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Form	J	_	U.	- 6	

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

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate Instructions is at www.irs.gov/form990pf Open to Public Inspection For calendar year 2013 or tax year baginning 2013, and ending A Employer identification number Name of foundation 99-0316347 THE SCHULER FAMILY FOUNDATION Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number (see instructions) Room/surte 828 FORT STREET #310 808-537-9585 City or town, state or province, country, and ZIP or foreign postal code if exemption application is pending, check here HONOLULU, HI 96813 Initial return Initial return of a former public charity G Check all that apply: D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminate Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here . (Part I, column (d) must be on cash basis.) 16) ▶ \$ 21,589,524. Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per purposes may not necessarily equal the amounts in column (a) (see instructions).) income income books (cash basis only) 75,000 Contributions, gifts, grants, etc., received (attach schedule). Check 2 attach Sch. B 3 Interest on savings and temporary cash investments 266,151 266,151 STMT Dividends and interest from securities Net rental income or (loss) _ 559,760 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 5,857,128. 537,246 Capital gain net income (from Part IV, line 2) . 8 Income modifications . 10 a Gross sales less returns and allowances · · · Less: Cost of goods sold . Gross profit or (loss) (attach schedule) 17,139 14,308 STMT Other income (attach schedule) 11 918,050 817,705 Total, Add lines 1 through 11 . 13 Compensation of officers, directors, trustees, etc NONE NONE 14 Other employee salaries and wages Pension plans, employee benefit EIVEE S 15 NONE NONE Legal fees (attach schedule) b Accounting fees a Bach schedule)
c Other professional sees (after Nschall 1914) 56,475 56,475 17 interest Taxes (attach schedule) (see instructions) STM Depreciation (attach-schedule) and dep 23,592 18 19 20 NONE 21 Travel, conferences, and meetings . . NONE NONE NONE 22 Printing and publications 23 Other expenses (attach schedule) STMT.5. 29,623 29,609 Total operating and administrative expenses. 24 109,690 86,084 NONE Add lines 13 through 23 1,039,701 1,039,701 Contributions, gifts, grants paid 1,149,391 86,084 NONE Total expenses and disbursements. Add lines 24 and 25 039. Subtract line 26 from line 12: 3 Excess of revenue over expenses and disbursements . . -231,341 b Net investment income (if negative, enter -0-) 731,621 c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions. AQU236 1051 11/13/2014 10:33:30 Form 990-PF (2013)

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Part II Balance Sheet		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year		
	Beiglice Slicets	amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
1	Cash - non-interest-beari	ng	4,294,958.	75,378.	75,378	
2	Savings and temporary	cash investments	1,780,000.	3,804,137.	3,807,166	
3	Accounts receivable					
	Less: allowance for doub	otful accounts				
4	Pledges receivable					
	Less allowance for doub	otful accounts				
5						
6	Receivables due from	officers, directors, trustees, and other				
	disqualified persons (atta	ach schedule) (see instructions)				
7	Other notes and loans re	eceivable (attach schedule) >				
	Less allowance for doub	otful accounts NONE				
8 8		le				
Asserts 6 6		eferred charges				
₹ 10 :	a Investments - U.S. and state	government obligations (attac	1,163,038.	1,220,140.	1,208,560	
	b Investments - corporate	stock (attach schedule) . STMT .8 .	2,616,448.	4,245,639.	10,830,570	
	c Investments - corporate	bonds (attach schedule) STMT 9	2,724,192.	2,790,311.	2,803,016	
11	Investments - land, building and equipment basis Less accumulated deprecia (attach schedule)	S				
12	Investments - mortgage	loans				
13	Investments - other (atta Land, buildings, and	ch schedule) STMT 13.	1,998,885.	1,789,578.	2,864,834	
14	equipment basis	"_ -				
1	Less accumulated deprecia (attach schedule)					
15	Other assets (describe	>)				
16		completed by all filers - see the				
4			14,577,521.	13,925,183.	21,589,524	
17	Accounts payable and a	ccrued expenses				
18						
<u>g</u> 19		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
<u></u> ≧ 20		rs, trustees, and other disqualified persons .				
19 20 21		tes payable (attach schedule)	··			
22	Other liabilities (describe	, ▶) [· .			
23	·	s 17 through 22)		NONE		
SS . 4	and complete lines 2	ow SFAS 117, check here . ▶				
24 25 25						
25						
26	•	not follow SFAS 117 ▶ X				
[]						
히	,	plete lines 27 through 31.	14 577 503	12 005 102		
27		ipal, or current funds	14,577,521.	13,925,183.		
28		land, bldg., and equipment fund				
27 28 29 30 30 30 30 30 30 30 30 30 30 30 30 30		ated income, endowment, or other funds	14 577 501	13 005 103		
30		balances (see instructions)	14,577,521.	13,925,183.		
31	Total ilabilities and		14 577 501	13 005 100		
Down!		name in Not Assets on Frank D	14,577,521.	13,925,183.		
		inges in Net Assets or Fund B				
		palances at beginning of year - Part II,				
en	α-οτ-year figure reported	on prior year's return)		· · · · · · · · · · · · · · · · · · ·	14,577,521.	
Z En	ter amount from Part I,	line 27a			-231,341.	
		ed in line 2 (itemize)		3	44 044 455	
a Ad e ∼	o lines 1, 2, and 3	Electrical Salar Services			14,346,180.	
		line 2 (itemize) DERE ATTACHED STATEME		5	420,997.	
o lo	tal net assets or fund be	lances at end of year (line 4 minus lin	e 5) - Part II, column (b),	line 30 6	<u>13,925,183.</u>	

