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Form **990-PF**

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

	alendar year 2010				, and ending	JUN 30, 201	
Ch	neck all that apply:		Initial return Amended return	Initial return of a fo		Final retu Name change	ırn
Nam	e of foundation					A Employer identificati	on number
		-	COUNDATION	CEDUTORO		00 00006	1
Numt			SS ADVISORY		Room/suit	99-008068 B Telephone number	<u> </u>
	•			UITE E202			-4353
City	or town, state, and					C If exemption application i	
		TOTO,				D 1. Foreign organization	ons, check here
C	heck type of organi			kempt private foundation		Foreign organizations check here and attach	computation
Ea.	J Section 4947(a)(ir market value of a			Other taxable private foundaing method:	Accrual	E If private foundation : under section 507(b)	
	om Part II, col (c)		· · · · · · · · · · · · · · · · · · ·	ther (specify)	Accidal	1	a 60-month termination
		27		ımn (d) must be on cash t	oasis.)	under section 507(b)	
Pa	Analysis of I (The total of an necessarily equ	rounts in colun	d Expenses nns (b), (c), and (d) may not ts in column (a),)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
			s, etc., received	1,200.		N/A	
			n is not required to attach Sch. B prary	7.		7	
}	3 cash investmen 4 Dividends and			2,560.	2,56	7.	STATEMENT 3
	5a Gross rents	. auc.cot 110	mi securiles	2,500.	2,30		DINI DWDMI
1	b Net rental incom	ne or (loss)	·				
ē	68 Net gain or (loss			18,719.	······································	 	
Revenue	D assets on line 6	a	234,326.		18,71		
R	7 Capital gain net 8 Net short-terr	•	•		10,/1	RECEIV	/FD
	9 Income modi	fications	•			TECE!	70
	10a and allowances	s returns					2012-10
	b Less Cost of go	-				4 JUN 0 8	
	c Gross profit of 11 Other income	•					
	12 Total. Add lir		h 11	22,486.	21,28	6. OGDEN	, U
			ectors, trustees, etc	0.		0.	
	14 Other employ		•				
ses	15 Pension plans	s, employee	benefits				
ans.	16a Legal fees b Accounting fe	265	STMT 3	3,240.	97:	2	2,26
Expens	c Other profess		STMT 4	1,986.	99		99
ive	17 Interest						
itrat	18 Taxes		STMT 5	571.		0.	
Administrative	19 Depreciation 20 Occupancy	and depletio	n				
Adn	20 Occupancy 21 Travel, confe	rences, and i	meetinas				
and (22 Printing and						
	_	es	STMT 6	8,075.		0.	8,07
Operating	24 Total operati	-		13.050		-	44 33
Ö	expenses. A		_	13,872. 215,000.	1,96	5.	11,33 215,00
	25 Contributions 26 Total expens						213,000
	Add lines 24			228,872.	1,96	5.	226,33
	27 Subtract line	26 from line	: 12:				
			nses and disbursements	-206,386.	10 20	1	
	i		if negative, enter -0-)		19,32	N/A	
0235 12-0	C Adjusted net		legative, enter -0-) leduction Act Notice, see	the instructions	<u></u>	I IN/A	Form 990-PF (20
	7-10 CIDA 1011	Thou work U		and monestions.			10/11/000 11 (20

