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Form .990-PF Department of the Treasury Internal Revenue Service

EXTENDED TO AUGUST 17, 2015
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. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf OMB No 1545-0052

Form, 890-PF (2014

For calendar year 2014 or tax year beginning and ending Name of foundation A Employer identification number THE SHIDLER FAMILY FOUNDATION 46-1980574 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 841 BISHOP STREET 1700 (808)531-3000City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here HONOLULU, HI 96813 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here Hair market value of all assets at end of year | J | Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 4,450. (Part I, column (d) must be on cash basis ▶\$ Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not for charitable purposes (cash basis only) expenses per books income income necessarily equal the amounts in column (a)) 254,042 Contributions, gifts, grants, etc., received N/A _____ if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 3 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain ŧ g Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 254,042 0. 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 0. 0. ANNI 14 Other employee salaries and wages 15 Pension plans, employee benefits Operating and Administrative Expenses, STMT 1 5,042 5,042. 16a Legal fees **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 2 830. 0. 23 Other expenses 830. 24 Total operating and administrative 5,872 0 expenses Add lines 13 through 23 5,872 248,170 25 Contributions, gifts, grants paid 248,170. 26 Total expenses and disbursements 254,042 0 254,042. Add lines 24 and 25 27 Subtract line 26 from line 12: 0 . 2 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 0 N/A c Adjusted net income (if negative, enter -0-)

(must agree with end-of-year figure reported on prior year's return)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize) ▶

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

5 Ocreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

1 4,450

5 0

6 4,450

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(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)					(b) Hov P - P D - C	v acquired urchase Jonation	(c) Date (mo.,	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NO	ONE								
C									
d e					<u> </u>				
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		st or other basis expense of sale				Gain or (loss) is (f) minus (
a						•			
b			_						
C			·						
<u>d</u>	-	-	···		_				
Complete only for assets show	ing gain in c	olumn (h) and owned by t	he foundation	n on 12/31/69	-+-		(I) Gains (i	Col. (h) gaın	minue
(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E:	xcess of col. (I)		C	ol (k), but	not less than (from col. (1 -0-) or
a								-	
b									
C									
d	-								
e	1				_				
2 Capital gain net income or (net c	apıtal loss)	$\left\{egin{array}{l} ext{If gain, also enter} \ ext{If (loss), enter -0-} \end{array} ight.$	in Part I, line in Part I, line	7 7	} :	2		·	
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	, column (c) 3				$\Big\} \Big $	3			
Part V Qualification \	Jnder Se	ection 4940(e) for	Reduced	Tax on Net	Inves	tment In	come		
If section 4940(d)(2) applies, leave Was the foundation liable for the set If "Yes," the foundation does not qua The Enter the appropriate amount in	ction 4942 ta	ax on the distributable ami ection 4940(e) Do not cor	nplete this pa	ırt.				- 	Yes X No
(a) Base period years		(b)			(c)			Dietrib	(d) ution ratio
Calendar year (or tax year beginn	ing in)	Adjusted qualifying disti		Net value of no	ncharita			(col (b) div	ided by col (c))
2013		190	6,377.			5,57	6.		35.218257
2012				· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·
2011 2010									
2009			•				 -		
						-		<u> </u>	
2 Total of line 1, column (d)							2		35.218257
3 Average distribution ratio for the	5-year base	period - divide the total of	n line 2 by 5,	or by the number	of years				
the foundation has been in existe	ence if less th	nan 5 years					3	ļ	35.218257
4 Enter the net value of noncharital	ble-use asse	ts for 2014 from Part X, lı	ne 5				4		12,920.
5 Multiply line 4 by line 3							5		455,020.
6 Enter 1% of net investment incor	me (1% of P	art I, line 27b)					6		0.
7 Add lines 5 and 6							7		455,020.
8 Enter qualifying distributions from							8		254,042.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, ched	ck the box in Part VI, line	lb, and comp	lete that part using	ga 1% t	ax rate.			

