

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2015 or tax year beginning , and ending Name of foundation A Employer identification number LOUISE & Y.T. LUM FOUNDATION 23-7115682 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 80 NORTH KING STREET (808)531-5200City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here HONOLULU, HI 96817 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Foreign organizations meeting the 85% test check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation 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 I Fair market value of all assets at end of year | J Accounting method: 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 4,856. (Part I, column (d) must be on cash basis) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 13,500. N/A Contributions, gifts, grants, etc., received 2 Check It if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4 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 O 9 Income modifications Ö 10a Gross sales less returns and allowances MAY U 9 2016 S b Less Cost of goods sold c Gross profit or (loss) 11 Other income 13.500. 0 12 Total. Add lines 1 through 11 Ò. 0 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 3,455. STMT 1 0 1,037. **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion SCANNED MAY 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 0 STMT 2 6. 0. 23 Other expenses 24 Total operating and administrative 3,461 0 1,037. expenses Add lines 13 through 23 10,400. 25 Contributions, gifts, grants paid 10,400. 26 Total expenses and disbursements. 13,861 0 11,437. Add lines 24 and 25 Subtract line 26 from line 12: <361. 8 Excess of revenue over expenses and disbursements

LHA For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

Form **990-PF** (2015)

N/A

0

No.

.00		Wortgages and other notes payable
_	22	Other liabilities (describe)
	23	Total liabilities (add lines 17 through 22)
		Foundations that follow SFAS 117, check here
	ľ	and complete lines 24 through 26 and lines 30 and 31.
or Fund Balances	24	Unrestricted
	25	Temporarily restricted
8	26	Permanently restricted
핕		Foundations that do not follow SFAS 117, check here
Net Assets or Fu		and complete lines 27 through 31.
	27	Capital stock, trust principal, or current funds
	28	Paid-in or capital surplus, or land, bldg., and equipment fund
As	29	Retained earnings, accumulated income, endowment, or other funds
Ę	30	Total net assets or fund balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30

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

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

3 Other increases not included in line 2 (itemize)

SO		0.	0.				
set	28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.				
As	29 Retained earnings, accumulated income, endowment, or other funds	0.	0.				
Net	30 Total net assets or fund balances	5,217.	4,856.				
	31 Total liabilities and net assets/fund balances	5,217.	4,856.				
Part III Analysis of Changes in Net Assets or Fund Balances							
_	4. Total and popular as found halomous at horomous a found. Part III column (a) line 20						

0.

4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize)

523511 11-24-15

4,856. Form **990-PF** (2015)

5,217.

4,856.

0

2 Enter amount from Part I, line 27a

Part IV Capital Gains a	nd Losses for Tax on I	nvestment	Income	-			,	- ruge e
				(b) D	How acquired - Purchase - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a	· · · · · · · · · · · · · · · · · · ·							
b NON	E	· · · · · · · · · · · · · · · · · · ·						
С					_			
<u>d</u>						_		
<u>e</u>	(f) Day and the affect of	T (1)0		Ц,		416		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	st or other basis xpense of sale		<u>.</u>		Gain or (loss) s (f) minus (
8				_				
b								
C		 -	 -	\dashv		_		
d				\dashv		_		
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69	-		I) Gains ((Col. (h) gain	minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1) col. (1), if any			l. (k), but	not less than (from col. (1 -0-) or
a					-			
b							•	
С		<u> </u>						
d								
e				_				
2 Capital gain net income or (net cap	If gain, also ente Ital loss) If (loss), enter -(er in Part I, line 0- in Part I, line	7 7	}	2			····
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c if (loss), enter -0- in Part I, line 8		nd (6):		}	3			
Part V Qualification Ur	ider Section 4940(e) fo	r Reduced	Tax on Net	Inv	estment Inc	ome		
(For optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come	9.)			
If section 4940(d)(2) applies, leave thi	s nart blank							
, , , , , ,	•							
Was the foundation liable for the section of the se	y under section 4940(e). Do not c	omplete this pa	rt.					Yes X No
(a)	(b)	III SU DEUOTIS DEI	ore making any c					(d)
Base period years Calendar year (or tax year beginnin	Adjusted qualifying du	stributions	Net value of no	(c) nchai	ritable-use assets		Distrib (col. (b) divi	(d) ution ratio ided by col. (c))
2014		LO,842.			3,635	. 	((-)	2.982669
2013		L0,826.			4,347			2.490453
2012		12,811.			6,249	•		2.050088
2011		L1,811.			7,215			1.637006
2010		14,311.			6,574	•		2.176909
2 Total of line 1, column (d)						2		11.337125
3 Average distribution ratio for the 5- the foundation has been in existen-	·	on line 2 by 5,	or by the number	of ye	ars	3		2.267425
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5					4		3,420.	
5 Multiply line 4 by line 3						5		7,755.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		0.
7 Add lines 5 and 6					7		<u>7,755.</u>	
8 Enter qualifying distributions from	•	41	to a call of			8	<u></u>	11,437.
If line 8 is equal to or greater than See the Part VI instructions.	ine 7, check the box in Part VI, line	e 1b, and comp	lete that part usin	g a 1°	% tax rate.			