C/O BUSINESS ADVISORY SERVICES

99-0080681 Page 2

0,	art I	Balance Sheets Attached schedules and amounts in the description ,	Beginning of year	End of	,
عي ا	<u> </u>	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	84.		
1	2	Savings and temporary cash investments	17,745.	27,000.	27,000.
	3	Accounts receivable ►			
- }		Less; allowance for doubtful accounts ▶			
١	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
Ì	5	Grants receivable			
ļ	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
- 1	7	Other notes and loans receivable			
	·	Less: allowance for doubtful accounts ▶			
<u>ر</u>	A	Inventories for sale or use			
Assets	_	Prepaid expenses and deferred charges			
\$		Investments - U.S. and state government obligations			
		Investments - corporate stock			
		Investments - corporate bonds			
	_	Investments - land, buildings, and equipment basis			
	'''	Less accumulated depreciation			
	40	Investments - mortgage loans			
	12 13	Investments - other STMT 7	215,557.	0.	0.
			213,337.		<u>U•</u>
	14	Land, buildings, and equipment basis			
	45		·		
	13	Other assets (describe			
	۰۰	Table counts (to be completed by all filese)	233,386.	27,000.	27,000.
_	16		433,300.	27,000.	47,000.
	17	· · · · · · · · · · · · · · · · · · ·			
	18	Grants payable Deferred revenue			
Liabilities	19	F			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable			
	22	Other liabilities (describe			
		Tatel liebilities (add lines 17 through 20)	0.	0.	
_	23	Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here	<u> </u>		
			į		•
S		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted Temporarily restricted			
ala	25	Permanently restricted			
B	26	Foundations that do not follow SFAS 117, check here			i
Ē		·			
5	0.7	and complete lines 27 through 31.	233,386.	27 000	
ş	27	Capital stock, trust principal, or current funds	233,386.	27,000.	
Net Assets or Fund Balances	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥	29	Retained earnings, accumulated income, endowment, or other funds			
ž	30	Total net assets or fund balances	233,386.	27,000.	
		T-4-1 11-6 1141 d 4 4 6-1	222 206	27 000	
_	31	Total liabilities and net assets/fund balances	233,386.	27,000.	
P	art	Analysis of Changes in Net Assets or Fund Ba	alances 		
1	Tota	il net assets or fund balances at beginning of year - Part II, column (a), line i	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	233,386.
2	Ente	er amount from Part I, line 27a		2	-206,386.
3	Othe	er increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	27,000.
5	Dec	reases not included in line 2 (itemize)		5	0.
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	27,000.

		sses for Tax on l		Income	T					
		nd(s) of property sold (e.gor common stock, 200 sh			I P	low acq - Purch: - Donat	ase ') Date aco (mo., day	quired , yr.)	(d) Date sold (mo., day, yr.)
a PUBLICLY TRADE	D SEC	CURITIES				E)			
b CAPITAL GAINS	DIVII	DENDS								
<u>c </u>		 			<u> </u>					
<u>d</u>					}—					
<u>e</u>			T		۲.,					
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale	_			(h) Gair (e) plus (1	n or (loss) f) minus (9)
a 234,097.	ļ		 	<u>215,60</u>	7.					18,490.
b 229.			 	 .	\dashv					229.
<u>C</u>			 							
<u>d</u>	 		 		\dashv					
Complete only for assets shown	no oain in	column (h) and owned by	the foundation	on 12/31/69			//\ (1\)	Paine /Col	(h) com	minus
Complete only for assets shown		(i) Adjusted basis	T	cess of col. (1)	1				l. (h) gaın ı t less than	
(i) F.M.V. as of 12/31/69	'	as of 12/31/69		col. (j), if any	ì				rom col. (ì	
a	 	 	 							18,490.
<u>u</u> b			 							229.
C				· · · · · · · · · · · · · · · · · · ·	\neg					
d										
e										
		∫ If gain, also enti	er in Part I, line	7	1					
Capital gain net income or (net c	apital loss		0- ın Part I, line	7	•	2				18,719.
Net short-term capital gain or (lo	ss) as def	•			_					
If gain, also enter in Part I, line 8					J					
If (loss), enter -0- in Part I, line 8		Section 4940(e) fo				3			N/A	
section 4940(d)(2) applies, leave to a section 4940(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(d)(ction 4942 alify under	tax on the distributable a section 4940(e). Do not o	omplete this pa	art.				-		Yes X No
	each colu		il delions perore	making any enui				r		(d)
(a) Base period years Calendar year (or tax year beginn	ina in)	(b) Adjusted qualifying di	stributions	Net value of no	(c) oncha	ritable-u	se assets	(0)	Distrib	(d) oution ratio ided by col. (c))
2009	iiig iii)		5,332.				0.468.	(6	01. (0) divi	.023136
2008			$\frac{3,332.}{22,171.}$				3,902.	 		.023130
2007			26,301.				580.			.075236
2006			39,307.				5,200.			.104484
2005			30,022.				5,137.			.075979
	-									
Total of line 1, column (d)								2		.373623
Average distribution ratio for the	5-year ba	se period - divide the total	l on line 2 by 5,	or by the number	r of ye	ars				
the foundation has been in exist	ence if less	s than 5 years						3		.074725
Enter the net value of noncharita	ble-use as	sets for 2010 from Part X	, line 5					4		107,645.
Multiply line 4 by line 3								5		8,044.
Enter 1% of net investment inco	me (1% o	Part I, line 27b)						6		<u> </u>
								!!		
Add lines 5 and 6								7		8,237.
C Fatan analytical days to the control of	D> V''	line 4								226 226
Enter qualifying distributions fro								8		226,336.
If line 8 is equal to or greater that See the Part VI instructions.	ın line 7, c	heck the box in Part VI, lir	ne 1b, and comp	plete that part usir	ng a 1	% tax ra	ite.			
See the Fart VI IIIS (100000115.										

