension plans, employee benefits 2 1 2020						
		Legal fees (attach schedule)						
Û	16a b	Accounting fees (attach schedule) - rSee, Stmt	1,937		1,937			
Ve.	c	Accounting fees (attach schedule) Other professional fees (attach-schedule)	.,	•				
rati	17	Interest						
st	18	Taxes (attach schedule) (see instructions) Stmt	3,173		3,173			
Ë	19	Depreciation (attach schedule) and depletion Stmt	9,375		9,375			
ф	20	Occupancy	· · · · · · · · · · · · · · · · · · ·					
4	21	Travel, conferences, and meetings	• • • •					
Operating and Administrative Ex	22	Printing and publications						
0	23	Other expenses (att sch.) See Stmt	11,782		11,782			
ij	24	Total operating and administrative expenses.						
679	} }	Add lines 13 through 23	26,267		26,267	0		0
ă	25	Contributions gifts grants paid See Statement	30,000	····			30,	
_	26	Total expenses and disbursements Add lines 24 and 25	56,267		26,267	0	30,0	000
	27	Subtract line 26 from line 12	_	,				
	a	Excess of revenue over expenses and disbursements	-29,293					
	þ	Net investment income (if negative, enter -0-)			707			
	С	Adjusted net income (if negative, enter -0-)	<u></u>	L		0	<u> </u>	

For Paperwork Reduction Act Notice, see instructions.

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53 ,	art'll	Balance Sheets Attached schedules and amounts in the descrip	tion column	Beginning of year	End o	f year
	MI E FE	should be for end-of-year amounts only (See in	structions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash – non-interest-bearing				<u> </u>
	2	Savings and temporary cash investments		89,887	70,741	70,741
	3	Accounts receivable ◆				
		Less allowance for doubtful accounts ◆			.,	
		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 (att. schedule)	_			
		Less allowance for doubtful accounts ◆	0			
ध	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
الخ	10a	Investments – U S and state government obligations (attach schedule)				
	þ	Investments – corporate stock (attach schedule)				
	С	Investments – corporate bonds (attach schedule)				
	11	Investments - land buildings, and equipment basis				
		Less accumulated depreciation (attach sch.) ◆				
- -	12	Investments – mortgage loans				
1	13	Investments – other (attach schedule)				
	14	Land buildings and equipment basis ◆	525,000			
		Less accumulated depreciation (attach sch) ◆ Stmt 6	55,469	478,906	469,531	450,000
_ _	15	Other assets (describe ◆_)-			
	16	Total assets (to be completed by all filers – see the				
\perp		instructions Also, see page 1, item l)		568,793	540,272	520,741
	17	Accounts payable and accrued expenses				
	18	Grants payable				
ië.	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified pe	ersons			
<u>.</u>	21	Mortgages and other notes payable (attach schedule)			,	
	22	Other liabilities (describe ◆)			
4	23	Total liabilities (add lines 17 through 22)		0	0	
es		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.	◆ X			
왿	24	Unrestricted			772	
뗾	25	Temporarily restricted				
8	26	Permanently restricted				
Net Assets or Fund Balar		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	◆ □			
Ö	27	Capital stock, trust principal, or current funds		74,680	74,680	
1	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
\SS	29 1	Retained earnings, accumulated income, endowment, or other f	unds	494,113	464,820	
2	30 /1	Total net assets or fund balances (see instructions)		568,793	539,500	
ž	314	Total liabilities and net assets/fund balances (see				
	[/ •	instructions)		568,793	540,272	
P	art I	Analysis of Changes in Net Assets or Fund	Balances			
1	Total	net assets or fund balances at beginning of year - Part II, colum	in (a), line 30 (mi	ist agree with		•
	end-c	of-year figure reported on prior year's return)			1_	568,793
2	Enter	amount from Part I, line 27a			2	-29,293
3	Other	r increases not included in line 2 (itemize) ◆	1		3	
4	Add I	ines 1, 2, and 3			4	539,5 <u>00</u>
5.	Decre	eases not included in line 2 (itemize) ◆			5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) -	- Part II, column	(b), line 30	6	539,500
						Form 990-PF (2018