		<u>/1156</u>		Page 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 -	see in	struct	ions)
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🛣 and enter 1%	1			0.
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3 Add lines 1 and 2	3		_	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-	5	-		0.
6 Credits/Payments:				
a 2015 estimated tax payments and 2014 overpayment credited to 2015	l			
b Exempt foreign organizations - tax withheld at source 6b	l			
c 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	7			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	9			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶	11			
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın —		Ye	s No
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)	?		1b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe				
distributed by the foundation in connection with the activities				,
c Did the foundation file Form 1120-POL for this year?			1c	x
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				+-
(1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ 0 •			ŀ	
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
managers.▶\$ 0.				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		i	2	x
If "Yes," attach a detailed description of the activities				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r		- 1	
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	x
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	x
b If "Yes," has it filed a tax return on Form 990-T for this year?	N,		4b	+
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	·	<u> </u>	5	X
If "Yes," attach the statement required by General Instruction T			- -	+
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			
remain in the governing instrument?			6 X	
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		F	7 X	
The big the foundation have at least \$6,000 in assets at any time during the year. The feet of the fit, con. (6), and that the		—	' 	+-
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			- 1	
HI			-	
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation			вь х	1
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for caler	ndar	-	~ ^	+
year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	x
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		⊢	10	$\frac{\mathbf{x}}{\mathbf{x}}$
Too, and of a solid describe described and addresses				F (2015)

X

3b

4a

N/A

b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

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

Form 4720, to determine if the foundation had excess business holdings in 2015)

had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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

during the year?

orm 990-PF (2015) LOUISE & Y.T. LUM FOUNDA			23-/1156	82	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Y	es 🗶 No 📗		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		ļ	1
any voter registration drive?		Y	es 🗶 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					ľ
4945(d)(4)(A)? (see instructions)		□ v	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or adjugational nurnosas, or f				
the prevention of cruelty to children or animals?	or caucational purposes, or		es X No		
	dar the avecations described	· · · · · · · · · · · · · · · · · · ·	ES LES NO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	in Regulations	NT/A	_	-
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	+
Organizations relying on a current notice regarding disaster assistance check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?		I/A L Y	es L No		-
If "Yes," attach the statement required by Regulations section 53 4945	• •				1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Y(es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870					T :
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y	es 🛣 No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	У		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	compensation.				
4. Maria and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e) Ex	xpense nt, other
(a) Name and address	to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	allow	/ances
TAN TEK LUM	CHMN ASST		, , , , , ,		
C/O 80 NORTH KING STREET					
HONOLULU, HI 96817	0.00	0.	l o.		0.
	VICE-CHMN				_=
C/O 80 NORTH KING STREET]	
HONOLULU, HI 96817	0.00	0.	0.	1	0.
	SECRETARY			-	
C/O 80 NORTH KING STREET					
HONOLULU, HI 96817	0.00	0.	ο.	[0.
HONOLOGO, HI 90017	-		0.		
			i		
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE "		L	
	(b) Title, and average	Tomes Hone.	(d) Contributions to	(e) E)	kpense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accour	it, other
NONE	devoted to position	<u></u> .	compensation	alluw	ances
NONE					
				ļ <u>.</u>	
					
				_	
			<u> </u>		
Total number of other employees paid over \$50,000					0
			Form	990-PF	(2015)

Total. Add lines 1 through 3

	11990-PF (2015) LOUISE & 1.1. LOW FOUNDATION		LIJOOZ Page 8
Ľ	Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, see	nstructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	3,472.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	3,472.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0	.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	3,472.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	52.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,420.
6	Minimum investment return. Enter 5% of line 5	6	171.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	and certain	" -
1	Minimum investment return from Part X, line 6	T 1 T	171.
2 a	Tax on investment income for 2015 from Part VI, line 5		
 b	Income tax for 2015. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	Žc	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	171.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	171.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	171.
P	Qualifying Distributions (see instructions)	<u> </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	11,437.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
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	11,437.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,437.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies for the	