WATUMULL FOUNDATION Form 990-PF (2010) C/O BUSINESS ADVISORY SERVICES 99-0080681 Part VI 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 193. of Part I, line 27b c 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-) 3 Add lines 1 and 2 3 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: a 2010 estimated tax payments and 2009 overpayment credited to 2010 400. b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c d Backup withholding erroneously withheld 6d 7 Total credits and payments. Add lines 6a through 6d 400. Enter any penalty for underpayment of estimated tax. Check here _____ if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 207. 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 2011 estimated tax O . Refunded 207 Part 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 participate or intervene in Yes No any political campaign? X 1a b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b 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. c Did the foundation file Form 1120-POL for this year? X 1c d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (2) On foundation managers. ➤ \$ (1) On the foundation. > \$ e 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? X If "Yes," attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a 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? X 5 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? 6 X 7 Did the foundation have at least \$5,000 in assets at any time during the year? X 7 If "Yes," complete Part II, col (c), and Part XV. 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 86 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV

023531 12-07-10

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

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had not been removed from jeopardy before the first day of the tax year beginning in 2010?

4b X

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valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

b if "Yes," did it have excess business holdings in 2010 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,

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

c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

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

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2010)

statement - see instructions.)

during the year?

N/A

N/A

Yes X No

2b

36

4a

X

WATUMULL FOUNDATION			_	
orm 990-PF (2010) C/O BUSINESS ADVISORY SE	RVICES		99-00806	31 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be P	Required (continu	ued)	
5a During the year, did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s 🗶 No	1 1
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire	ectly,]	
any voter registration drive?	• • •		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?)		s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization		٠٠٠ ـــــ		1 1
509(a)(1), (2), or (3), or section 4940(d)(2)?	described in section		s X No	
			s Lau nu	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		[1]	
the prevention of cruelty to children or animals?			a X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	ib
Organizations relying on a current notice regarding disaster assistance check h	ere		▶∟」│	l i
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ned	[[]
expenditure responsibility for the grant?	N	ĭ/A	8 No	
If "Yes," attach the statement required by Regulations section 53.4945	5-5(d).			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on			
a personal benefit contract?		☐ Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			Sb X
If "Yes" to 6b. file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	heiter transaction?		s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		L 19		7b
Information About Officers Directors Truck		pagere Highly		10
Part VIII Paid Employees, and Contractors	965, Fuuriuation Ma	magers, mgm	,	
List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	account, other
DANTE OF WALLET	to position	enter -0-)	compensation	allowances
··· ··································	FOUNDATION MA	NAGER		
130 MERCHANT STREET	4 4 4			_
HONOLULU, HI 96813	1.00	0.	0.	0.
	PRESIDENT/TRE	ASURER		
377 KEAHOLE STREET, SUITE E202				
HONOLULU, HI 96825	1.00	0.	0.	_0.
RANN WATUMULL	SECRETARY	1		
377 KEAHOLE STREET, SUITE E202				
HONOLULU, HI 96825	0.00	0.	0.	0.
	DIRECTOR			
377 KEAHOLE STREET, SUITE E202				
HONOLULU, HI 96825	0.00	0.	0.	_0.
2 Compensation of five highest-paid employees (other than those inc				
	(b) Title, and average	T	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	account, other allowances
NONE	devoted to position		compensation	anowances
NONE				
	<u> </u>	 	 	
		1	}	li .
				· · · · · · · · · · · · · · · · · · ·
		i		