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Part,IV Capital Gains a	<u>nd Losses for Tax on Investme</u>	nt Income	T		
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acqu (mo , day,)	
1a N/A			D = Donation		
b					
С					
d					
_ e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	((0	(h) Gain or (loss) e) plus (f) minus (g))
a					
b					
С					
d					
Complete only for assets showin	g gain in column (h) and owned by the fo	undation on 12/31/	69		
(I) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i)	col (k)	ains (Col. (h) gain minus), but not less than -0-) or .osses (from col. (h))
a			•••		
b					
С		· · · · · · · · · · · · · · · · · · ·			
d			·		
е				ı	
2 Capital gain net income or (net c	apital loss) If gain, also enter in I If (loss), enter -0- in I			2	
3 Net short-term capital gain or (lo-	es) as defined in sections 1222(5) and (6)			
if gain, also enter in Part I, line 8	, column (c) See instructions If (loss), e	nter -0- in			
Part I, line 8				3	
	nder Section 4940(e) for Reduc			me	
(For optional use by domestic private	e foundations subject to the section 4940	(a) tax on net inves	tment income)		
if section 4940(d)(2) applies, leave the	nis part blank				
Was the foundation liable for the sec	tion 4942 tax on the distributable amount	t of any year in the	base period?		Yes X N
If "Yes," the foundation doesn't qualif	fy under section 4940(e) Do not complete	e this part	·		
1 Enter the appropriate amount in	each column for each year, see the instru	uctions before maki	ing any entries		
(a)	(b)		(c)		(d)
Base period years Calendar year (or tax year beginning in	Adjusted qualifying distributions	Net valu	e of noncharitable-use asset	s	Distribution ratio (col (b) divided by col (c))
2017		,000	592,		0.05571
2016		,000	662,2		0.05285
2015	· · · · · · · · · · · · · · · · · · ·	,500	695,		0.05100
2014		,000	702,		0.03844
2013		,000	734,:	120	0.03405
2. Total of line 1. column (d)				,	0.23207
2 Total of line 1, column (d) 3 Average distribution ratio for the	5-year base period – divide the total on li	ine 2 by 5 0 or by		2	0.23207
<u> </u>	on has been in existence if less than 5 years	•		3	0.04641
4 Enter the net value of noncharita	ble-use assets for 2018 from Part X, line	5		4	525,68
5 Multiply line 4 by line 3				5	24,40
6 Enter 1% of net investment inco	me (1% of Part I. line 27b)			6	
7 Add lines 5 and 6	(7	24,40
8 Enter qualifying distributions from	n Part XII line 4			8	30,00
If line 8 is equal to or greater that	n line 7, check the box in Part VI, line 1b	, and complete that	part using a 1% tax r		30,00
Part VI instructions					

2569 0	75/02/2020 11 49 AM	-			•
-	990-PF (2018) AUKINA FOUNDATION 99-0328216			P	age 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ◆ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				-
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ◆ X and enter 1% of Part I, line 27b	1			7
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2			<u> </u>
3	Add lines 1 and 2	3			<u> 7</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			7
6	Credits/Payments				
а	2018 estimated tax payments and 2017 overpayment credited to 2018				
b	Exempt foreign organizations – tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments Add lines 6a through 6d	7			
8	Enter any penalty for underpayment of estimated tax. Check here	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			7
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ◆ Refunded ◆	11			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition		1ն		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	N/A	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ◆ \$ (2) On foundation managers ◆ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers • \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		_X_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	_			
	conflict with the state law remain in the governing instrument?	N/A	6	L	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	ΧV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions ◆ HI				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	

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 2018 or the taxable year beginning in 2018? See instructions for Part XIV If "Yes,"

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

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complete Part XIV

names and addresses

P:	art VII-A Statements Regarding Activities (continued)			
			Ye	No
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	1	<u>. </u>	X
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		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	_1:	3 X	
	Website address ♦ N/A			
14	The books are in care of ♦ HOWARD R GREEN Telephone no ♦ 80	8-521	-27	37
	P.O. BOX 892704			
		5789		<u>ب</u>
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 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority	_	Ye	\rightarrow
	over a bank, securities, or other financial account in a foreign country?	10	5	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country •			Щ
Pi	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		T _V -	
4	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	Yes	No.
1a		No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	NO		
		No		
		No		
		No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
		No		
	(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			
		No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	[<u>/</u> A <u>1</u>	<u> </u>	<u> </u>
	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, that	_		
	were not corrected before the first day of the tax year beginning in 2018?	I/A 1	<u> </u>	
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 2018, did the foundation have any undistributed income (lines 6d and			
		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	I/A 21	.	
		I/A 21	0	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
2-	♦ 20 , 20 , 20 , 20 Did the foundation held more than a 20 direct or indirect interest in any hydrocal enterprise.			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	No.		
h		10		
b	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 if the			
		I/A 31	ь I	
4a		4		+x
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 2018?	. 41	ь	x
_				PF (2018)

