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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.

OMB No 1545-0052

SCANIVIED DEC 0 2 2014

		evenue Service	► Information abou	t Form 9	90-PF and its separat	te instructions	is at www.irs.g	gov/form990pf. O	pen to Public Inspection
F	or ca	lendar year 2013	or tax year beginn	ing		, 2013,	and ending		, 20
Name of foundation								A Employer identit	ication number
KEITH AND POLLY STEINER FAMILY FOUNDATION								51-064737	1
	Numb	er and street (or P O	box number if mail is not o	leirvered to	street address)		Room/suite	B Telephone numb	er (see instructions)
								(80	08) 536-6411
	111	1 BISHOP STR	EET				505	ļ	
	City o	r town, state or provin	ce, country, and ZIP or for	eign postal	code				
								C If exemption applic pending, check here	
	HON	OLULU, HI 96	813					pending, check her	· · · · · · · · · · · · · · · · · · ·
G	Che	ck all that apply	Initial return		Initial return	of a former p	ublic charity	D 1 Foreign organiza	strong chark hara
_			Final return		Amended ref		,	2 Foreign organiza	
			Address cha	nge	Name change			85% test, check	here and attach
Н	Che	ck type of organi	zation X Section					computation .	
Ī	_		nonexempt charitable to	_	Other taxable pr		ion		on status was terminated
<u> </u>		market value o			ting method X Ca			1	
•		of year (from Part	1 [<u> </u>	er (specify)				s in a 60-month termination o)(1)(B), check here
		▶ \$	1 1 1 1 1 1 1 1 1 1 1 1		dumn (d) must be on	cash basis)		1	
Ī			venue and Expense			,		·	(d) Disbursements
_		total of amounts in	columns (b), (c), and ('d)	(a) Revenue and expenses per	(b) Net inve		(c) Adjusted net	for charitable
		may not necessar column (a) (see in:	ily equal the amounts ii structions))	י	books	incom	ie	income	purposes (cash basis only)
_	1		Is, etc., received (attach sched	(alu)	50,000.				(Sacr. Sacro Griff)
	2	if the	e foundation is not require	ed to	· · · · · · · · · · · · · · · · · · ·			·	•
	ł	- allal	ch Sch B	I					
	3		nd temporary cash investm	I					
	4		erest from securities .						<u> </u>
	l		(1)	⋯⊢					
٠.	ì		(loss)						
enne	ьа b	Gross sales price for a	m sale of assets not on line all	• 10		·			
eve	7	assets on line 6a	come (from Part IV, line	2)					
ž	١.	, -	oital gain						•
	8 9	•	ons · · · · · · · ·			-			
		Gross sales less return	ns	· · ·					
	١,	and allowances • • • Less Cost of goods se			-				
		-	s) (attach schedule)						
	11		ach schedule)						<u> </u>
	12		through 11		50,000.				
_	13		cers, directors, trustees, et		0			· · · · · · · · · · · · · · · · · · 	
			alaries and wages						
ses	15	Pension plans em	nlovee benefits		, .				
ĕ	162	Legal fees (attach	schedule)	…⊢					
ž			attach schedule)ATCH	·¦·⊢	1,204.				1,204.
			fees (attach schedule)				•		
Ħ	17				, g				
st	18		le) (see instructions)		- 1	N-1 9 6	2.		<u> </u>
Administrative	19	•	ch schedule) and deple			1107 -			
튱	19 20	-							<u> </u>
			s, and meetings		•	<i>I</i> '			
and	22		cations						
ğ		• .	ttach schedule) ATCH		15.				15.
ᇙ	24								
peratii	24	· -	nd administrative expe		1,219.				1,219.
ō	[gh 23		31,600.				31,600.
	25		s, grants paid		32,819.				32,819.
_	26		oursements Add lines 24 a	ma 25	32,013.	-	}	· · · · · · · · · · · · · · · · · · ·	32,013.
	27	Subtract line 26 fr			17,181.				
			expenses and disbursement	· · · —	17,101.		d		
			come (if negative, ente	·			 -		
_	<u>c</u>	Adjusted net inco	me (if negative, enter -	J-) <u> </u>					5 000 PE (00.0)

JSA For Paperwork Reduction Act Notice, see instructions. $^{3E1410\,1\,000}\,59064T\ 1061$