Total number of other employees paid over \$50,000

7/0	RIICTNECC	ADVISORY	CPDVICEC
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99-	0.0	80	681	Page

Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	ation managers, nignly	
3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
]
		l
Total number of others receiving over \$50,000 for professional services	<u></u> _	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis		Expenses
number of organizations and other beneficiaries served, conferences convened, research papers pro	duced, etc.	
1 <u>N/A</u>		
2		
3		
·		
4		-
` <u></u>		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1N/A		
2		
All other program-related investments. See instructions.	\	
3		
Table Add liggs 1 through 2	D	0.
Total. Add lines 1 through 3	·	m 990-PF (2010)

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. For	oreign four	idations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities		1a	78,671.
b	Average of monthly cash balances	ĺ	1b	78,671. 30,613.
C	Fair market value of all other assets		1c	
d	Total (add lines 1a, b, and c)		1d	109,284.
e	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	109,284.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		4	1,639.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		5	107,645.
6	Minimum investment return. Enter 5% of line 5		6	5,382.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four foreign organizations check here and do not complete this part.)	ndations an	d certain	
1	Minimum investment return from Part X, line 6		1	5,382.
2a	Tax on investment income for 2010 from Part VI, line 5	193.		
b	Income tax for 2010. (This does not include the tax from Part VI.)			
c	Add lines 2a and 2b		2c	193.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	5,189.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	5,189.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	5,189.
P	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			·······
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	226,336.
b			1b	<u> </u>
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
þ	Cash distribution test (attach the required schedule)	,	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		4	226,336.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			
	income. Enter 1% of Part I, line 27b		5	193.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		6	226,143.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the	foundation i	auglifice for th	o caction

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

				
	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				F 100
line 7				5,189.
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only]		0.	
b Total for prior years:				
b rotation prior years.	İ	0.		
3 Excess distributions carryover, if any, to 2010:				
a From 2005	l			
b From 2006 20, 945.				
c From 2007 8,931.				
d From 2008 10,560.	}			
e From 2009				
f Total of lines 3a through e	51,301.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 226,336.	+			
a Applied to 2009, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2010 distributable amount				5,189.
e Remaining amount distributed out of corpus	221,147.			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
	272,448.			
a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	2/2,440.			
line 4b from line 2b		o.		
c Enter the amount of prior years'				
undistributed income for which a notice of		1		
deficiency has been issued, or on which		Ì		
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				0.
7 Amounts treated as distributions out of		ĺ		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2005	40.05			
not applied on line 5 or line 7	10,865.			
9 Excess distributions carryover to 2011.	261 502			
Subtract lines 7 and 8 from line 6a	261,583.			
10 Analysis of line 9:				
a Excess from 2006 20,945. b Excess from 2007 8,931.				
b Excess from 2007 c Excess from 2008 10,560.				
d Excess from 2009	ŀ			
e Excess from 2010 221,147.	ļ			
CEACCO 11 011 20 10 221,147.	····			Form 990-PF (2010)

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ear or Approved for Future I	Payment		<u> </u>
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
a Paid during the year SEE STATEMENT GRANTS-1	or substantial contributor	recipient		215,000.
Total	· · · · · · · · · · · · · · · · · · ·		▶ 3a	215,000.
b Approved for future payment				}
NONE				
110112				
Total			▶ 3b	0.