Form **990-PF** (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	· - · · · · · · · · · · · · · · ·			
line 7				171.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010 13,982.				
b From 2011 11, 450.				
c From 2012 12,499.				
dFrom 2013 10,609. eFrom 2014 10,660.				
	59,200.			
f Total of lines 3a through e 4 Qualifying distributions for 2015 from	33,200.			
Part XII, line 4: ►\$ 11,437.				
a Applied to 2014, 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 2015 distributable amount				171.
e Remaining amount distributed out of corpus	11,266.			
5 Excess distributions carryover applied to 2015	0.			0.
(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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	70,466.			
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		0.		(
amount - see instructions				
e Undistributed income for 2014. Subtract line			0.	1
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of			····	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	13,982.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	56,484.			
10 Analysis of line 9:				
a Excess from 2011 11,450.		Į		
b Excess from 2012 12,499.				
c Excess from 2013 10,609.				
dExcess from 2014 10,660.				
e Excess from 2015 11, 266.				

523581 11-24-15

Form **990-PF** (2015)

Form **990-PF** (2015)

523601 11-24-15

23-7115682 LOUISE & Y.T. LUM FOUNDATION Page 11 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation status of recipient Purpose of grant or show any relationship to Amount any foundation manager contribution Name and address (home or business) or substantial contributor a Paid during the year APPRAISAL INSTITUTE EDUCATION TRUST PUBLIC GIFT FOR GENERAL USE 550 W. VAN BUREN STREET, SUITE 1000 CHICAGO, IL 60607 100. COUNSELORS OF REAL ESTATE PUBLIC GIFT FOR GENERAL USE 430 N. MICHIGAN AVENUE CHICAGO, IL 60611 100. PUBLIC GIFT FOR GENERAL USE HAWAII CHINESE HISTORY CENTER 111 NORTH KING STREET, ROOM 410 500. HONOLULU, HI 96817 INSTITUTE OF REAL ESTATE MANAGEMENT GIFT FOR GENERAL USE PUBLIC FOUNDATION 430 N. MICHIGAN AVENUE CHICAGO, IL 60611-4090 100. PUBLIC GIFT FOR GENERAL USE IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826 500 SEE CONTINUATION SHEET(S) ➤ 3a 10,400. Total **b** Approved for future payment NONE

523611 11-24-15

Total

0.

3b

Part XVI-A	Analys	ie of Inc	ome-Produ	icina Ac	tivitios
Part AVI-A	Analys	is of inci	ome-Produ	icing Ac	tivities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a			<u> </u>		
			 		
c		<u> </u>	├		
d			+		
4	_		- -		
			-	'' ''	
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash					
investments			<u> </u>		
4 Dividends and interest from securities			<u> </u>		
5 Net rental income or (loss) from real estate:	_		L		
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	1				
7 Other investment income		···	t		
8 Gain or (loss) from sales of assets other			\vdash		
than inventory					
-	 	<u> </u>	+		
9 Net income or (loss) from special events			-		
10 Gross profit or (loss) from sales of inventory	-		├		
11 Other revenue:					
<u> </u>				ļ	
b			ļ		
c			<u> </u>		
d			ļ		
e					
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.)					
Part XVI-B Relationship of Activities t	to the Acc	omplishment of Ev	/emn	t Durnoses	
Tiolation on por Addition				i uiposes	
Line No. Explain below how each activity for which inco	me is reported	ın column (e) of Part XVI-A	contril	outed importantly to the accord	plishment of
the foundation's exempt purposes (other than	by providing fu	nds for such purposes).			
NOT APPLICABLE					
				 -	
		<u> </u>			
 					
					
·	- .				
					