Form 990-PF (2013)					Page '3
	and Losses for Tax on Inv d describe the kind(s) of property sold ((b) How	(c) Date	r <u>- : </u>
(a) List an 2-story b	àcquired P - Purchase D - Donation	acquired (mo, day, yr)	(d) Date sold (mo , day, yr.)		
1a PUBLICLY TRADED S	SECURITIES				
b FROM PARTNERSHIPS	5				
c REDUCTION FOR GAI	IN THAT IS UBTI				
<u>d</u>					
е					L
(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) mini	
a 5,766,803		5,297,366			469,435
b 90,325					90,325
c -22,514					-22,514
d					
(i) F.M.V. as of 12/31/69	showing gain in column (h) and owner (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Gains (Col. (h) g (k), but not less t Losses (from co	han -0-) or
	40 01 12/01/00	over cor (), it any			469,435
b					90,325
c					-22,514
d					22,314
е					
2. Constal ages not manned as	(not one its loon)	gain, also enter in Part I, line 7			
2 Capital gain net income or	(net capital loss)	(loss), enter -0- in Part I, line 7	2		537,246
	or (loss) as defined in sections 12				-
If gain, also enter in Par	t I, line 8, column (c) (see inst	ructions). If (loss), enter -0- in			
	 		3		
		duced Tax on Net Investment In e section 4940(a) tax on net investr			
		outable amount of any year in the ba Do not complete this part	ase period	l?	Yes X No
The second secon		, see the instructions before making	anv entri	es	
(a) Base penod years	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution re	tio
Calendar year (or tax year beginning in) 2012	987,477	16,327,163		(col (b) divided by	
2011	950,156	14,817,706			0.060481
2010	910,082	15,788,586			0.057642
2009	1,010,672	17,673,715			0.057185
2008	992,289			 	0.050360
				· · · · · · · · · · · · · · · · · · ·	
2 Total of line 1, column (d)	<u> </u>		2		0.289791
3 Average distribution ratio f	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the found	lation has been in existence if less	than 5 years	3		0.057958
4 Enter the net value of non-	charitable-use assets for 2013 fro	m Part X, line 5	4	20	760,118
5 Multiply line 4 by line 3			5	1	,203,215
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		7,316
7 Add lines 5 and 6			7	1	,210,531
Enter qualifying distribution If line 8 is equal to or gre Part VI instructions.	ns from Part XII, line 4 ater than line 7, check the box in	Part VI, line 1b, and complete the	8 nat part u	lsing a 1% tax	,039,701 rate See the

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Form	1990-PF (2013) 99-0316347		1	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		<u> </u>
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	L
	Website address ► N/A			- -
14		<u>-958</u>	5	
	Located at ▶ 828 FORT STREET, #310, HONOLULU, HI ZIP+4 ▶ 96813			
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			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority	1	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
ı aı		Т	V	N.
1.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
	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? Yes X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(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			
	the benefit or use of a disqualified person)?		ı	
	(8) 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)			
b	If any answer is "Yes" to 1a(1H6), did any of the acts fail to qualify under the exceptions described in Regulations	i l	ľ	
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 1		
	were not corrected before the first day of the tax year beginning in 2013?	1c		Х
2	Taxes on fallure 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)):	1		
8	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and	1		
	Se, Part XIII) for tax year(s) beginning before 2013? Yes X No			
	If "Yes," list the years			
D	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	_	- 1	37
_	all years listed, answer "No" and attach statement - see instructions.)	2b		<u> X</u>
·				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		-	
ь	If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or	[[ľ	
	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		l	
	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.)	3ь		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		<u>x</u>
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?	4ь		X
		orm 99	0-PF (:	

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Par	VII-B Statements Regarding Activities for	r Which Form 47	20 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 influen	ce legislation (section	4945(e))?	. Yes X No		į
	(2) Influence the outcome of any specific public ele	•				
	directly or indirectly, any voter registration drive?					
	(3) Provide a grant to an individual for travel, study, or of	her simılar purposes?		. Yes X No		
	(4) Provide a grant to an organization other than a		•		1 1	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s	see instructions)		. Yes X No		ļ
	(5) Provide for any purpose other than religious, ch		• • • • • • • • • • • • • • • • • • • •			1
	purposes, or for the prevention of cruelty to children of					l
b	If any answer is "Yes" to 5a(1)-(5), did any of the	-	1	•		
	Regulations section 53.4945 or in a current notice regard	•			5b	
	Organizations relying on a current notice regarding disast					l
C	If the answer is "Yes" to question 5a(4), does the		•			l
	because it maintained expenditure responsibility for the g		• • • • • • • • • • • •	. Yes No		l l
_	If "Yes," attach the statement required by Regulations sect					
6a	Did the foundation, during the year, receive any fund	•				-
	on a personal benefit contract?					,,
b	Did the foundation, during the year, pay premiums, direct	ly or indirectly, on a p	ersonal benefit contra	ct ⁷	6b	<u> X</u>
- -	If "Yes" to 6b, file Form 8870.		-b-la- 44 3			İ
	At any time during the tax year, was the foundation a part if "Yes," did the foundation receive any proceeds or have		•	التسا السا		- [
	Information About Officers, Directors				7b	
	and Contractors		_			
1	List all officers, directors, trustees, foundation ma	(b) Title, and average	compensation (see	instructions).	4.15	
	(a) Name and address	hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expense a other allow	
					<u></u>	
EE	STATEMENT 17					
_					- 	
2	Compensation of five highest-paid employees "NONE."	(other than thos	e included on lin	e 1 - see instructio	ns). If non	e, enter
		(b) Title, and average		(d) Contributions to		
(e)	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense a other allow	
				compensation	·	
ON	7	ļ	MONTE	NOME	MO	ATD.
ON			NONE	NONE	NO:	NE
	· · · · · · · · · · · · · · · · · · ·					
]				
otal	number of other employees paid over \$50,000 .	<u> </u>		.	NO	NE
					Form 990 -	

Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	anagers, Highly Paid Emplo	yees,
3 Five hi	ghest-paid Independent contractors for professional services (see instr	uctions). If none, enter "NONI	."
	(a) Name and address of each person pald more than \$50,000	(b) Type of service	(c) Compensation
NONE			NONE
Total number	er of others receiving over \$50,000 for professional services	,	NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year. Include relevant statistica and other beneficiaries served, conferences convened, research papers produced, etc.	I information such as the number of	Expenses
1NONE_			
2			
			- -
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		
	wo largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 <u>NONE</u>			
2			
	am-related investments. See instructions		
3 <u>N</u> ONE			
	d Abourth O		