023611 12-07-10

	1			
rt XVI-A	· Analysis	of Income-	-Producina	Activities

CEL DIGSS AUTODIUS TRUBESS OFFERWISE MORESHED	Unrelated t	usiness income		by section 512, 513, or 514	(e)
er gross amounts unless otherwise indicated.	(a)	(b)	(c) Exclu-	(d)	Related or exempt
Program convoc rayanus	Business code	Amount	sion	Amount	function income
rogram service revenue:					
· · · · · · · · · · · · · · · · · · ·	-		 		
	1 1		+		
		_	+		
			+		
	-	-	+		
	_	 	+ +		
Fees and contracts from government agencies			+ +		
Membership dues and assessments		<u> </u>			·
nterest on savings and temporary cash			4 4	-	
nvestments			14	7.	
Dividends and interest from securities			14	2,560.	
Net rental income or (loss) from real estate:		<u> </u>	1 1	-	
Debt-financed property			++-		
Not debt-financed property		· · · · · · · · · · · · · · · · · · ·	-		
Net rental income or (loss) from personal					
property			1		·
Other investment income					
Gain or (loss) from sales of assets other			1.1		
than inventory			18	18,719.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory			 	_	
Other revenue:	1				
1	_		\bot		
b	_		+		
C	_	-	+		···
d					
e	_		 	24 224	
		0	•	21,286.	
Subtotal. Add columns (b), (d), and (e)		_			21 21
	s.)			13	21,2
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie te No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Fotal. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which	os to the Accom	nplishment of E		Purposes	

C/O BUSINESS ADVISORY SERVICES Form 990-PF (2010) 99-0080681 Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of								1	Yes	No
	the Code	(other than section 501(c)	(3) organizations) or	ın section 52	7, relating to political organ	ızatıons?			:	
8	Transfers	from the reporting founda	ition to a noncharitab	le exempt org	janization of:					
	(1) Cash	1						1a(1)		X
	(2) Othe	r assets						1a(2)		X
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets (3) Exhalt of lacities, equipment, or other assets (3) Rential of lacities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees diff the answer to any of the above is "Yss," complete the following schedule. Column (b) should always show the fair market value of the goods or services greaved. 4) Lives no (b) Amount involved (c) Name of inoncharitable exempt organization (d) the value of the goods, other assets, or services received. 4) Lives no (b) Amount involved (c) Name of inoncharitable exempt organization (d) Description of transfers, variasactions, and N/A 22. Is the foundation directly or indirectly attificated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b) If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (e) Description of relation N/A Lives possible of organization (e) Description of relation of proper to the code of organization or organizati		-		,						
	(1) Sales	s of assets to a noncharital	ble exempt organizati	on				16(1)		<u> </u>
	(2) Purc	hases of assets from a nor	ncharitable exempt oi	rganization				15(2)		X
	(3) Rent	al of facilities, equipment, (or other assets					1b(3)		X
	(4) Reim	bursement arrangements						1b(4)		X
	(5) Loar	ns or loan guarantees						1b(5)		X
	(6) Perfe	ormance of services or me	mbership or fundrais	ing solicitatio	ns			1b(6)		X
C	Sharing o	of facilities, equipment, mai	iling lists, other asset	s, or paid em	ployees			1c_	<u>_</u>	X
d	If the ans	wer to any of the above is	"Yes," complete the fe	ollowing sche	dule. Column (b) should alv	ways show the fair	market value of the goods,	other as:	sets,	
	or service	es given by the reporting fo	oundation. If the foun	dation receive	ed less than fair market valu	ie in any transactio	n or sharing arrangement,	show in		
	column (
a) L	ine no	(b) Amount involved	(c) Name of		exempt organization	(d) Descriptio	n of transfers, transactions, and	sharing ar	rangeme	ents
				N/A						
						<u></u>				
						<u> </u>	·			
					<u></u>					
										