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	<u>- see ı</u>	nstru	ıctio	ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		l			
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1_	<u> </u>			0.
	of Part I, line 27b		İ			
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
	Add lines 1 and 2	3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0-	5				0.
	Credits/Payments;					
a :	2014 estimated tax payments and 2013 overpayment credited to 2014 6a]	1			
bІ	Exempt foreign organizations - tax withheld at source 6b		ĺ			
C	Tax paid with application for extension of time to file (Form 8868)]	1			
d l	Backup withholding erroneously withheld 6d] i	1			
7	Total credits and payments. Add lines 6a through 6d	7	1			0.
8 i	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	9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			-	
11 1	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶	11				
Par	t VII-A Statements Regarding Activities					
1a [During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	e in			Yes	No
8	any political campaign?			1a		X
b (Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	1)?		1b		X
1	If the answer is "Yes" to $_{1a}$ or $_{1b}$, attach a detailed description of the activities and copies of any materials publish	ed or			_	
	distributed by the foundation in connection with the activities					
c i	Did the foundation file Form 1120-POL for this year?			1c		х
d E	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation ▶ \$ 0 • (2) On foundation managers ▶ \$,				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	_				
r	managers. ►\$ 0.					
2 ł	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		Х
1	If "Yes," attach a detailed description of the activities					
3 ł	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	or				
t	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		Х
4a [Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		Х
bΙ	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b		
5 \	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
1	f "Yes," attach the statement required by General Instruction T		:			
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		İ			
•	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	e law				İ
	remain in the governing instrument?			6	Х	
	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 X	V		7	X	_
	, , , , , , , , , , , , , , , , , , ,	-	1	<u> </u>		-
8a E	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	HI					
_	f 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	
	s the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for call	endar	ĺ	00		
	rear 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	, iuui		9		X
	· · · · · · · · · · · · · · · · · · ·	тмт	. 2	40	~	

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Total. Add lines 1 through 3

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes; a Average monthly fair market value of securities 1a 1b b Average of monthly cash balances c Fair market value of all other assets 1c 1d 13,11 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. ic (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 12,920 Minimum investment return Enter 5% of line 5 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part.) 646. Minimum investment return from Part X, line 6 Tax on investment income for 2014 from Part VI, line 5 2a b Income tax for 2014. (This does not include the tax from Part VI.) 2с c Add lines 2a and 2b 3 Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 5 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 254,042. 1a 1b b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3b **b** Cash distribution test (attach the required schedule) 254,042 Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 254.042 Adjusted qualifying distributions. Subtract line 5 from line 4 6 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

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4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (see instructions)

THE SHIDLER FAMILY FOUNDATION

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
line 7				646.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				
, ,,		0.		
3 Excess distributions carryover, if any, to 2014.				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
eFrom 2013 196,120.				
f Total of lines 3a through e	196,120.			
4 Qualifying distributions for 2014 from	i			
Part XII, line 4 ►\$ 254,042.			_	
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	•	'		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount	050 005			646.
e Remaining amount distributed out of corpus	253,396.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
c Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	449,516.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b Taxable		_		
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line		i		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				1
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
8 Excess distributions carryover from 2009	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015 Subtract lines 7 and 8 from line 6a	449,516.			
10 Analysis of line 9:	447,010			<u> </u>
a Excess from 2010				
b Excess from 2011				\
c Excess from 2012				
dExcess from 2013 196,120.				
e Excess from 2014 253, 396.				
423581 11-24-14	· · · · · · · · · · · · · · · · · · ·			Form 990-PF (2014)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year SEE STATEMENT NONE ALOHA UNITED WAY ₽C 200 N. VINEYARD BLVD., SUITE 700 HONOLULU, HI 96817 50,000. NONE BIG BROTHERS BIG SISTERS PC SEE STATEMENT 418 KUWILI STREET, SUITE 106 HONOLULU, HI 96817 15,000. HAWAII PUBLIC RADIO NONE ÞС SEE STATEMENT 738 KAHEKA STREET HONOLULU, HI 96814 115,000. SEE STATEMENT NONE PENCIL, INC. 30 WEST 26TH STREET, 5TH FLOOR NEW YORK, NY 10010 5,000. PROSTATE CANCER FOUNDATION NONE ÞС SEE STATEMENT 1250 FOURTH STREET SANTA MONICA, CA 90401 5,000. SEE CONTINUATION SHEET(S) **▶** 3a 248,170. Total b Approved for future payment NONE Tota!