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Pa	art VII-B Statements Regardin	g Activities for Which Fori	<u>n 4720 May Be R</u>	Required (cont	inued)			
5a	During the year did the foundation pay or i	ncur any amount to			_		Yes	No
	(1) Carry on propaganda, or otherwise att	empt to influence legislation (section	on 4945(e))?	\	res 🔀 No			
	(2) Influence the outcome of any specific	public election (see section 4955),	or to carry on,	_	_			
	directly or indirectly, any voter registra	tion drive?		\ \\	res 🗓 No			
	(3) Provide a grant to an individual for tra-	vel, study, or other similar purposes	3?	\ \ \	res 🗓 No			
	(4) Provide a grant to an organization other	er than a charitable, etc , organizat	on described in	_	_			
	section 4945(d)(4)(A)? See instruction	s		\ \	res 🔀 No			
	(5) Provide for any purpose other than rel	igious, charitable, scientific, literary	, or educational		_			
	purposes, or for the prevention of crue	elty to children or animals?		\ _\	res X No			
b	If any answer is "Yes" to 5a(1)–(5), did any	y of the transactions fail to qualify ເ	inder the exceptions d	lescribed in				
	Regulations section 53 4945 or in a currer	nt notice regarding disaster assistai	nce? See instructions		N/A	5b		
	Organizations relying on a current notice r	egarding disaster assistance, chec	k here		◆ □			
C	If the answer is "Yes" to question 5a(4), do	oes the foundation claim exemption	from the tax	. —				
	because it maintained expenditure respon	sibility for the grant?		N/A 🗌	∕es ∐ No			
	If "Yes," attach the statement required by	Regulations section 53 4945-5(d)						
6a	Did the foundation, during the year, receiv	e any funds, directly or indirectly, to	pay premiums					
	on a personal benefit contract?				∕es 🏻 No			
b	Did the foundation, during the year, pay pr	emiums, directly or indirectly, on a	personal benefit contr	ract?		6b		<u> </u>
	If "Yes" to 6b, file Form 8870				(
7a	At any time during the tax year, was the fo	oundation a party to a prohibited tax	shelter transaction?	□ \	res X No			
b	If "Yes," did the foundation receive any pro-	oceeds or have any net income attr	butable to the transac	ction?	N/A	7b		
8	Is the foundation subject to the section 49	60 tax on payment(s) of more than	\$1,000,000 in	.	. 🖼			
	remuneration or excess parachute payme				res X No		L	
Pa		cers, Directors, Trustees,	Foundation Man	agers, Highly	Paid Employ	ees,		
	and Contractors							
<u> 1 L</u>	List all officers, directors, trustees, and f	oundation managers and their co	mpensation. See ins	structions.	<u> </u>			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Ex	pense ad	count.
	(a) Name and add	dress	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee benefit plans and deferred		pense ad er allowa	
	· · · · · · · · · · · · · · · · · · ·		hours per week devoted to position	(If not paid,	employee benefit		-	
	AMES W AUSTIN	HONOLULU	hours per week devoted to position PRESIDENT	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	-	nces
53	AMES W AUSTIN 37 AHINA STREET	HONOLULU HI 96801	hours per week devoted to position PRESIDENT 0.00	(If not paid,	employee benefit plans and deferred compensation	othe	-	
53 HC	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN	HONOLULU HI 96801 MILILANI	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	-	o O
53 нс Р.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704	HONOLULU HI 96801 MILILANI HI 96789	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	-	nces
F.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	-	0 0
53 HC P. WA	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00	(If not paid, enter -0-)	employee benefit plans and deferred compensation	othe	-	o O
F. WA	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER	(if not paid, enter -0-) 0	employee benefit plans and deferred compensation	Othe	-	0 0
F. DC	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00	(if not paid, enter -0-) 0	employee benefit plans and deferred compensation	Othe	-	0 0
F. DC	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00	(if not paid, enter -0-) 0	employee benefit plans and deferred compensation	Othe	-	0 0
F. DC	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 – see ins	(if not paid, enter -0-) 0	employee benefit plans and deferred compensation	Othe	-	0 0
F. DC	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00	(if not paid, enter -0-) 0	employee benefit plans and deferred compensation C C C C C C C C C C C C C	(e) Ex	pense ac	0 0 0
F. DC	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 – see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation C C C C C C C C C C C C C	(e) Ex	er allowa	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
53 HC P. WA P. DC P.	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0
P. DC P. 2	AMES W AUSTIN 37 AHINA STREET OWARD R GREEN .O. BOX 892704 ARREN J GUNDERSON .O BOX 338 ONALD P BIDDLE .O BOX 9230 Compensation of five highest-paid emp "NONE."	HONOLULU HI 96801 MILILANI HI 96789 KAMUELA HI 96743 INCLINE VILLAGE NV 89452 Dioyees (other than those include	hours per week devoted to position PRESIDENT 0.00 VICE PRESIDE 0 00 DIRECTOR 0 00 TREASURER 0.00 d on line 1 - see ins (b) Title, and average hours per week	(If not paid, enter -0-) 0 0 tructions). If non	employee benefit plans and deferred compensation Compensa	(e) Ex	pense ac	0 0 0