					
			-		
					
 	_				
				 	
523621 11-24-15					Form 990-PF (2015)
JEGUE : (1°49° 1J					

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

the Code (other than section 501(c)	(3) organizations) o	r in section 52	?7, relating to political orga	nizations?			
a Transfers	from the reporting founda	ation to a noncharita	ble exempt or	ganization of:				1
(1) Cash							1a(1)	X
(2) Other	assets						1a(2)	X
b Other tran								
(1) Sales	of assets to a noncharital	ble exempt organizat	tion				16(1)	lх
. ,	nases of assets from a nor	• •					1b(2)	X
٠,	il of facilities, equipment, o		3-				1b(3)	X
٠.	bursement arrangements	5, 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1b(4)	$\frac{1}{x}$
	s or loan guarantees						1b(5)	$\frac{1}{x}$
	rmance of services or me	mhershin or fundrai	eina enlicitatio	ine			1b(6)	$\frac{x}{x}$
• •	f facilities, equipment, mai	•	-				10(0)	$\frac{1}{x}$
•		- '		edule. Column (b) should a	heave obout the foir i	markat value of the goods		
				ed less than fair market val				,
	s given by the reporting it. I) the value of the goods, (eu iess tilali lali illaiket va	ine in any transaction	TOF SHAFING ATTAILURETHETH,	SHOW III	
	(b) Amount involved			e exempt organization	(d) 0			
(a)Line no	(b) Amount involved	(C) Name of		s exempt organization	(u) Description	n of transfers, transactions, and	1 sharing arrang	ements
			N/A					
				_ 				
		! 						
	-							
	·				<u> </u>	<u> </u>		
								
					<u> </u>			
					 -			
								
								
0- 1- 1- 1- 1-		the affiliated with an	ralatad ta ana					
				or more tax-exempt organ	nizations described	Г	-	₹7
	501(c) of the Code (other	, ,)(3)) or in sect	110U 2513		L	Yes	X No
b It "Yes," co	omplete the following sche			L (b) Tong of agenciation		(a) Data and a district	 	
	(a) Name of org	anization		(b) Type of organization	 	(c) Description of relation	snip	
	N/A							
					<u></u>			
				ng accompanying schedules an			ay the IRS discu	uss this
Sign	elief, it is true, correct and co-	npiete Declaration of pr	eparer (other tha	n taxpayer) is based on all infor	mation of which prepare	re	turn with the pre lown below (see	eparer
Here >	< /\\	\ ~~\		7/20/14	MELLIN		X Yes	□ No
Sign	nature of officer of trustee			Date	Title			
	Print/Type preparer's na	ime	Preparer's s	ignature	Date	Check if PTIN		
	·		1/1	17/200	Ulay lay	self- employed		
Paid	KIM A.T. J	ONES	mor	BURYOR	17/16/196	PΩ	094014	10
Preparer	Firm's name ► ACC					Firm's EIN ► 20-5		
Use Only	, min smanne P 1100						223003	•
	Firm's address ▶ 99	Q RTCHOD	ਉਪਾਲ ਦਾ ਦਾ ਹ	, STE. 1900		 		
		NOLULU, H				Dhono so 000 E	21 _ 240	10
		MOTOTO, H	11 300T	. <u>. </u>		Phone no. 808 – 5		
						Ĭ	orm 990-F	*F (2015)