Analysis of Income-Producing Activities

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Enter gross amounts unless otherwise indicated.	Unrelate	ed business income	Exclu	ided by section 512, 513, or 514	(e)
Enter gross amounts amoss subrivise maleates.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue;	Business code	Amount	sion	Amount	function income
			1000		
å	1		 		
0	 			<u> </u>	
c	<u> </u>		├		
d			<u> </u>	<u> </u>	
e			ļ	ļ	
f			ļ	<u> </u>	
g Fees and contracts from government agencies	L		<u>L</u>		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property			<u> </u>	 	
b Not debt-financed property	 		t^{-}		·
6 Net rental income or (loss) from personal			 		
property	<u> </u>		+-		
7 Other investment income		 	+-		
8 Gain or (loss) from sales of assets other	i i	ļ			
than inventory			├		<u> </u>
9 Net income or (loss) from special events	<u> </u>		├	<u> </u>	
10 Gross profit or (loss) from sales of inventory			—	 	
11 Other revenue:					
a			↓		
b			<u> </u>		
C			<u> </u>		
d					
е			<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	0.
13 Total. Add line 12, columns (b), (d), and (e)			_	13	0.
(See worksheet in line 13 instructions to verify calculations.)					
	o the Ace	omplishment of E	V 0 100 1	ot Durnage	
Part XVI-B Relationship of Activities to	o tile Acc	ompusiment of E	xem	or Furboses	
Line No Explain below how each activity for which incor	me is reported	in column (e) of Part XVI-A	\ contr	buted importantly to the accor	mplishment of
the foundation's exempt purposes (other than i					
N/A			_		
				 	
					
					
	 -				
					
					
			_		
					
					
		·		· · · · · · · · · · · · · · · · · · ·	
					-
		····			

the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of:

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of

Yes No

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

(1) Cash								1a(1)	X
(2) Other	assets							1a(2)	X
b C	Other tran	isactions'								
(1) Sales	of assets to a noncharitat	ole exempt organizati	ion					1b(1)	x
(2) Purch	hases of assets from a nor	ncharitable exempt or	rganization					1b(2)	X
(3) Renta	al of facilities, equipment, o	or other assets						1b(3)	X
(4) Reim	bursement arrangements							1b(4)	X
(5) Loan:	s or loan guarantees							1b(5)	X
(6) Perfo	rmance of services or mei	mbership or fundrais	ing solicitatio	ns				1b(6)	X
c S	Sharing o	f facilities, equipment, mai	iling lists, other asset	ts, or paid em	ployees				1c	X
d 11	f the ansv	wer to any of the above is '	"Yes," complete the f	ollowing sche	dule. Column (b) should	alway	s show the fair m	arket value of the go	ods, other assets,	,
		s given by the reporting fo			ed less than fair market va	alue II	n any transaction	or sharing arrangen	ient, show in	
С	olumn (d	d) the value of the goods, o								
(a)Line	e no	(b) Amount involved	(c) Name of		exempt organization		(d) Description	of transfers, transaction	s, and sharing arrang	ements
				N/A						
				-						
								··· ·		
										
										
										
2a	s the fou	ndation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt orga	ınızatı	ions described			
		501(c) of the Code (other							Yes	X No
		omplete the following sche		(0), 0, 000.						١١٥٠ ريون
	1 100, 0	(a) Name of org			(b) Type of organization	n T	(c) Description of rel	ationship	
		N/A		7		1				
		,		<u>.</u>		_		· · · · · · · · · · · · · · · · · · ·		
						_			-	
						+				
										
	Under	penalties of perjury, I declare t	that I have examined this	return, includin	lg accompanying schedules a	nd sta	itements, and to the	best of my knowledge		
Sigi	n and b	elief, it is true correct, and com	aplete Declaration of pre	parer (other tha	n taxpayer) is based on all info	ormati	on of which preparer	has any knowledge	May the IRS disci return with the pro-	enarer
Her					16/22/15	_	TRUSTE	E.	shown below (see	
•		nature of officer or trustee			Date	2.	Title		- LAL Yes	L No !
		Print/Type preparer's na		Preparer's s		TD		Check	PTIN	
				. 100 01 01 01 01	10	٦		self- employed		
Paid	4	DEANNA C.	7.177						P0064777	77
	- parer	Firm's name ► KMH		-//			412/15	Firm's EIN ► 4.2		
-	Only	THITI STIAINE NAME	THE	/				mm 5 cm > 4 4	1009023	,
-36	. Ciny	Firm's address ▶ 10	N3 BIGHOD	ব্ৰাম্বৰ্ণাস	T, SUITE 24	ሰብ				
			NOLULU, H			00		Phone no. 808	8_526_225	5.5
			MODULU, H	T 2001	· · · · · · · · · · · · · · · · · · ·			TENONE NO. OUC	Form 990-F	
									1-01011 330-1	-∎-(∠UI4)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ 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.