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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreignsee instructions.)	gn founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		16 000 440
8	Average monthly fair market value of securities	18	16,870,441.
b	Average of monthly cash balances	1b	4,205,821.
	Fair market value of all other assets (see instructions)	1c	NONE
ď	Total (add lines 1a, b, and c)	1d	21,076,262.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
_	1c (attach detailed explanation) 1e	_	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	3	21,076,262.
4			
_	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	316,144.
5		5	20,760,118.
6	Minimum investment return. Enter 5% of line 5	6	1,038,006.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	1,038,006.
2 a	Tax on Investment Income for 2013 from Part VI, line 5		
b			
c	Add lines 2a and 2b	2c	17,970.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,020,036.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	1,020,036.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	1,020,036.
Part	XII Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,039,701.
b	Program-related investments - total from Part IX-B	1b	1,037,101.
2	Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	''5	
-		2	NONE
3	purposes Amounts set aside for specific charitable projects that satisfy the:		NONE
a	Suitability test (prior IRS approval required)	3a	MONTO
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	NONE
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		1,039,701.
•	Enter 1% of Part I, line 27b (see instructions)	1 1	NT / A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	N/A
J	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c		1,039,701.
	qualifies for the section 4940(e) reduction of tax in those years.	aiculating	whether the toundation

Form 990-PF (2013)

	rt XIII Undistributed Income (see instruction				
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
	line 7 . , , ,				1,020,036
2	Undistributed income, if any, as of the end of 2013				
a	Enter amount for 2012 only			347,077.	
b	Total for prior years: 20_11_,20,20		NONE		
3	Excess distributions carryover, if any, to 2013		Ì		
a	From 2008 NONE		İ		
b	From 2009 NONE]	
c	From 2010 NONE				
d	From 2011 NONE				
8	From 2012 NONE				
f	Total of lines 3a through e	NONB			
Ļ	Qualifying distributions for 2013 from Part XII,				
	line 4: ▶ \$1,039,701.				
а	Applied to 2012, but not more than line 2a			347,077.	
	Applied to undistributed income of prior years				
	(Election required - see instructions)	1	NONE	1	
_					
C	Treated as distributions out of corpus (Election required - see instructions)	NONE			
a	Applied to 2013 distributable amount				692,624
	Remaining amount distributed out of corpus	NONB			052,021
	Excess distributions carryover applied to 2013	NONE			NON
	(If an amount appears in column (d), the same	NONE			NON
i	amount must be shown in column (a).) Enter the net total of each column as				
a	indicated below: Corpus. Add fines 3f, 4c, and 4e. Subtract line 5	NONE			
	Prior years' undistributed income. Subtract				
D	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
	· · · · · · · · · · · · · · · · · · ·		110112		
J	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
e	Undistributed income for 2012. Subtract line		NOME		
	4a from line 2a. Taxable amount - see instructions				
F	Undistributed income for 2013 Subtract lines			ļ	
	4d and 5 from line 1. This amount must be				
	distributed in 2014				327,412.
	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
	Excess distributions carryover from 2008 not				
	applied on line 5 or line 7 (see instructions)	NONE			
	Excess distributions carryover to 2014.				
	Subtract lines 7 and 8 from line 6a	NONB		1	
	Analysis of line 9:				
	Excess from 2009 NONE	1			
	Excess from 2010 NONE			1	
	Excess from 2011 NONE	ŀ		f	
	Excess from 2012 NONE			1	
	Excess from 2013 NONE		i	ı	

factors:

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c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient frecipient is an individual, show any relationship to any foundation manager or substantial contribution Purpose of grant or contribution Amount								
Recipient	if recipient is an individual,	Foundation	Purpose of grant or					
Name and address (home or business)	any foundation manager	status of recipient	Purpose of grant or contribution	Amount				
a Paid during the year	O) addatantial contributor	1		†				
		İ						
SEE STATEMENT 41		1		1,039,701				
	1	1						
	ļ	1						
		1						
		1						
		i i						
		1						
	!							
				ļ				
Total				1 550 501				
b Approved for future payment		· · · · · · · · · · · · · · · · · · ·	▶ 3a	1,039,701				
a ripproved for fatare payment								
		ĺ						
i								
Total	<u> </u>		▶ 3b					

Part XVI-A Analysis of Income-Production gross amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue:	(a) Businesa coda	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a					
b	ļ		<u> </u>		
c	ļ		 		
d			 	*	
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	266,151.	
5 Net rental income or (loss) from real estate:			ļ		
a Debt-financed property			-		
b Not debt-financed property ,6 Net rental income or (loss) from personal property .			 		
7 Other investment income			 		
8 Gain or (loss) from sales of assets other than inventor	900099	22,514.	18	537,246.	
9 Net income or (loss) from special events ,					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue. a			ļ. <u> </u>		
ь OTHER INCOME	<u> </u>		1	17,139.	
<u> </u>					
d					
12 Subtotal. Add columns (b), (d), and (e)		22,514.		820,536.	
13 Total. Add line 12, columns (b), (d), and (e)					843,050.
(See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activities Line No. Explain below how each activities accomplishment of the foundations are accomplished to	ity for which	n income is reported in	n column (e	e) of Part XVI-A contribu	
					<u></u>
					···
					