Form 990-PF(201

Part		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year		End of year	
_			amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	,1	Cash - non-interest-bear	ng	9,418.	27,09	97. 27,09	
	2	Savings and temporary	cash investments				
	3	Accounts receivable ▶					
			btful accounts ▶				
	4	Pledges receivable ▶_					
		Less allowance for dou	btful accounts ▶				
	5						
	6		officers, directors, trustees, and other				
			tach schedule) (see instructions)				
	7		eceivable (attach schedule)				
			btful accounts ▶				
ţ	8		е				
Assets	9	Prepaid expenses and d	eferred charges				
As	_		e government obligations (attach schedule)				
			stock (attach schedule)				
			bonds (attach schedule)				
	11	Investments - land, buildings	5. ▶				
		and equipment basis Less accumulated deprecia	ttion				
	4.0						
	12 13		loans				
	14	Land, buildings, and			=.		
		equipment basis Less accumulated deprecia	tion				
	4-	(attach schedule)					
	15)				
	16	•	completed by all filers - see the	9,418.	27,09	27,09	
\dashv			age 1, item I)	9,410.	21,09	21,09	
	17		ccrued expenses				
	18						
Liabilities	19						
Ħ	20		rs, trustees, and other disqualified persons .		· · · · · · · · · · · · · · · · · · ·		
ā	21		tes payable (attach schedule)			_	
	22	Other liabilities (describe	: ▶) -				
\dashv	23		s 17 through 22)	0	=	- 4	
			ow SFAS 117, check here . ▶				
es		and complete lines 2	24 through 26 and lines 30 and 31.				
alances	24	Unrestricted					
틢	25	Temporarily restricted .					
밁	26	Permanently restricted .	· · · · · · · · · · · · · · · · · · ·				
듾	26 27 28 29		not follow SFAS 117, ▶ 🗓				
띩		check here and comp	plete lines 27 through 31.				
S	27	Capital stock, trust princ	pal, or current funds				
set	28	Paid-in or capital surplus, or	land, bldg , and equipment fund				
As	29	Retained earnings, accumu	lated income, endowment, or other funds	9,418.	27,09		
Net	30	Total net assets or fund	balances (see instructions)	9,418.	27,09	7.	
-	31	Total liabilities and	net assets/fund balances (see				
			<u></u>	9,418.	27,09	7.	
Р	art II	Analysis of Cha	nges in Net Assets or Fund B	alances	_ -		
1			alances at beginning of year - Part II				
	end-	-of-year figure reporte	d on prior year's return)			9,41	
2	Ente	er amount from Part I,	line 27a			2 17,18	
3	Othe	er increases not includ	line 27a led in line 2 (itemize) ► ATCH 3			3 49	
4	Add	lines 1, 2, and 3				4 27,09	
5	Dec	reases not included in	line 2 (itemize) ▶	 	· · · · · · · · · · · · · · · · · · ·	5	
			alances at end of year (line 4 minus li	ne 5) - Part II, column (b).	line 30	6 27,09	
							

KEITH AND POLLY STEINER FAMILY FOUNDATION

_	

(a) List ar	s and Losses for Tax on Invent describe the kind(s) of property sold (brick warehouse, or common stock, 200	e g , real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
		•	D - Donation	(,, , , ,	
b					
С		- 1			
d					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>					
b					
С					
d					
e	1				
Complete only for assets	s showing gain in column (h) and owne			Gains (Col (h) ga (k), but not less t	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	
<u>a</u>			ļ		
<u>b</u>					
<u>C</u>			-		
d e		 	-		
If gain, also enter in Pa	r (net capital loss) { If n or (loss) as defined in sections 12 irt I, line 8, column (c) (see insti	ructions) If (loss), enter -0- in $\}$	2		
	Under Section 4940(e) for Rec		3		
	, leave this part blank r the section 4942 tax on the distrib not qualify under section 4940(e)		ase period	d?	Yes X No
	nount in each column for each year		any entr	ies	
(a)	(b)	(c)	l city citar	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2012	29,577.	6,478.		, , ,	1.000000
2011	20,607.	5,319.			1.000000
2010	19,516.	1,445.			1.000000
2009	21,991.	830.			1.000000
2008	29,363.	3,567.			1.000000
2 Total of line 1, column (d)		2		5.000000
	o for the 5-year base period - divide				
_	ndation has been in existence if less		3		i.000000
4 Enter the net value of no		m Part X. line 5	4		18,244.
5 Multiply line 4 by line 3	ncharitable-use assets for 2013 fro		1		
	ncharitable-use assets for 2013 fro		5		18,244.
6 Enter 1% of net investme			5 6		18,244.
					18,244.

Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ction	s)				
1 a	Exempt operating foundations described in section 4940(d)(2), check here							
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)							
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0				
	here X and enter 1% of Part I, line 27b							
С	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			0				
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-			0				
6	Credits/Payments							
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a							
b	Exempt foreign organizations - tax withheld at source 6b							
С	Tax paid with application for extension of time to file (Form 8868)							
d	Backup withholding erroneously withheld 6d							
7	Total credits and payments Add lines 6a through 6d			0				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.							
11	Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ Refunded ▶ 11							
Par	t VII-A Statements Regarding Activities							
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate		Yes	No				
	or intervene in any political campaign?	1a		Х				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the							
_	definition)?	1ь		Х				
	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?	1c		Х				
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
_	(1) On the foundation \$\\$ (2) On foundation managers \$\\$							
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?	2		Х				
_	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,	1 1						
-	or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х				
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х				
b	16 "Ven " here it filed a top gathern on Faces 000 T fee they com?	4b	N/	A				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х				
Ū	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	Х					
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 XV	7	Х					
	Enter the states to which the foundation reports or with which it is registered (see instructions)							
	HI,							
ь	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	х					
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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete							
	Part XIV.	9		х				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and			_				
10	addresses	10		х				
			n-PF	2012				

Form	990-PF(2013) KEITH AND POLLY STEINER FAMILY FOUNDATION 51-064	7371	_ Page 5
Pai	t VII-A Statements Regarding Activities (continued)		
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X
	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	Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1	Х
	Website address ► N/A		
14	The books are in care of ► KEITH&POLLY STEINER FAMILY FDN Telephone no ► 808-536	-641	1
	The books are in care of ► KEITH&POLLY STEINER FAMILY FDN Located at ►1111 BISHOP STREET, SUITE 505 HONOLULU, HI ZIP+4 ► 96813		. -
	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		
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes No
	over a bank, securities, or other financial account in a foreign country?	16	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of		
	the foreign country		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	·	, ₋
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes No
1 a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		
	disqualified person?		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		i
	the benefit or use of a disqualified person)? Yes X 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 termination of government service if terminating within 90 days) Yes X No.		
_	termination of government service, in terminating within 50 days /		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		27/2
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b_	N/A
_	Organizations relying on a current notice regarding disaster assistance check here		·
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c	X
2	were not corrected before the first day of the tax year beginning in 2013?	16	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
9	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and		
u	6e, Part XIII) for tax year(s) beginning before 2013?		
	If "Yes," list the years		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		
	all years listed, answer "No" and attach statement - see instructions)	2ь	Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
	•		
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		
	at any time during the year?	1	
ь	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or		
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		
	foundation had excess business holdings in 2013)	3 b	N/A
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	Х
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 2013?	4b	X
	•	00	0-PF(2013)

Pai	t VII-B	Statements Regarding Activities fo	or Which Form 4	720 May Be Requ	ired (continued)	_		_
5a	During the	year did the foundation pay or incur any amou	nt to					
	(1) Carry	on propaganda, or otherwise attempt to influer	nce legislation (section	14945(e))?	. Yes X N	o		
	(2) Influen	ice the outcome of any specific public ele	ction (see section 4	1955), or to carry or	n,			
	directly	y or indirectly, any voter registration drive?			Yes X N			
		e a grant to an individual for travel, study, or ot			[
		e a grant to an organization other than a						
	• •	1 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	· · · · · · · · · · · · · · · · · · ·				1	
						"		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?							
F								
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?							1 ,,	
	_	-	_	•		· 5b	N/A	_
		ons relying on a current notice regarding disast				·	1	
С		wer is "Yes" to question 5a(4), does the		•				
	because it	maintained expenditure responsibility for the gr	rant?		. Yes N	0		
•	If "Yes," at	tach the statement required by Regulations sec	tion 53 4945-5(d)					
6a		oundation, during the year, receive any fund	•				1	
	on a perso	nal benefit contract?			. Yes X N	0		
b	Did the fou	indation, during the year, pay premiums, direc	tly or indirectly, on a p	personal benefit contrac	≭? .	. 6b	X	_
	If "Yes" to	6b, file Form 8870					}	
7 a	At any time	e during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X N	0		
b	If "Yes," di	d the foundation receive any proceeds or have	e any net income attrit	outable to the transaction	n ⁷	. 7b	N/A	
Par	t VIII lr	nformation About Officers, Directors	, Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,		
1	list all of	nd Contractors ficers, directors, trustees, foundation n	nanagers and their	r compensation (see	instructions)			-
•	LIST UII OF		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Exper	nse account,	-
		(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other a	llowances	_
ATC	H 4			0	C		(0
			7, , , , , , ,					_
2	Compens	ation of five highest-paid employees	(other than thos	e included on line	e 1 - see instruct	ions). If r	none, ente	·r
	"NONE."				1.00-4-5-44-			_
la	Name and a	address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit		se account,	
,,	, ivaline and a	realized of each amployee paid more than \$60,000	devoted to position	(a) compensation	plans and deferred compensation	other a	Illowances	
								_
	NONE							
	· · · · · · · · · · · · · · · · · · ·							_
								_
								-
								_
-	1	A share and a second as a seco			L			_
ota	i number o	of other employees paid over \$50,000 .	 	<u> </u>	<u> </u>		0.05	_