		· · · · · · · · · · · · · · · · · · ·								
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						<u> </u>				
										
			<u> </u>	 _						
2 a		· ·	-		, -	zations described	-			_
		• •	٠,	(3)) or in sect	tion 527?		L	Yes	LX] No
b	If "Yes," o				(h) Turn of annual and		(10)			
			janization		(b) Type of organization	<u> </u>	(c) Description of relations	Snip		
		N/A			 	 -				
										
										
										
	Lie	der penalties of person 1 declars	e that I have examined th	is return, includ	ing accompanying schedules as	d statements, and to the	he heat of my knowledge and h	aliaf it in t	ua com	
0	and							51161, 11 13 U	ue, corre	 ι,
		1		-	15-31	12	O'road			
		Signature of officer or tru	uctaa							
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		THINTYPE PREPARET STRATE	ailiti		_					
D.	aid	MENTON OFF	NOV OTA Ohi		of the	5/30/12	, ,	0622	445	
			W OF 173573	l	<u> </u>	<u> </u>		0639		
	•	•	AWAH TU AI	TT		Firm's EIN ► 99-00339				
U:	oe Unity		Firm's address ▶ P.O. BOX 3170, DEPT. 715							
]			
_		I HO	NOLULU, H	T 3080	<u> </u>		Phone no.	orm 99 (
							F	orm MM		2010

023622 04-26-11

Watumull Foundation

Grant List for FYE 06/30/2011

EIN #99-0080681

PAYEE	PURPOSE	AMOUNT
Hawaii International Child Placement & Family Services, Inc. 1168 Waimanu Street, 2nd Floor Honolulu, HI 96814	General programs	\$10,000.00
Child & Family Service 91-1841 Fort Weaver Road Ewa Beach, HI 96706-1909	for general programs	\$10,000.00
Hawaii Foodbank, Inc. 2611-A Kilihau Street Honolulu, HI 96819	for general programs and operations	\$5,000.00
Hanahauoli School 1922 Makiki Street Honolulu, HI 96822	for The Ellen Jensen Watumull Music Endowment for music listening, music instruction, music programs and musical instruments	\$30,000.00
Honolulu Academy of Arts 900 So. Beretania Street Honolulu, HI 96814-1495	for library/archives	\$5,000.00
Waikiki Health Center 277 Ohua Avenue Honolulu, HI 96815	for Care-A-Van project	\$15,000.00

Watumull Foundation

Grant List for FYE 06/30/2011

EIN #99-0080681

PAYEE	PURPOSE	AMOUNT
River of Life Mission P. O. Box 37939 Honolulu, HI 96837	for general programs and operations	\$25,000.00
International Village Clinic 3709 Canterbury Drive Minneapolis, MN 55431	for general programs and operations	\$90,000.00
Tamil Nadu Foundation, Inc. 1500 Scenery Ridge Pittsburgh, PA 15241	for SACCER school project	\$15,000.00
B.A.I.F. Development Research Foundation National Highway No. 4 Warje, Pune 411 029 India		\$10,000.00
	Total	\$215,000.00

BANK OF HAWAII P.O. BOX 3170 HONOLULU, HI 96802

AMENDED RETURN OF PRIVATE FOUNDATION FORM 990-PF FYE 6/30/2011

EIN *	367	NAME	 CR TO 2012 EST	REFUND
99-0080681	WATUMULL	FOUNDATION	 0	207

FORM 990-PF INTEREST ON SAVI	NGS A	ND TEM	PORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
BOH A/C #135048700							7.
TOTAL TO FORM 990-PF, PART I,	LINE	3, CO	LUMIN A				7.
FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		TAL GAINS	COLUMN (A AMOUNT	.)
BOH A/C #135048700	•		2,789.		229.	2,5	60.
TOTAL TO FM 990-PF, PART I, L	N 4		2,789.		229.	2,5	60.
FORM 990-PF	AC	COUNTI	NG FEES			STATEMENT	3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INV MENT IN		(C) ADJUSTEL NET INCOM		
TAX PREPARATION FEE		3,240.		972.		2,2	68.
TO FORM 990-PF, PG 1, LN 16B		3,240.		972.		2,2	68.
FORM 990-PF 0	THER	PROFES	SIONAL F	EES		STATEMENT	4
DESCRIPTION	EXPE		(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
INVESTMENT MANAGEMENT FEE		1,986.		993.		9	93.
TO FORM 990-PF, PG 1, LN 16C		1,986.		993.		9	93.