Form 990-PF (2018)

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3

All other program-related investments. See instructions

Total. Add lines 1 through 3

orm	990-PF (2018) AUKINA FOUNDATION 99-0328216		Page 8
	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n fou	indations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	83,694
С	Fair market value of all other assets (see instructions)	1c	450,000
d	Total (add lines 1a, b, and c)	1d	533,694
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	533,694
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	8,005
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	525,689
6	Minimum investment return. Enter 5% of line 5	6	26,284
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	found	dations
	and certain foreign organizations, check here ◆ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	26,284
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	7
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	26,277
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	26,277
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	26,277
P	art XII 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	30,000
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
A	Qualifying distributions, Add lines 1a through 3b. Enter here and on Part VI line 8, and Part VIII line 4.	4	30 000

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

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

Enter 1% of Part I, line 27b See instructions

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Form 990-PF (2018)

Part	XIII Undistributed Income (see instruct	tions)			
		(a)	(b)	(c)	(d)
1 Di	stributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
lin	e 7				26,277
2 Ur	ndistributed income, if any, as of the end of 2018				
a Er	nter amount for 2017 only			29,508	*************************************
b To	otal for prior years 20 , 20 , 20				
3 E	cess distributions carryover, if any, to 2018				
a Fr	om 2013				
b Fr	om 2014				
c Fr	om 2015				
d Fr	om 2016				
e Fr	om 2017				
f To	otal of lines 3a through e				
4 Q	ualifying distributions for 2018 from Part XII,	·			
	ne 4 ◆ \$30,000	' ' '			
	oplied to 2017, but not more than line 2a			29,508	
	oplied to undistributed income of prior years				
•	Election required – see instructions)				
	reated as distributions out of corpus (Election				
	guired - see instructions)				
	oplied to 2018 distributable amount				492
	emaining amount distributed out of corpus				•
	xcess distributions carryover applied to 2018				•
	an amount appears in column (d), the same		***************************************		
-	mount must be shown in column (a))				
	nter the net total of each column as				
	dicated below:				
	orpus Add lines 3f, 4c, and 4e Subtract line 5				
	rior years' undistributed income Subtract				
	ne 4b from line 2b				
	nter the amount of prior years' undistributed				
	come for which a notice of deficiency has				
	een issued, or on which the section 4942(a)				
	x has been previously assessed				
	ubtract line 6c from line 6b Taxable				······································
	mount – see instructions ndistributed income for 2017 Subtract line				
	a from line 2a Taxable amount – see				
	structions ndistributed income for 2018 Subtract lines		+		
	d and 5 from line 1. This amount must be istributed in 2019.				25,785
					25,105
	mounts treated as distributions out of corpus				
	satisfy requirements imposed by section				
	70(b)(1)(F) or 4942(g)(3) (Election may be				
	equired—see instructions)				
	xcess distributions carryover from 2013 not				
	pplied on line 5 or line 7 (see instructions)				7 7111
	xcess distributions carryover to 2019.			4 . " " " " " " " " " " " " " " " " " "	
_	ubtract lines 7 and 8 from line 6a				······
	nalysis of line 9				
	xcess from 2014				
	xcess from 2015				
	xcess from 2016				
	xcess from 2017				
e E	xcess from 2018	Sum come	. 	9 100	u. 1 - maga gagaga