Form 990-PF (2013) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services . Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc THE KEITH AND POLLY STEINER FAMILY FOUNDATION IS A PRIVATE NONOPERATING FOUNDATION. 2 Summary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 NONE All other program-related investments. See instructions Total. Add lines 1 through 3

Form 990-PF (2013)

а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	32,819.
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	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	32,819.
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 (see instructions)		0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	32,819.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2013)

Pa	rt XIII Undistributed Income (see instru	ictions)			
		(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1	Distributable amount for 2013 from Part XI,	00,900	7 00.10 p.1101 to 2012		<u> </u>
	line 7				912.
2	Undistributed income, if any, as of the end of 2013				
а	Enter amount for 2012 only				
b	Total for pnor years 20_11_,20_10_,20_09_				
3	Excess distributions carryover, if any, to 2013				
а	From 2008				
b	From 2009 21,949.				
С	From 2010 19,444.				
d	From 2011 20,341.	i			
	From 2012 29, 253.				
f	Total of lines 3a through e	120,172.			
	Qualifying distributions for 2013 from Part XII,	·			
	line 4 ▶ \$32,819.				
а	Applied to 2012, but not more than line 2a				
b	Applied to undistributed income of prior years	ļ			
	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
ď	Applied to 2013 distributable amount				912.
е	Remaining amount distributed out of corpus	31,907.			
5	Excess distributions carryover applied to 2013				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	152,079.			
þ	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
С	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 - see instructions				
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see				
	instructions				
f	Undistributed income for 2013 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2014				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2008 not	20 105			
	applied on line 5 or line 7 (see instructions)	29,185.		 	
9	Excess distributions carryover to 2014.	122 004			
	Subtract lines 7 and 8 from line 6a	122,894.			
	Analysis of line 9				
	Excess from 2009 21, 949 .				
	Excess from 2010 19,444 .				
	Excess from 2011 20, 341.				
	Excess from 2012 29,253.				
<u>е</u>	Excess from 2013				<u> </u>

	If the foundation has re foundation, and the ruling	is effective for 2013, e	enter the date of the ruling		▶	
_	Check box to indicate whe				n 49	42(j)(3) or 4942(j)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment return from Part X for each	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(-7
	year listed	-				-
	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					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line					
	2d from line 2c	• • •				-
а	alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
h	under section 4942(j)(3)(B)(i)					
	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X, line 6 for each year listed			ļ		
С	"Support" atternative test - enter (1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities loans (section 512(a)(5))					
	(2) Support from general public and 5 or more					
	exempt organizations as provided in section 4942 (i)(3)(B)(iii)	,				
	(3) Largest amount of sup- port from an exempt organization					
	(4) Gross investment income	· · · · · · · · · · · · · · · · · · ·				
⊃aı	• • •	ary Information (during the year - s		t only if the foun	dation had \$5,0	00 or more in as:
	Information Regarding List any managers of the	-		e than 2% of the tot	tal contributions re	ceived by the founds
a	before the close of any t	ax year (but only if the	ney have contributed in	more than \$5,000) (S	See section 507(d)(2	2))
b	N/A List any managers of tl	he foundation who	own 10% or more o	f the stock of a cor	poration (or an equ	ually large portion of
	ownership of a partners					and the golden of
	N/A					
2	Information Regarding	Contribution, Grant	, Gift, Loan, Scholarsl	nip, etc., Programs:		
	Check here ► X if the unsolicited requests for	funds If the found	lation makes gifts, gra	to preselected cha ants, etc (see instruc	ritable organization ctions) to individua	ns and does not ac Is or organizations ui
	other conditions, comple The name, address, and			the person to whom a	pplications should be	addressed
	N/A					
b	The form in which applic	cations should be su	bmitted and information	on and materials they	should include	
	N/A		·			
С	Any submission deadline	es				
	N/A Any restrictions or lim	itations on awards	such as by decar	anhical amas charite	able fields kinds	of institutions or of
-4	any restrictions or iim factors	manona on awards	, audii aa by geogra	apinicai dicas, Ciidilli	avie lielus, Killus (oi mantutiona, Oi Oti
	N/A		··· _ · · · -			Form 990-PF (2