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		NOT APPLICABLE	E		
					
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orm 8	90-PF (:	2013)						99-0316347		Pa	ge 1
	XVII	Exemp	ot Orga	nizations				and Relationships With Nor	ıchari	table	·
1	Did th	ne organizati	on direct	ly or indirect	ly engage in a	any of the fol	lowing wit	h any other organization described		Yes	No
		tion 501(c)	of the Co	ode (other tha	an section 50°	1(c)(3) organi	zations) or	in section 527, relating to political			
	-		reportin	a foundation	to a noncharit	shle evemnt	nmanizatın	n of	-		i
_			•	_		•	-		10(1)		Х
	•							. 	18(1)	 -	X
		transactions							1a(2)		
	(1) Sa	iles of assets	to a non	charitable ex	empt organiza	tion			1b(1)		<u>X</u>
	(2) Pu	rchases of a	ssets fro	m a noncharit	table exempt o	organization .			1b(2)	<u> </u>	X
	(3) Re	ental of facili	ties, equi	pment, or oth	ner assets				16(3)		Х
											Х
									16(5)		X
	(6) Pe	rformance o	f service:	s or members	ship or fundrai	sing solicitation	ons	• • • • • • • • • • • • • • • • • • • •	1b(6)		X
											X
d	If the value value	answer to of the good in any trans	any of the ls, other action o	ne above is assets, or se	Yes," completed invites given to angement, sho	e the following the reportions in column	ng schedu ng foundat (d) the va	le. Column (b) should always should tion. If the foundation received less lue of the goods, other assets, or	w the s than service	fair m s rece	arke eived
(a) Li	ne no.	(b) Amount	involved	(c) Name (of noncharitable ex	kempt organizatio	n (d	Description of transfers, transactions, and shi	Tung erra	ngeme	nts
											
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								more tax-exempt organizations		es X	
				ving schedule		CHOIT 50 1(C)(C	וו וט ווָנ	CHO!! 32/1	·'	55 <u> </u>	4 MO
	11 163	(a) Name of				Type of organiza	tion	(c) Description of relation			
		(4) (10)	organization	''	10,	Type of organiza		(c) Description of relation	isiiib		
					 						
					 -						
											
					 					-	
	T., ,					 					
	Correc	r penanties of pe ct, and complete (nury, i decia Declaration of	re that I have exe preparer other tha	in taxpayer) is based	including accompar on all information of	nying schedules I which preparer	; and statements, and to the best of my knowled has any knowledge	ge and b	ellef, It	is true
ign		XII	1.2	1 have	1.7	11000	1 17	May the IR	S discus	s thus	return
lere	14	spanice	12 -	XUYUL		15/2017	<u> </u>		reparer		
	Sign	nåture of officer	or trustee	0	Dat≢	,	Title	(see instruction	ns)? X	Yes	No
		T2:									
aid		Print/Type pr	eparer's nai	me	Preparer's		/ -		PTIN		
		JEFFRE	<u> E.</u> K	UHLIN		Eller E	Kull	11/13/2014 self-employed	P003	5300	1
rep	arer	Firm's name	► KP	MG LLP	-0	100	7		5565		
lse (Only	Firm's addres	s ▶20	20 N CENT	TRAL AVE,	STE 700					
	-				AZ		85004	Phone no. 877-6	22-7	196	

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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 Name of the organization Employer identification number

THE SCHULER FAMILY FO	99-0316347							
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 foundate	on						
	501(c)(3) taxable private foundation							
	ered by the General Rule or a Special Rule. 8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See						
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or contributor. Complete Parts I and II.	more (in money or						
Special Rules								
under sections 509(a)(the greater of (1) \$5,00	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
during the year, total c	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
990-EZ, or 990-PF), but it must a	not covered by the General Rule and/or the Special Rules does not file Sch answer "No" on Part IV, line 2, of its Form 990; or check the box on line H o tify that it does not meet the filing requirements of Schedule B (Form 990)	of its Form 990-EZ or on its						

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
THE SCHULER FAMILY FOUNDATION

Employer identification number 99-0316347

(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	JAMES K. SCHULER 828 FORT STREET #310 HONOLULU, HI 96813	\$75,000.	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	149,502. 35,094. 55,538. 10,896. 12,790. 2,313. 26,151.
REVENUE AND EXPENSES PER BOOKS	149,502. 35,094. 55,538. 10,896. 12,790. 2,313.
DESCRIPTION	DOMESTIC DIVIDENDS OTHER INTEREST CORPORATE INTEREST FOREIGN INTEREST U.S. GOVERNMENT INTEREST (FEDERAL E STA OID INCOME

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STATEMENT

NET INVESTMENT INCOME	1 1 1 1 1	14,308.	
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1	14,308.	2,831.
D2	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	FROM PARTNERSHIPS	FEDERAL TAX REFUNDS

14,308.

17,139.

TOTALS

660831017

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	56,475. 56,475. ==========
REVENUE AND EXPENSES PER BOOKS	56,475.
DESCRIPTION	CUSTODIAN & MANAGEMENT FEES (A TOTALS

FORM 990PF, PART I - TAXES ------

> REVENUE AND **EXPENSES** PER BOOKS

DESCRIPTION

STATE TAX PAYMENTS 3,369. FEDERAL TAX PAYMENTS 20,223.

> TOTALS 23,592. -----

EXPENSES	
OTHER	
H	;; 1) 1)
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990PF,	
FORM	H H H

NET	39.
INVESTMENT	29,019.
INCOME	551.
REVENUE	39.
AND	29,019.
EXPENSES	551.
PER BOOKS	14.
DESCRIPTION	BANK FEES OTHER PARTNERSHIP EXPENSES INVESTMENT EXPENSES MBS SECURI HAWAII BUSINESS FILING REPORT

29,609.

29,623.

TOTALS

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FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ENDING ENDING BOOK VALUE FMV	21,523. 21,395. 25,010. 25,011. 99,789. 100,265.	17,387. 17,655. 13,693. 14,345.	6,648. 6,775. 21,431. 21,769. 10,053. 10,209.	99,789. 102,504. 20,074. 20,981. 30,669. 30,486.	6,527. 37,09 7,738. 26,64 5,734. 35,30 5,672. 55,15	19,867. 44,802. 24,546. 45,541. 35,546. 35,000. 31,589.
ENI BOOK						
DESCRIPTION	.500% 03/15/201 .000% 11/25/201 2/07/2017 .500% 05/27/201 .500% 03/01/204	4.000% 07/01/202 4.000% 07/01/203 6.000% 02/01/202 5.000% 12/01/201	5.500% 06/01/203 4.500% 08/15/204 4.500% 08/15/204 4.500% 09/15/204	2.375% 02/28/201 2.625% 04/30/201 1.250% 09/30/201 3.625% 02/15/202	.875% 03/ .125% 05/ .250% 05/ .750% 06/	2.125% 08/15/202 1.000% 09/30/201 1.375% 09/30/201 2.000% 11/15/202 FORNIA STATE SON WISCONSIN ACHUSETTS STATE