Form 990-PF (2018) AUKINA FOUNDATION 99-0328216 Part XIV , Private Operating Foundations (see instructions and Part VII-A, question 9) If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(j)(3) or 4942(j)(5) Check box to indicate whether the foundation is a private operating foundation described in section Tax year Prior 3 years 2a Enter the lesser of the adjusted net (e) Total (b) 2017 (c) 2016 (d) 2015 (a) 2018 income from Part I or the minimum investment return from Part X for each year listed 85% of line 2a Qualifying distributions from Part XII, line 4 for each year listed Amounts included in line 2c not used directly for active conduct of exempt activities Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed "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 Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at Part XV any time during the year - see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here • X 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 The name, address, and telephone number or email address of the person to whom applications should be addressed N/A The form in which applications should be submitted and information and materials they should include c Any submission deadlines Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

Part XV Supplementary Information (co		<u> </u>		
3 Grants and Contributions Paid During		r Future Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Toolpront		
a Paid during the year				
PUNAHOU SCHOOL 1601 PUNAHOU STREET		OP FOUNDATIO		
HONOLULU HI 96822			CHILDREN	20,000
HOROHOHO HI 90022		FOR	CITTICKEN	20,000
SHRINERS HOSPITAL FOR CHILL	DREN			
1310 PUNAHOU STREET	-			
HONOLULU HI 96826				5,000
SOUTH SEAS CHRISTIAN MINIS	1			
306 PORTLOCK ROAD	NONE	TO PROVIERS :		
HONOLULU HI 96825		TO PROVIDE MI	HISTRISES	5,000
]	
				22.22
Total b Approved for future payment	<u> </u>	1	♦ 3a	30,000
N/A				
41/ 44				
Total	l	<u> </u>	♦ 3b	
i Uldi			▼ 3D !	

Part XVI-A	Analysis of Income-Producing Act	ivities				
	ounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue			code		(See instructions)
a						
с						
d						
е						
f						
g Fees ar	nd contracts from government agencies					
	dues and assessments		·			
	savings and temporary cash investments					1,774
	nd interest from securities					
	ncome or (loss) from real estate					
	anced property			0.5		
	et-financed property			25	-891	
	ncome or (loss) from personal property					4
7 Other invest					V-2-7-7-1	
•	s) from sales of assets other than inventory					
	or (loss) from special events	ļ				
	or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
	ue a	-		 		 -
	·			+		
				 		
e 12 Subtotal Δα	dd columns (b), (d), and (e)			<u> </u>	-891	1,774
	line 12, columns (b), (d), and (e)			· I	13 _	
	in line 13 instructions to verify calculations)				13	
Part XVI-B		complishm	ent of Exempt P	urpose	es .	,
Line No.	Explain below how each activity for which income					····
	accomplishment of the foundation's exempt purpo					
4	INTEREST FROM SAVINGS	`			· · · · · · · · · · · · · · · · · · ·	···
						•
						* 100
						