Page 11

Part XV Supplementary Information (continued)			
3. Grants and Contributions Paid Duri Recipient Name and address (home or business)	ng the Year or Appr	oved for F	uture Payment	1
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Communication	
a Paid during the year				
ATCH 5				
		[
		:		
			_	
		1		
	•			
]
				1
	,			
		1		
		İ		
Tatal		L	22	31,600.
Total			▶ 3a	31,000.
b Approved for future payment				
		Ì		
]		
]		
Total				

Page **12**

Part	XVI-A Analysis of Income-Produ	icing Activ	vities			
Enter	gross amounts unless otherwise indicated	Unrela (a)	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt
1 Pr	ogram service revenue	Business code	Amount	Exclusion code	Amount	function income (See instructions)
а						
b				ļ 		
С						
d				_L		
е						
f						
g	Fees and contracts from government agencies					
	embership dues and assessments					
	erest on savings and temporary cash investments					
	vidends and interest from securities					
	et rental income or (loss) from real estate			1		
				 		
	Debt-financed property					
	Not debt-financed property					-
	t rental income or (loss) from personal property					
7 Ot	her investment income					
	in or (loss) from sales of assets other than inventory					······································
9 Ne	et income or (loss) from special events					
10 Gr	oss profit or (loss) from sales of inventory					
11 Ot	her revenue a					
b						
С			- · · · · · · · · · · · · · · · · ·			
d						
e			- ''			
	ibtotal Add columns (b), (d), and (e)			<u> </u>		
	otal Add line 12, columns (b), (d), and (e)			-	13	
	vorksheet in line 13 instructions to verify calci					
	XVI-B Relationship of Activities		complishment of Ex	empt Purp	oses	
						
Line	Explain bolow mow dadir dollar	•	·			•
•	accomplishment of the foundation	on's exemp	t purposes (other than l	by providing	funds for such purpose	s) (See instructions)
						
	N/A	•				
						
				-		
					•	
						. ,
-						
						•
				··		
				-		
						
						· · · · · · · · · · · · · · · · · · ·
						

Form 99	0-PF (2	2013)	KEITH AN	D POLLY STEINER FA	MILY FO	UNDATION	51-064	7371	Pa	age 13
Part 2	XVII	Information R Exempt Orga		insfers To and Trans	actions a	nd Relationship	s With Non	chari	table	;
1 , D	od the	e organization direct	tly or indirectly	engage in any of the follo	wing with	any other organizati	on described		Yes	No
ın	ı sect	ion 501(c) of the Co	ode (other than	section 501(c)(3) organiza	ations) or in	section 527, relatin	g to political			1
0	rganı	zations?								ĺ
		·	_	a noncharitable exempt o	_			}		
								1a(1)		X
								1a(2)		Х
		transactions								U
				npt organization				1b(1)		X
(2	2) Pui	rchases of assets fr	om a noncharita	ble exempt organization		• • • • • • • • • • • • • • • • • • • •		1b(2)		X
				assets				1b(3)		X
(4	F) Ke	imbursement arrang	ements					1b(4)		X
(;	D) LUZ	formance of conve	es					1b(5)		- <u>x</u>
				ts, other assets, or paid em				1b(6) 1c		X
				s," complete the following					fair m	
		•		ces given by the reporting	•	• •	•			
		_		ement, show in column (
(a) Line		(b) Amount involved	7	onchantable exempt organization	1	escription of transfers, trai				
		N/A			N/A				<u> </u>	
	Ì									
							·			
				·						
			 			_ .				
			 							