OMB No 1545-0047

2014

Name of the organization

Employer identification number

TH	HE SHIDLER FAMILY FOUNDATION	46-1980574						
Organization type (check o	ne)							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 501(c) General Rule	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions						
	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor Complete Parts I and II See instructions for determining a contributor							
Special Rules								
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount, line 1 Complete Parts I and II	or 16b, and that received from						
year, total contribu	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III							
year, contributions is checked, enter h purpose Do not co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$5,000 or more during the year.							
but it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule E Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

LHA 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) (2014)

Name of organization

Employer identification number

THE SHIDLER FAMILY FOUNDATION

46-1980574

Part I	Contributors (see instructions) Use duplicate copies of Part I	ıf addıtıonal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAY & WALLETTE SHIDLER 841 BISHOP STREET, STE 1700 HONOLULU, HI 96813	\$\$\$\$	Person X Payroll
(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 Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Oncash 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
423452 11-0		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2014)

Employer identification number

THE SHIDLER FAMILY FOUNDATION

46-1980574

art II	Noncash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
		\ \$	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		s	
(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	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I	Description of Honousin property given	(see instructions)	Date received
(a)		(-)	
No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(see instructions)	Julio i edelived
1			

Name of organization Employer identification number 46-1980574 THE SHIDLER FAMILY FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional 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) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF	LEGAL	FEES	S	TATEMENT 1	
DESCRIPTION		(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	5,042.	0.		5,042.	
TO FM 990-PF, PG 1, LN 16A	5,042.	0.		5,042.	
FORM 990-PF	OTHER EXPENSES ST				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
OFFICE EXPENSE	830.	0.		830.	
TO FORM 990-PF, PG 1, LN 23	830.	0.		830.	
· ·	F SUBSTANTIA PART VII-A,	L CONTRIBUTORS	S S	TATEMENT 3	
NAME OF CONTRIBUTOR	ADDR	ESS			
JAY SHIDLER		BISHOP STREET LULU, HI 9681			

3 Grants and Contributions Paid During the	Year (Continuation)			T
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
			SEE STATEMENT	
HE NATURE CONSERVANCY	NONE	PC		
245 NORTH FAIRFAX DRIVE	NOME			
RLINGTON, VA 22203				20,00
HARACTER EDUCATION PARTNERSHIP	NONE	PC	SEE STATEMENT	
634 I STREET NW, SUITE 550				
ASHINGTON DC 20006				
		<u> </u>		25,00
			SEE STATEMENT	ŀ
MEDICAN CANCED COCTEMY	MONE	B.C.		
MERICAN CANCER SOCIETY 370 NUUANU AVENUE	NONE	PC	}	
ONOLULU, HI 96817				2,1
NONOLULU ZOO SOCIETY	NONE	PC	SEE STATEMENT	2,1
51 KAPAHULU AVENUE			555 51111 5115	
ONOLULU, HI 96815				
,			į.	
				10,00
IANOA HERITAGE CENTER	NONE	PC	SEE STATEMENT	
829 MANOA ROAD			 	
HONOLULU, HI 96822				
				1,00
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		}		
			 	