					no.	
					, , , , , , , , , , , , , , , , , , ,	

Form 990-PF	(2018) AUKINA F	OUNDATION		99-032	28216		Pa	ge 1
Part XVII		jarding Transfers To a	nd Transactio	ns and Relations	ships With Nonchari	table Ex		
1 Did the	organization directly or inc	directly engage in any of the fo	ollowing with any o	ther organization des	cribed		Yes	No
ın secti	on 501(c) (other than sect	tion 501(c)(3) organizations) o	or in section 527, re	elating to political				
organiz	ations?							
a Transfe	ers from the reporting foun-	dation to a noncharitable exer	mpt organization of	i				
(1) Cas	sh					1a(1)		X
(2) Oth	ner assets					1a(2)		X
b Other to	ransactions							
(1) Sal	les of assets to a nonchari	table exempt organization				1b(1)		X
(2) Pur	rchases of assets from a n	oncharitable exempt organiza	ition			1b(2)		X
(3) Rer	ntal of facilities, equipment	t, or other assets				1b(3)		X
(4) Rei	imbursement arrangement	ts				1b(4)		X
(5) Loa	ans or loan guarantees					1b(5)		X
(6) Per	rformance of services or m	nembership or fundraising soli	citations			1b(6)		X
c Sharing	g of facilities, equipment, n	nailing lists, other assets, or p	aid employees			1c		X
d If the a	nswer to any of the above	is "Yes," complete the following	ng schedule Colur	nn (b) should always	show the fair market			
value o	f the goods, other assets,	or services given by the repor	rting foundation If	the foundation receive	ed less than fair market			
value ır	n any transaction or sharin	g arrangement, show in colum	nn (d) the value of	the goods, other asse	ets, or services received			
(a) Line no	(b) Amount involved	(c) Name of noncharitable exe	mpt organization	(d) Description	of transfers, transactions, and shar	ing arrangeme	nts	
N/A						·		
			·					
			·					
					, , , , , , , , , , , , , , , , , , , ,			
							·	
2a Is the fo	oundation directly or indire	ectly affiliated with, or related to	o. one or more tax	-exempt organization:	s			
	-	r than section 501(c)(3)) or in		onempt organization.	•	☐ Y(es 🗓	No
	" complete the following se					·		,
	(a) Name of organization		f organization		(c) Description of relationship			
N/A								
			•					
								-
Und	der penalties of perjury, I declare t	that I have examined this return, include	ling accompanying sche	dules and statements, and	to the best of my knowledge and	belief, it is true).	
		preparer (other than taxpayer) is base			wledge	S discuss this re		
Sign		4.40	,			eparer shown be		
Sign					See instruc		Yes	No
Here	Mommo	MILLER EMPLES	/ i M/	Y 1 5 2020	VICE DESTE	enim		
	Signature of officer or trustee	The state of the s	Date		VICE PRESID	FMT_		
P	rint/Type preparer's name		Preparer's signatur	°na111	D	ate	Check	X
Paid			1/1/200	[]]		10015	self-em	ıployed
Preparer DF	AVID E LATHAM	1 =	1 (Vale	11		/02/20		
Use Only	irm's name @ Davi	d E. Latham Cer	rtified P	ubli ć Acct.		P00037		
		MAG 4744			I = 🗘 🕻	0 - N 1 Q	11/1/2	-

Firm's EIN @ 99-0180435

Phone no

Firm's address @

P.O. Box 5259

Kaneohe, HI 96744

22569 AUKINA FOUNDATION 99-0328216 FYE: 11/30/2019	UNDATION		Federal S	Federal Statements	:	5/2/2020 11:49 AM
		Statement 1 - Fo	orm 990-PF, Pa	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees	counting Fees	•
Desc CONDO HARBOR SQ Total	Description		Total 1, 937 1, 937	Net Investment \$ 1,937 \$ \$ \$ \$ \$ \$ \$ \$ \$	Adjusted Net	Charitable Purpose
		Statement 2	t 2 - Form 990-	- Form 990-PF, Part I, Line 18 - Taxes	- Taxes	
Desc FEDERAL INCOME T CONDO HARBOR SQ Total	Description OME TAX R SQUARE # 1709		Total 18 3, 155 3, 173	Net Investment \$ 3,155 \$ 3,173	Adjusted Net	Charitable Purpose
	acitairo 200	Statement 3	- Form 990-PF,	Part I, Line 19 - D	Line 19 - Depreciation	
Date Acquired	Cost Basis	Prior Year Depreciation	Method	d Life	Current Year Net Investment Depreciation	stment Adjusted Net me Income
LAND 12/31/13 \$ CONDOMINIUM 12/31/13	375,000	46,094	S/L		9,375	9,375
				." 		<u>+</u>

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22569 AUKINA FOUNDATION 99-0328216 FYE: 11/30/2019	Federal S	Federal Statements		5/2/2020 11:49 /
Stat	Statement 4 - Form 990-PF, P	4 - Form 990-PF, Part I, Line 23 - Other Expenses	Expenses	
Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	, ,	\$	ᡐ	S
CONDO HARBOR SQUARE # 1709 maintenace fees inSURANCE	11,354	11,354		
enses investment charge Total	\$ 11,782	\$ 11,782	\$	& A

ØΙ	Date 11/25/19 11/25/19 11/25/19
PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants	Book Value Explanation
e 25 - Noncash Contr	Book Value Amount
m 990-PF, Part I, Line	FMV Explanation
Statement 5 - Form 990-	Noncash Description
	Amount 20,000 5,000 5,000

	Net FMV	450,000	450,000
	l	ς, I	က္ [။]
ment	End Accumulated Depreciation	55,469	55,469
nd Equip	End A Dep	σ	S
d, Building, a	End Cost / Basis	375,000 150,000	525,000
14 - Lan	ပို	- ب	φ
PF, Part II, Line 14 - Land, Building, and Equipmer	Beginning Net Book	328,906 150,000	478,906
990-PF	W ~	ς S	S
Statement 6 - Form 990-	Description		Total