-			 		<u> </u>					
20 10	<u> </u>	foundation directly	or undergothy off	iliated with, or related to		are tay evernt area				
Za is	eccul	ned in section 501/c	or indirectly an	ther than section 501(c)(3)	One or in	ore tax-exempt orga ion 5272	inizations	\neg \checkmark	es X	ם או
		" complete the follo		ther than section 50 f(c)(5)	/ 01 III 360II	011 527	L		.3	J 140
	103	(a) Name of organization	· ·	(b) Type of organization	on	(c) Des	cription of relations			
-										
				ned this return, including accompany expayer) is based on all information of w			est of my knowledg	e and b	elief, it	is true
Sign	Lone	a, and complete Declaration of	n preparer (outer man te			. // /	May the IRS	decus	s this	return
Here				11-12-14	\	live Presile	with the pr			
Hele	Sigi	nature of officer or trustee	V	Date	Title		(see instruction	s)? X	Yes	No
	L	<u> </u>				7				
Paid		Print/Type preparer's na		Preparer's signature	h	Date	WIECK	РПИ ПООС		_
		ROBERTA A STR		Kebuta A/	Ryl_	10/27/14		P006		7
Prepa			ELOITTE TAX		V	Firm's	EIN ▶86-10	1657	12	
Use C	nly	Firm's address > 99	A RIZHOD S.	r. SUITE 2700						

96813

808-543-0700

Phone no

HONOLULU, HI

Schedule B

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

KEITH AND POLLY STEIN	NER FAMILY FOUNDATION	
Organization type (check one)		51-0647371
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	
	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 one contributor. Complete Parts I and II	r more (in money or
Special Rules		
under sections 509(a	(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support to (1) and 170(b)(1)(A)(vi) and received from any one contributor, during the 000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form II	year, a contribution of
during the year, total	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitables, or the prevention of cruelty to children or animals. Complete Parts I, II,	ole, scientific, literary,
during the year, conti not total to more than year for an exclusively applies to this organi	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from a ributions for use <i>exclusively</i> for religious, charitable, etc., purposes, but them \$1,000. If this box is checked, enter here the total contributions that were y religious, charitable, etc., purpose. Do not complete any of the parts unless zation because it received <i>nonexclusively</i> religious, charitable, etc., contributions.	se contributions did received during the s the General Rule tions of \$5,000 or
-	s not covered by the General Rule and/or the Special Rules does not file Sc answer "No" on Part IV, line 2, of its Form 990, or check the box on line H	•

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization KEITH AND POLLY STEINER FAMILY FOUNDATION

Employer identification number 51-0647371

Part I	Contributors (see instructions) Use duplicate copies of Pai	t I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	KEITH J. STEINER 1111 BISHOP STREET, SUITE 505 HONOLULU, HI 96813	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARY P. STEINER 1111 BISHOP STREET, SUITE 505 HONOLULU, HI 96813	\$20,000.	Person X 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
<u>-</u>		\$	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)

Employer identification number 51-0647371

			01 001/0/2
Part II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is nee	eded
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Employer identification number

ame of organization	KEITH	AND	POLLY	STEINER	FAMILY	FOUNDATION	

51-0647371

Part III	Exclusively religious, charitable, etc., i that total more than \$1,000 for the ye	individual contributions t ar. Complete columns (a)	o section 501(c)(7), (8), or (10) organizations through (e) and the following line entry
	For organizations completing Part III, encontributions of \$1,000 or less for the	iter the total of <i>exclusively</i> year (Enter this information	religious, charitable, etc , on once See instructions.) ▶ \$
	Use duplicate copies of Part III if addition	nal space is needed	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		- 	
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(a) T	
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
			·
	1	l	