9

. THE SCHULER FAMILY FOUNDATION

- U.S. AND STATE OBLIGATIONS FORM 990PF, PART II

DESCRIPTION		ENDING BOOK VALUE	ENDING FMV
NEW YORK STATE PENNSYLVANIA STATE UNIV SYS OF MARYLAND		30,095. 27,670.	28,819. 26,582.
		30,111. 35,178.	29,964.
POOL 45% 03/ 3.125% 01/31/2 3.625% 02/15/2		26,069. 26,069. 27,440.	26,589. 26,589. 26,727.
USTN 2.75% 02/28/2018 USTN 2.625% 02/29/2016		30,200. 43,703. 31,990.	37,770. 42,259. 31,425.
3.125% 2.625%		39,931. 27,877. 27,034	39,788. 26,061. 25,508
USTN 2.375% 10/31/2014		31,086.	30,550.
7.0	TOTALS	1,220,140.	1,208,5

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PART II - CORPORATE STOCK FORM 990PF,

DESCRIPTION		ENDING BOOK VALUE	ENDING FMV
ALPHA NATURAL RESOURCES AMERICAN CAPITAL LID APOLLO COMMERCIAL REIT SBI		378,357. 67,230.	462,872. 123,572.
ARES CAPITAL CORP		245,237.	568,640.
RESOLUTE FST PRODS INC COM STARWOOD PPTY TR INC		325, 626.	384,480.
ISTAKES - DOW JONES EPAC SPDR S&P DIVIDEND ETF DR HORTON INC		88,43	115,75
EAVOR I		3/4,940. 93,112.	132,489.
LEVEL 3 COMMUNICATIONS INC		4, 23 7,36	66,37 66,37
INDEX FUNI		96,23 91,04	18,37 98,22
VANGUARD INDEX FDS SM CAP GRWT VANGUARD INDEX FDS SM CAP VALU		90,29	03,67
INDEX FDS GROWTH		90,61	05,57
INDEX FDS		90,50	02,69
FTSE		0,81 7,17	9,33 7,32
VANGUARD INTL EQUITY INDEX FD		93,93	502,075
	TOTALS	4,245,639.	10,830,570.

- CORPORATE BONDS

FORM 990PF, PART II

ENDING FMV	180. 20,885 091. 11,219 578. 15,643	705. 31,35 041. 26,56	951. 31, 091. 30, 109. 37, 802. 22,	890. 32,032. 897. 11,233.	723. 28,972 631. 31,491 995. 14,905 746. 31,905 464. 31,319	051. 31,67 697. 18,27 178. 19,95 767. 19,83 510. 29,56
ENDING BOOK VALUE	4 2 LO LO	ט ארי ה	32, 34, 32, 22,	29,	29, 31, 14, 29, 30,	
DESCRIPTION	AFLAC INC ALLTEL CORPORATION AON CORP ARIZONA PUBLIC SERVICE AT&T INC	BANK OF AMERICA CORP BANK OF NEW YORK MELLON BOSTON PROPERTIES LP BUNGE LIMITED FINANCE CO	CAMERON INTL CORP CAPITAL ONE FINANCIAL CO CATERPILLAR INC CITIGROUP INC CITIGROUP INC	CONTINENTAL AIRLINES INC COSTCO WHOLESALE CORP DIAMLERCHRYSLER NA HLDG DELL INC	DEVON ENERGY CORPORATION DIRECTV HLDG/FIN INC DUKE ENERGY CORP GENENTECH INC (USA) GENERAL ELEC CAP CORP	GILLEAD SCIENCES INC GOLDMAN SACHS GROUP INC GOLDMAN SACHS GROUP INC GSR MORTGAGE LOAN TRUST HALLIBURTON COMPANY HESS CORP

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THE SCHULER FAMILY FOUNDATION

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ENDING FMV	14,825. 30,967. 15,150. 31,764.	33,981. 25,795. 24,038.	14,606. 30,819. 28,537. 14,505. 25,323.	34,304. 31,502. 32,641. 36,103. 30,866. 88,259. 89,420. 89,865. 89,865.
ENDING BOOK VALUE	14,984. 31,426. 15,000. 31,768.	35,328. 25,143. 24,898.	14,980. 30,618. 30,259. 14,990. 27,854. 32,293.	36,073. 31,750. 25,088. 34,825. 30,729. 83,515. 88,261. 91,508. 74,684.
DESCRIPTION	INTEL CORP JOHN DEERE CAPITAL CORP JP MORGAN CHASE & CO KINDER MORGAN ENERGY PARTNERS KRAFT FOODS INC	MERCK & CO INC MORGAN STANLEY PHARMACIA CORP POTOMAC EDISON CO CMO SERIES 2003-A2 CLASS A1	SHERWIN-WILLIAMS CO SYMANTEC CORP UNITED HEALTH GROUP INC US BANCORP VERIZON WIRELESS WHIRLPOOL CORP	ASTRAZENECA PLC BP CAPITAL MARKETS PLC EKSPORTFINANS A/S RIO TINTO FIN USA LTD SWEDISH EXPORT CREDIT TEVA PHARMACEUTICAL FIN BV BLACKROCK GLOBAL ALLOCATION FD GOLDMAN SACHS DYNAMIC ALLOCATI INVESCO BALANCED RISK IVY ASSET STRATEGY FUND PIMCO ALL ASSET ALL AUTHORITY

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FORM 990PF, PART II - CORPORATE BONDS