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	1			
		1	ı	1

	AMILY FOUNDATION 46-1980574
3a Grants and Contributions Paid During the Year Continuati	on of Purpose of Grant or Contribution
NAME OF RECIPIENT - ALOHA UNITED	WAY
TO FUND PROGRAMS THAT IMPROVE LIV	ES AND STRENGTHEN THE COMMUNITY IN
HAWAII	
NAME OF RECIPIENT - BIG BROTHERS	RIC CICTERS
TO FUND PROGRAMS THAT MATCH HAWAI	
	SFORM THEIR LIVES THROUGH MENTORING
RELATIONSHIPS	DI OTAL TIMBLE DI VID TIMOGON MANTONING
NAME OF RECIPIENT - HAWAII PUBLIC	RADIO
TO PROVIDE NON-COMMERCIAL, CULTUR	AL AND INFORMATIONAL PROGRAMMING IN
THE STATE OF HAWAII	
NAME OF RECIPIENT - PENCIL, INC.	
TO FUND PROGRAMS THAT ENRICH THE	EDUCATIONAL EXPERIENCE OF PUBLIC
SCHOOL STUDENTS	
NAME OF RECIPIENT - PROSTATE CANC	ER FOUNDATION
NAME OF RECIPIENT - PROSTATE CANC TO FUND THE FOUNDATION'S PHILADEL CURING PROSTATE CANCER	
TO FUND THE FOUNDATION'S PHILADEL	
TO FUND THE FOUNDATION'S PHILADEL	PHIA RESEARCH GROUP'S EFFORTS TO

NAME OF RECIPIENT - CHARACTER EDUCATION PARTNERSHIP

TO BENEFIT SOCIETY THROUGH SCHOOL REFORM THAT ADDRESSES NOT ONLY

ACADEMICS, BUT ALSO, SOCIAL, EMOTIONAL, AND ETHICAL ISSUES.

423655 05-01-14

Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

instructions

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 yo	u are filing for an Automatic 3-Month Extension, complet	te only Pa	art I and check this box		>	X
	u are filing for an Additional (Not Automatic) 3-Month Ex					
require of time Person visit wi	complete Part II unless you have already been granted a price filing (e-file). You can electronically file Form 8868 if y and to file Form 990-T), or an additional (not automatic) 3-more to file any of the forms listed in Part I or Part II with the except all Benefit Contracts, which must be sent to the IRS in paparww irs gov/efile and click on e-file for Charities & Nonprofits	you need a nth extens ception of eer format	a 3-month automatic extension of tir sion of time. You can electronically f Form 8870, Information Return for (see instructions). For more details of	ne to file (6 ile Form 8 Transfers / on the elec	6 months for a corp 868 to request an e Associated With Ce	xtension rtain
Part						
•	oration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete	_	
Partio	-				▶	
	er corporations (including 1120-C filers), partnerships, REM ncome tax returns.	ics, and t	rusts must use Form 7004 to reques			
		otiono			er's identifying nur	
Type o	Name of exempt organization or other filer, see instru	cuons		Employer	r identification numl	per (EIN) or
print	THE SHIDLER FAMILY FOUNDATE	TON			46-198057	7 A
File by th	e Name to the standard of the D.O. how on		tions	Social so	curity number (SSN	
due date	841 BISHOP STREET, NO. 1700		none -	30Ciai se	curity flumber (33)	1)
return Si	36		dress, see instructions	L	··· <u>-</u> -	
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Applic	ation	Return	Application			Return
ls For		Code	Is For		Code	
	990 or Form 990-EZ	01	Form 990-T (corporation)		07	
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (ındıvıduai)	03	Form 4720 (other than individual)		09	
Form 9	90-PF	04	Form 5227			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 9	90-T (trust other than above)	06	Form 8870			12
• The	JAY H. SHIDLER books are in the care of > 841 BISHOP STRE phone No > (808)531-3000	EET,	···	U, HI	96813	
		un tha Lin	Fax No puted States, shock this have			
	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (lf this is fo	r the whale area	
			· · · · · · · · · · · · · · · · · · ·		r the whole group, o	
<u>box</u> ▶	request an automatic 3-month (6 months for a corporation	required t		until	<u> </u>	, for
	s for the organization's return for. X calendar year 2014 or	3				
ı	tax year beginning	, an	d ending		_	
2	f the tax year entered in line 1 is for less than 12 months, cl	heck reas	on Initial return	Fınal retur	n	
3a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069.	enter the tentative tax less any	T		
	nonrefundable credits. See instructions	, ,		3a	\$	0.
_	f this application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter an	y refundable credits and			
	estimated tax payments made Include any prior year overp	-		3b	\$	0.
-	Balance due. Subtract line 3b from line 3a Include your pa					
	by using EFTPS (Electronic Federal Tax Payment System)		· ·	3c	\$	0.
	a If you are going to make an electronic funds withdrawal	/direct del	bit) with this Form 0000, see Ferm 0	452 EO as	-d Farm 0070 FO to	