Form 8	8868 (Rev	/ 1-2014)					Page 2
• If y	you are	filing for an Additional (Not Automatic) 3-Me	onth Exten	sion, complete only Part I	and check this bo		
		omplete Part II if you have already been gra		•			
• If y	you are	filing for an Automatic 3-Month Extension, o	complete c	only Part I (on page 1)	•		
Par	t II	Additional (Not Automatic) 3-Month Ex	ctension o	of Time. Only file the orig	ınal (no copies n	needed).	
				Er	nter filer's identifyin	g number, s	see instructions
		Name of exempt organization or other filer, see in	structions		Employer identifica		
Туре	or						
print		KEITH AND POLLY STEINER FAMIL	Y FOUND	ATION	51-064	17371	
•		Number, street, and room or suite no. If a P.O. box	x, see instru	ctions	Social security num	ber (SSN)	
File by due da		1111 BISHOP STREET, SUITE 505					
filing y return		City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions			-
instruc		HONOLULU, HI 96813					
Enter	the Re	turn code for the return that this application	is for (file a	separate application for ea	ch return)		0 4
	lication		Return	Application			Return
ls Fo	or		Code	ls For			Code
Forn	n 990 o	r Form 990-EZ	01				
	n 990-B		02	Form 1041-A			08
		(ındıvıdual)	03	Form 4720 (other than in	dıvıdual)		09
	n 990-P		04	Form 5227			10
		(sec 401(a) or 408(a) trust)	05	Form 6069			11
		(trust other than above)	06	Form 8870	****		12
		ot complete Part II if you were not already	granted ar		sion on a previou	sly filed Fo	orm 8868.
		are in the care of ▶KEITH & POLLY ST				<u> </u>	
		No ► 808 536-6411		ax No ▶ 808 538-	1992		
		nization does not have an office or place of t			is box		▶ □
	_	r a Group Return, enter the organization's for					this is
		group, check this box If					attach a
		ames and EINs of all members the extension		у у			
		st an additional 3-month extension of time ur		1	1/17 , 20 14		
	•	endar year 2013 , or other tax year beginni			d ending		, 20
		x year entered in line 5 is for less than 12 m	-			eturn	_,
		hange in accounting period					
7		detail why you need the extension ADDIT	IONAL T	IME IS REQUIRED TO	GATHER THE		
		MATION NEEDED TO FILE A COMPLET					
		-					
8a	If this a	application is for Forms 990-BL, 990-PF, 99	90-T, 4720), or 6069, enter the tent	ative tax, less an	у	
	nonrefu	ndable credits. See instructions				8a \$	0
b	If this	application is for Forms 990-PF, 990-T,	4720, oi	6069, enter any refund	dable credits and	d	
	estimat	ed tax payments made. Include any pri	or year o	verpayment allowed as	a credit and an	y	
	amount	paid previously with Form 8868.				8b \$	0
С	Balance	Due. Subtract line 8b from line 8a Include	your paym	ent with this form, if require	ed, by using EFTP	S	
	(Electro	onic Federal Tax Payment System) See instru	ctions			8c \$	0
		Signature and Verifica	ation mus	st be completed for P	art II only.		
		es of perjury, I declare that I have examined the belief, it is true, correct, and complete, and that I			ules and statements	s, and to the	he best of my
Signati	шге ▶	Robuta A May		Title ►EA	Date	▶ 08/11	1/14
		Ī			•		9 (Day 1 2014)