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ENDING FMV	87,481. 12,823. 10,6524. 12,988. 12,038. 12,038. 13,892. 12,912. 11,234. 12,34. 14,953. 14,953.
ENDING BOOK VALUE	81,400 12,086 13,9986 14,986 14,986 15,103 112,738 112,733 112,733 112,733 112,733 112,733 115,107
DESCRIPTION	WELLS FARGO ASSET ALLOCATION AFFILIATED COMPUTER SERVICES AMGEN INC BANK OF OKLAHOMA BERKSHIRE HATHAWAY BURLINGTON NORTHERN SANTE FE CAMPBELL SOUP CO CENTERPOINT ENERGY INC CONAGRA FOODS INC DOLLAR GENERAL CORP DOW CHEMICAL CO GENERAL ELECTRIC CAP CORP GENERAL ELECTRIC CAP CORP GLAXOSMITHKLINE CAP INC JP MORGAN CHASE & CO LINCOLN NATL CORP MARSH & MCLENNAN COS INC METLIFE INC WETLING INC PRIDENTIAL FINANCIAL GROUP INC PRUDENTIAL FINANCIAL INC PRUDENTIAL FINANCIAL CORP PEPSICO INC WESIDENTIAL FINANCIAL GROUP VERIZON COMMUNICATIONS WELLS FARGO & COMPANY BARCLAYS BANK PLC SCHLUMBERGER INVESTMENT GENERAL ELECTRIC CAP CORP NOTE

THE SCHULER FAMILY FOUNDATION

FORM 990PF, PART II - CORPORATE BONDS

	FD
DESCRIPTION	WELLS FARGO BANK JP MORGAN CHASE & CO NTS ARES DYNAMIC CR STRATEGIES PIMCO DYNAMIC CR INCOME FD

END ING FMV	i i i	104,493.	209,770.	125,860.	112,400.	2,803,016.	
ENDING BOOK VALUE] 	104,293.	210,685.	124,390.	110,050.	2,790,311.	

TOTALS

660831017

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STATEMENT

THE SCHULER FAMILY FOUNDATION

99-0316347

INVESTMENTS
- OTHER
ij
PART
990PF,
FORM

	ENDING ENDING BOOK VALUE FMV	991,924. 1,061,274. 522,408. 1,517,751. 93,656. 93,656. 55,892. 65,422. 75,698. 76,731. 50,000. 50,000.	1,789,578. 2,864,834.
14 11 11 11 11 11 11 11 11 11 11 11 11 1	COST/ FMV C OR F	υυυυυυυ	TOTALS
	DESCRIPTION	BLACKSTONE UBS REAL ESTATE OPPORTUNITY MERIDIAN DIVERSIFIED SILVER CREEK LOW VOL STR. LP MHF SER 2 MHF SER 1 CARDAX PHARMACEUTICALS	

GAINS AND LOSSES FROM PASS-THRU ENTITIES

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS AND OTHER FIDUCIARIES

PARTNERSHIPS, TRUSTS, S CORPORATIONS

90,325.00

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)

90,325.00 ==========

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

JAMES K. SCHULER 828 FORT STREET #310 HONOLULU, HI 96813 990PF, PART VII-B LINE 2b - SECTION 4942a2 EXPLANATION STATEMENT

THIS QUESTION DOES NOT APPLY. THE FOUNDATION DOES NOT HAVE ANY UNDISTRIBUTED INCOME FROM PRIOR YEARS.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

PAMELA S JONES

ADDRESS:

812 K N KALAHEO AVE

KAILUA, HAWAII 96734,

TITLE:

VP/ TREAS.

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JAMES K SCHULER

ADDRESS:

3249 DIAMOND HEAD ROAD

HONOLULU, HI 96815,

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

CHRISTOPHER T SCHULER

ADDRESS:

141 127TH EAST STREET

TACOMA, WA 98445,

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

MARK J SCHULER

ADDRESS:

240 GRAPE STREET

DENVER, CO 80220,

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

JEFFERY S WHITEMAN

ADDRESS:

1750 RIVER OAKS CR

FAIRFIELD, CA 94533,

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

AMOUNT OF GRANT PAID

10,000.

THE SCHULER FAMILY FOUNDATION 99-0316347 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AMERICAN CANCER SOCIETY ADDRESS: 2370 NUUANU AVENUE HONOLULU, HI 96817-1714 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 110,000. RECIPIENT NAME: SWEDISH CANCER INSTITUTE ADDRESS: 747 BROADWAY SEATTLE, WA 98122-4307 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: DOMESTIC ABUSE WOMEN'S NETWORK ADDRESS: P O BOX 88007 TUKWILA, WA 98138 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT

AMOUNT OF GRANT PAID

5,000.

EXEMPT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

FOUNDATION STATUS OF RECIPIENT:

THE SCHULER FAMILY FOUNDATION 99-0316347 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID __________ RECIPIENT NAME: PACT ADDRESS: 737 BISHOP ST SUITE 1875 HONOLULU, HI 96813 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 35,000. RECIPIENT NAME: RONALD MCDONALD HOUSE ADDRESS: P O BOX 61777 HONOLULU, HI 96839-1777 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000. RECIPIENT NAME: SALUTE AMERICA'S HEROES ADDRESS: 36585 PENFIELD LANE WINCHESTER, CA 92596 **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

SEATTLE'S UNION GOSPEL

MISSION

ADDRESS:

P O BOX 202

SEATTLE, WA 98111-0202

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

SENIOR SERVICES MEALS ON

WHEELS

ADDRESS:

2208 2ND AVENUE SUITE 100

SEATTLE, WA 98121-2055

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 20,000.

RECIPIENT NAME:

THE 5TH AVENUE THEATRE

ADDRESS:

1326 5TH AVENUE # 735

SEATTLE, WA 98101

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,000.

THE SCHULER FAMILY FOUNDATION 99-0316347 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _______ RECIPIENT NAME: THE SALVATION ARMY ADDRESS: P O BOX 30040 HONOLULU, HI 96820-0040 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: PASADO'S SAFE HAVEN ADDRESS: P O BOX 171 SULTAN, WA 98294 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 20,000. RECIPIENT NAME: PAWS ADDRESS: P O BOX 1037 LYNNWOOD, WA 98046 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT 5,000.