FORM 990-PF	TAX	ES	·-··	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
FYE 6/30/10 FEDERAL TAX DUE FYE 6/30/11 FEDERAL	171.	0		0.		
ESTIMATED TAX PAYMENTS	400.	O		0.		
TO FORM 990-PF, PG 1, LN 18	571.	0		0.		
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME				
MISCELLANEOUS EXPENSES DCCA FILING FEE ADMINISTRATIVE FEES	8,058. 15. 2.	().).	8,068. 5. 2.		
TO FORM 990-PF, PG 1, LN 23	8,075.).	8,075.		
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT 7		
DESCRIPTION		LUATION ETHOD E	BOOK VALUE	FAIR MARKET VALUE		
SEE STATEMENT INV-1		COST		0.		
TOTAL TO FORM 990-PF, PART I	I, LINE 13		0.	0.		

Form 8868 (Rev. 1-2011)		•			Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this bo	×	>	\mathbf{x}
Note. Only complete Part II if you have already been granted an a				8868	_
If you are filing for an Automatic 3-Month Extension, complete					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the onginal (no c	opies r	reeded).	
Name of exempt organization			Emp	loyer identification	number
Type or WATUMULL FOUNDATION					
C/O BANK OF HAWAII			9	9-0080681	
Number, street, and room or suite no. If a P O. box, se	ee instruc	tions.			
due date for P.O. BOX 3170, DEPT 715					
return See City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
HONOLULU, HI 96802-3170					
Enter the Return code for the return that this application is for (file	a separa	te application for each return)			0 4
Application	Return	Application			Return
ls For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	l an autor	<u>natic 3-month extension on a previou</u>	sly file	d Form 8868.	
BANK OF HAWAII	_				
• The books are in the care of ► 130 MERCHANT ST	r				
Telephone No ▶ <u>(808) 694-4540</u>		FAX No			
If the organization does not have an office or place of business				•	
If this is for a Group Return, enter the organization's four digit					
box If it is for part of the group, check this box		ach a list with the names and EINs of all	memb	ers the extension is	for
4 I request an additional 3-month extension of time until		15, 2012		20 2011	
5 For calendar year, or other tax year beginning				30, 2011	
6 If the tax year entered in line 5 is for less than 12 months, c	neck reas	on: Initial return	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO	27000	P ALL MUR INFORMANTO	AT AT	PCPCCADY O	
PREPARE A COMPLETE AND ACCURA			/IA IA	ECESSARI .	.0
TREE A COMPETE AND ACCOR		I Olde.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax less any	T		
nonrefundable credits. See instructions.	o, 0000, 0	inor the terrialive tax, less any	8a	.	193.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	_ <u> </u>	Ф	<u> </u>
tax payments made. Include any prior year overpayment all	•				
previously with Form 8868		and any amount paid	8b	s	400.
c Balance due. Subtract line 8b from line 8a Include your pa	vment wil	th this form, if required, by using			
EFTPS (Electronic Federal Tax Payment System). See instru	-	,,,,,	8c	\$	0.
		d Verification			
Under penalties of perjury, I declare that I have examined this form, includ	ina accomi		e best o	f my knowledge and b	elief.
it is true, corre gamed spenister and that I am authorized to prepare this fo	orm.			,	- •
Signature Day Title			Date	► FEB 1 0 2	012
/// Vige President				Form 8868 (R	ev 1-2011)
10 /					,