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

If you are	e filing for an Automatic 3-Month Extension, of e filing for an Additional (Not Automatic) 3-Months eplete Part II unless you have already been gra	onth Exter	sion, complete only Pa	art II (on page 2 of this form)	
Electronic f a corporatio 8868 to red Return for instructions)	riling (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Persona For more details on the electronic filing of the attomatic 3-Month Extension of Time. Or	8868 if yo nal (not au forms liste il Benefit nis form, vi	u need a 3-month auto tomatic) 3-month exten ed in Part I or Part II wi Contracts, which must sit www.irs.gov/efile and	omatic extension of time to file (sion of time. You can electronic the the exception of Form 8870 to be sent to the IRS in paper diction of the extension of time.	6 months for ally file Form Information format (see
		•		·	
-	on required to file Form 990-T and requesting				
Part I only .					▶□
All other co	rporations (including 1120-C filers), partnersh	ups, REMIC	Cs, and trusts must use f	Form 7004 to request an extension	n of time
to file incom	ne tax returns		· ·- · -	Enter filer's identifying number,	see instructions
Type or	Name of exempt organization or other filer, see in	structions		Employer identification number (EIN) or
Type or					
print	KEITH AND POLLY STEINER FAMIL	Y FOUND	ATION	51-0647371	
File by the due date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions	Social security number (SSN)	
filing your	1111 BISHOP STREET				
retum See instructions	City, town or post office, state, and ZIP code For	a foreign ad	dress, see instructions		
mstructions	HONOLULU, HI 96813				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application fo	r each return)	0 4
Application		Return	Application		Return
Is For		Code	is For		Code
	r Form 990-EZ	01	Form 990-T (corporate	ion)	07
Form 990-B		02	Form 1041-A		08
Form 4720		03	Form 4720 (other tha	n individual)	09
Form 990-P		04	Form 5227	ii marridadiy	10
	(sec 401(a) or 408(a) trust)	05	Form 6069		11
	(trust other than above)	06	Form 8870		12
Telephon	ss are in the care of ► KEITH&POLLY ST		FAX No ► 808 538		
 If this is for for the whole a list with the 	anization does not have an office or place of lor a Group Return, enter the organization's for le group, check this box ▶ life names and EINs of all members the extensi	ur digit Gro f it is for pa ion is for	oup Exemption Number (art of the group, check t	GEN) If his box ▶ and a	this is
until_ for the ► X	est an automatic 3-month (6 months for a cor $08/15$, 20 14 , to file the corganization's return for calendar year 20 13 or tax year beginning	exempt org	ganization return for the	organization named above. The	extension is
	ax year entered in line 1 is for less than 12 m Change in accounting period				
	application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the	· · · · · · · · · · · · · · · · · · ·	
	undable credits. See instructions			3a \$	0
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and	
	ited tax payments made. Include any prior yea				0
c Baland	ce due. Subtract line 3b from line 3a Include	your paym	ent with this form, if red	quired, by using EFTPS	
(Electr	onic Federal Tax Payment System) See instru	ctions		3c \$	0
Caution. If yo	u are going to make an electronic funds withdrawa	(direct deb	it) with this Form 8868, se	e Form 8453-EO and Form 8879-EO	for payment
instructions			<u> </u>		
For Privacy /	Act and Panerwork Peduction Act Notice see instr	uctions		Form 886	8 (Pay 1-2014)

FEES
ACCOUNTING
ı H
PART
990PF,
FORM

CHARITABLE PURPOSES	1,204.	1,204.
ADJUSTED NET INCOME		
NET INVESTMENT INCOME		
REVENUE AND EXPENSES PER BOOKS	1,204.	1,204.
		TOTALS
DESCRIPTION	DELOITTE TAX LLP	

CHARITABLE PURPOSES 15.	15.
ADJUSTED NET INCOME	
NET INVESTMENT INCOME	
REVENUE AND EXPENSES PER BOOKS 15.	15.
	TOTALS
DESCRIPTION BANK FEES	

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

498. PRIOR PERIOD ADJUSTMENT

> 498. TOTAL

KEITH J. STEINER, SR.

NAME AND ADDRESS

1111 BISHOP STREET

HONOLULU, HI 96813

HONOLULU, HI 96813

1111 BISHOP STREET

MARY P. STEINER

HONOLULU, HI 96813

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

			ATTACHMENT S
	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INSTITUTE FOR HUMAN SERVICES	NONE PC	CHARITABLE	7,500
HAWAII FOODBANK	NONE PC	CHARITABLE	5,000.
SALVATION ARMY	NONE P.C	CHARITABLE	2,500
PUNAHOU SCHOOL	NONE PC	CHARITABLE	5,000.
STANFORD LAW SCHOOL	NONE P.C	CHARITABLE	1,000.
BOYS & GIRLS CLUB	NONE PC	CHARITABLE	2,500.

ATTACHMENT 5 (CONT'D)

FORM 990PE, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
UNIVERSITY OF HAWAII CANCER CENTER	NONE PC	CHARITABLE	2,500
FRIENDS OF LYON ARBORETUM	NONE PC	CHARITABLE	200
HAWAII OPERA THEATRE	NONE PC	CHARITABLE	1,500
UC SAN DIEGO MOORES CANCER CENTER	NONE PC	CHARITABLE	200
PALOMAR MOUNTAIN VOLUNTEER FIRE DEPARTMENT	NONE PC	CHARITABLE	500.
WAIKIKI HEALTH	NONE PC	CHARITABLE	1,000

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	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
REHAB FOUNDATION	NONE	CHARITABLE	200
	PC		
KAPIOLANI HEALTH FOUNDATION	NONE	CHARITABLE	1,100
	PC		