THE SCHULER FAMILY FOUNDATION FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAI	
RECIPIENT NAME: HAWAII CHILDREN'S CANCER FOUNDATION	
ADDRESS: 1814 LILIHA ST HONOLULU, HI 96817	
RELATIONSHIP:	
PURPOSE OF GRANT: GENERAL SUPPORT	
FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID	10,000.
	10,0001
RECIPIENT NAME: MARSHA RIVKIN CENTER	
ADDRESS: 1221 MADISON ST SUITE 1401	
SEATTLE, WA 98104 RELATIONSHIP: NONE	
PURPOSE OF GRANT: GENERAL SUPPORT	
FOUNDATION STATUS OF RECIPIENT: EXEMPT	
AMOUNT OF GRANT PAID	10,000.
RECIPIENT NAME: EVERGREEN HEALTHCARE FDN	
ADDRESS: 12040 NE 128TH ST	
KIRKLAND, WA 98034 RELATIONSHIP:	
NONE PURPOSE OF GRANT:	
GENERAL SUPPORT	

AMOUNT OF GRANT PAID 2,500.

EXEMPT

FOUNDATION STATUS OF RECIPIENT:

THE SCHULER	FAMILY F	OUNDATION				99.	-0316347
FORM 990PF,	PART XV,	LINE 3a -	CONTRIBUTIONS,			PAID	0020027
=======================================	======	**********	==========	======	======	====	
RECIPIENT NA HAWAII FOO							
ADDRESS:	DD BANK						
2611 KILI	HAU ST						
HONOLULU,	HI 96819	-2021					
RELATIONSHI	₽:						
NONE					,		
PURPOSE OF C							
GENERAL SU FOUNDATION S		DECTRESM	1.				
EXEMPT	SIAIUS OF	RECIPIENT	•				
	RANT PAID						10,000.
RECIPIENT NA	AME:						
HUGS							
ADDRESS:							
3636 KILAU		E					
HONOLULU,							
RELATIONSHIE NONE	?:						
PURPOSE OF O	ידיא בא קב.						
GENERAL SU							
FOUNDATION S		RECIPIENT	•				
EXEMPT							
AMOUNT OF GF	RANT PAID			• • • • • •			2,000.
RECIPIENT NA							
INSTITUTE	FOR HUMA	N SVCS					
ADDRESS: 546 KAAHI	СT						
HONOLULU,							
RELATIONSHIP							
NONE							
PURPOSE OF G							
GENERAL SU							
FOUNDATION S	TATUS OF	RECIPIENT	:				
EXEMPT	מדגם ידיאגי						E 000

THE SCHULER FAMILY FOUNDATION 99- FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	0316347
======================================	
RECIPIENT NAME:	
LUPUS RESEARCH INSTITUTE ADDRESS:	
330 SEVENTH AVE SUITE 1701	
NEW YORK, NY 10001	
RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT:	
EXEMPT	
AMOUNT OF GRANT PAID	10,000.
RECIPIENT NAME:	
MARCH OF DIMES	
ADDRESS:	
1451 S KING ST	
HONOLULU, HI 96814	
RELATIONSHIP: NONE	
PURPOSE OF GRANT:	
GENERAL SUPPORT	
FOUNDATION STATUS OF RECIPIENT:	
EXEMPT	
AMOUNT OF GRANT PAID	2,500.
RECIPIENT NAME:	
WAIF ADDRESS:	
P O BOX 1108	
COUPEVILLE, WA 98239	
RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL SUPPORT	
FOUNDATION STATUS OF RECIPIENT: EXEMPT	
AMOUNT OF GRANT PAID	1.000.

· THE SCHULER FAMILY FOUNDATION 99-0316347 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: ADULT FRIENDS FOR YOUTH ADDRESS: 3375 KOAPAKA ST HONOLULU, HI 96819 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 2,750. RECIPIENT NAME: PREVENT CHILD ABUSE ADDRESS: PO BOX 147 HONOLULU, HI 96810 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: AMERICAN RED CROSS ADDRESS: 4155 DIAMOND HEAD RD HONOLULU, HI 96816 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000.

	9-0316347
FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	
RECIPIENT NAME:	
FRED HUTCHINSON CANCER	
RESEARCH CENTER	
ADDRESS:	
1100 FAIRVIEW AVENUE	
SEATTLE, WA 98109	
RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL SUPPORT	
FOUNDATION STATUS OF RECIPIENT: EXEMPT	
AMOUNT OF GRANT PAID	C2 200
AMOUNT OF GRANT PAID	. 63,200.
RECIPIENT NAME:	
BOY SCOUTS OF AMERICA	
ADDRESS:	
42 PUIWA ROAD	
HONOLULU, HI 96817	
RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL SUPPORT	
FOUNDATION STATUS OF RECIPIENT:	
EXEMPT	
AMOUNT OF GRANT PAID	. 5,000.
DEGET DE TOUTE AND AND AND AND AND AND AND AND AND AND	
RECIPIENT NAME:	
CHILD & FAMILY SERVICES	
ADDRESS:	
91-1841 FT WEAVER RD EWA BEACH, HI 96706	
RELATIONSHIP:	
NONE	
PURPOSE OF GRANT:	
GENERAL SUPPORT	
FOUNDATION STATUS OF RECIPIENT:	
EXEMPT	
AMOUNT OF GRANT PAID	. 22 500

.THE SCHULER FAMILY FOUNDATION 99-0316347 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FOOD LIFELINE ADDRESS: 1702 NE 150TH ST SHORELINE, WA 98155-7226 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: MALAMA LEARNING CENTER ADDRESS: P O BOX 75467 KAPOLEI, HI 96707 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 15,000. RECIPIENT NAME: NORTHWEST HARVEST ADDRESS: P O BOX 12272 SEATTLE, WA 98102-9913 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000.

EXEMPT

GENERAL SUPPORT

EXEMPT

FOUNDATION STATUS OF RECIPIENT:

THE SCHULER FAMILY FO	UNDATION				99-0316347	
FORM 990PF, PART XV, 1	LINE 3a -				PAID	
0=====================================	## # #####		=======	======	====	
RECIPIENT NAME:						
HOSPICE OF HILO						
ADDRESS:						
1011 WAIANUENUE AVE						
HILO, HI 96720-2019						
RELATIONSHIP:						
NONE						
PURPOSE OF GRANT:						
GENERAL SUPPORT FOUNDATION STATUS OF 1	. פר בי די הייי	,				
EXEMPT	RECIPIENT:	•				
AMOUNT OF GRANT PAID		. 				10,000.
						20,000.
RECIPIENT NAME:						
ROSLYN DOWNTOWN ASSO	OCIATION					
ADDRESS:						
RDA-PATRICK DENEEN	P.O. BOX 5	46				
ROSLYN, WA 98941						
RELATIONSHIP: NONE						
PURPOSE OF GRANT:						
GENERAL SUPPORT						
FOUNDATION STATUS OF 1	RECIPIENT:					
EXEMPT						
AMOUNT OF GRANT PAID				10,000.
DOGINI DIM NAME						
RECIPIENT NAME: MUSCULAR DYSTROPHY	A C C O C T A TT C	NNT .				
ADDRESS:	ASSOCIATIO).TA				
PO BOX 78960						
PHOENIX, AZ 85062-89	960					
RELATIONSHIP:						
NONE						
PURPOSE OF GRANT:						
GENERAL SUPPORT						
FOUNDATION STATUS OF I	RECIPIENT:					
EXEMPT						2 500

EXEMPT

FOUNDATION STATUS OF RECIPIENT:

. THE SCHULER FAMILY FOUNDATION 99-0316347 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: GOODWILL SEATTLE ADDRESS: 1765 6TH AVE. SOUTH SEATTLE, WA 98134 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: **EXEMPT** AMOUNT OF GRANT PAID 5,250. RECIPIENT NAME: HUMANE SOCIETY (SEATTLE) ADDRESS: 13212 S.E. EASTGATE WAY BELLEVUE, WA 98005 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 218,000. RECIPIENT NAME: ARMED SERVICES YMCA OF HONOLULU ADDRESS: 1057 NORTH RD HONOLULU, HI 96818 RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID

RECIPIENT NAME:
RONALD MCDONALD HOUSE - SEATTLE
ADDRESS:
5130 40TH AVE NE
SEATTLE WA 98105

SEATTLE, WA 98105 RELATIONSHIP:

RELATIONSHIP:

PURPOSE OF GRANT: GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

SEATTLE NATIVITY SCHOOL

ADDRESS:

PO BOX 20730

SEATTLE, WA 98102

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 50,000.

RECIPIENT NAME:

SUSAN G KOMEN FOR THE CURE

ADDRESS:

3555 HARDING AVE SUITE 2D

HONOLULU, HI 96816

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,985.

TOTAL GRANTS PAID:

1,039,701.

FEDERAL FOOTNOTES

FORM 990-PF, PART III, LINE 5, OTHER DECREASES: INCOME FROM PARTNERSHIPS NOT EQUAL TO CASH RECEIVED; ASSET BASIS ADJUSTMENT; ACCRUED BOND INTEREST PURCHASED PRIOR YEAR CARRYOVER TO CURRENT YEAR; ACCRUED BOND INTEREST PURCHASED CURRENT YEAR CARRY OVER TO NEXT YEAR; MUTUAL FUND INCOME TIMING DIFFERENCE

A COMPLETE COPY OF THE FEDERAL RETURN WAS ATTACHED AND SENT TO HAWAII DEPARTMENT OF ATTORNEY GENERAL



Form 8868	3 (Rev. 1-2014)				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Mc	onth Exten	sion, complete only Part I	and check this box	▶ X
	nly complete Part II if you have already been gran				
• If you	are filing for an Automatic 3-Month Extension, o				
Part II	Additional (Not Automatic) 3-Month Ex	tension o	of Time. Only file the original	ginal (no copies needed).	
			E	nter filer's identifying number, see	instructions
	Name of exempt organization or other filer, see instructions. Employer identification number (EIN				EIN) or
Type or	THE SCHULER FAM FOUNDATION I	NV MGMI	?	i	
print					
	Number, street, and room or suite no. If a P.O box, see instructions.			Social security number (SSN)	
due date fo	File by the due date for PO BOX 3708				
filing your	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
return. See instructions	HONOLULU, HI 96811				
Enter the	Return code for the return that this application is	s for (file a	separate application for ea	ch return)	. 04
Applicat		Return	Application		Return
Is For		Code	ls For		Code
Form 99	90 or Form 990-EZ	01			
Form 99		02	Form 1041-A		08
Form 47	720 (individual)	03	Form 4720 (other than in	dividual)	09
Form 99		04	Form 5227		10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	90-T (trust other than above)	06 Form 8870			12
	o not complete Part II if you were not already g			ion on a previously filed Forn	n 8868.
	ooks are in the care of THE SCHULER FAM				
	none No. ► (808) 537-9585		Fax No. ▶	,	
	organization does not have an office or place of b	· usiness in	the United States, check th	is box	▶□
	is for a Group Return, enter the organization's fou				
	hole group, check this box				
	the names and EINs of all members the extension	•	G , , ,		
	quest an additional 3-month extension of time un		1	1/17 ,20 14 .	
	calendar year 2013, or other tax year beginning				20 .
	ne tax year entered in line 5 is for less than 12 mo				
	Change in accounting period				
7 Sta1	te in detail why you need the extension ADDI	TIONAL	TIME IS NEEDED IN	ORDER TO GATHER	
	ORMATION NECESSARY TO FILE A CO				
	URATE RETURN.				
-					
8a If th	his application is for Forms 990-BL, 990-PF, 99	0-T, 4720	o, or 6069, enter the tent	tative tax, less any	
non	refundable credits. See instructions.			8a \$	NONE
b If t	his application is for Forms 990-PF, 990-T,	4720, o	6069, enter any refun	dable credits and	
esti	mated tax payments made. Include any prid	or year o	verpayment allowed as	a credit and any	
	ount paid previously with Form 8868.			8b \$	6,930.
c Bala	ance Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if requir		
(Electronic Federal Tax Payment System). See instructions.					
	Signature and Verificat	tion mus	t be completed for Pa	art II only.	
	nalties of perjury, I declare that I have examined the and belief it is true, correct, and complete, and that I a	is form, inc	cluding accompanying schedu	•	best of my
Signature >	Tyley E Ku	Ali-	Title ▶	Date ► 07/23	3/2014
					(Rev. 1-2014)