LOUISE & Y.T. LUM FOUNDATION

RIGHT OF WAY INT'L EDUCATION FOUNDATION 13650 SOUTH GRAMERCY PLACE, SUITE 100 GARDENA, CA 90249 SAINT FRANCIS HEALTHCARE FOUNDATION OF HAWAII 2230 LILIHA STREET HONOLULU, HI 96817 THE TCHEREPNIN SOCIETY 61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI PUBLIC GIFT FOR GENERAL USE ### PUBLIC GARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM FLOOR, QUEEN'S HEART HONOLULU, HI	3 Grants and Contributions Paid During the Y	 	,		
PUBLIC EARLY EXPERIMENTATION WITH CODING 5,0 RIGHT OF WAY INT'L EDUCATION PUBLIC SIFT FOR GENERAL USE FOUNDATION 13650 SOUTH GRAMERCY PLACE, SUITE 100 SARDENA, CA 90249 SEAINT FRANCIS HEALTHCARE FOUNDATION OF HAWAII 2230 LILIHA STREET HONOLULU, HI 96817 PUBLIC HOSPICE IPAD TABLETS 61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI	· <u></u>	show any relationship to		Purpose of grant or contribution	Amount
ACOUNDATION AGAINT PRANCIS HEALTHCARE FOUNDATION PUBLIC PUBLIC PUBLIC SIFT FOR GENERAL USE PUBLIC SIFT FOR GENERAL USE PUBLIC HOSPICE IPAD TABLETS PUBLIC PUBLIC SIFT FOR GENERAL USE PUBLIC SARDENA, CA 90249 SAINT PRANCIS HEALTHCARE FOUNDATION PUBLIC PUBLIC SIFT FOR GENERAL USE SAINT PRANCIS HEALTHCARE FOUNDATION PUBLIC FOR GENERAL USE PUBLIC SIFT FOR GENERAL USE SIFT FOR GENERAL USE PUBLIC SIFT FOR GENERAL USE SIFT FOR GENERAL US	Name and address (home or business)	or substantial contributor			
AND PUBLIC SIFT FOR GENERAL USE SAINT PRANCIS HEALTHCARE FOUNDATION PUBLIC HOSPICE IPAD TABLETS SAINT PRANCIS HEALTHCARE FOUNDATION PUBLIC HOSPICE IPAD TABLETS SAINT PRANCIS HEALTHCARE FOUNDATION PUBLIC HOSPICE IPAD TABLETS PUBLIC SIFT FOR GENERAL USE SOUTH GRAWBIT 2230 LILIHA STREET HONOLULU, HI 96817 PUBLIC SIFT FOR GENERAL USE PUBLIC SIFT FOR GENERAL USE PUBLIC SIFT FOR GENERAL USE THE TCHEREPNIN SOCIETY SI BROADWAY, SUITE 2450 NEW YORK, NY 10006 UNIVERSITY OF HAWAII BOUNDERST PAUAHI 3RD PLOOR, QUEEN'S HEART HONOLULU, HI					
HONOLULU, HI 96822 RIGHT OF WAY INT'L EDUCATION FOUNDATION 13650 SOUTH GRAMERCY PLACE, SUITE 100 SARDENA, CA 90249 SAINT FRANCIS HEALTHCARE FOUNDATION OF HAWAII 2230 LILIHA STREET HONOLULU, HI 96817 PUBLIC FIFT FOR GENERAL USE 2,(THE TCHEREPNIN SOCIETY 61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 PUBLIC SIFT FOR GENERAL USE 1,(CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM FLOOR, QUEEN'S HEART HONOLULU, HI			PUBLIC		
RIGHT OF WAY INT'L EDUCATION FOUNDATION 13650 SOUTH GRAMERCY PLACE, SUITE 100 GARDENA, CA 90249 SAINT FRANCIS HEALTHCARE FOUNDATION DF HAWAII 2230 LILIHA STREET HONOLULU, HI 96817 PUBLIC PUBLIC FIET FOR GENERAL USE PUBLIC GIFT FOR GENERAL USE 1,0 PUBLIC GIFT FOR GENERAL USE CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM FLOOR, QUEEN'S HEART HONOLULU, HI				WITH CODING	5,0
FOUNDATION 13650 SOUTH GRAMERCY PLACE, SUITE 100 GARDENA, CA 90249 FAMALI 2230 LILIHA STREET HONOLULU, HI 96817 FUBLIC CARDIOVASCULAR DISEASE FUBLIC					
ASARDENA, CA 90249 SARDENA, CA 90249 SARDENA, CA 90249 SARDENA, CA 90249 SARDENA, CA 90249 PUBLIC HOSPICE IPAD TABLETS CONDUCTION OF HAWAII PUBLIC SIFT FOR GENERAL USE THE TCHEREPNIN SOCIETY SARDENAY, SUITE 2450 NEW YORK, NY 10006 DUNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI			PUBLIC	GIFT FOR GENERAL USE	
GARDENA, CA 90249 SAINT FRANCIS HEALTHCARE FOUNDATION OF HAWAII 2230 LILIHA STREET HONOLULU, HI 96817 THE TCHEREPNIN SOCIETY 61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI					
PHAWAII 2230 LILIHA STREET HONOLULU, HI 96817 PUBLIC GIFT FOR GENERAL USE 61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI					10
PHAWAII 2230 LILIHA STREET HONOLULU, HI 96817 PUBLIC GIFT FOR GENERAL USE 61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI			DUDI 10	TOGREGE TRUE MUNICIPA	
2230 LILIHA STREET HONOLULU, HI 96817 THE TCHEREPNIN SOCIETY 61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI 2,0 PUBLIC GIFT FOR GENERAL USE CARDIOVASCULAR DISEASE FELLOWSHIP PROGRAM FELLOWSHIP PROGRAM			POBLIC	HOSPICE IPAD TABLETS	
HONOLULU, HI 96817 THE TCHEREPNIN SOCIETY 61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI					
61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 1,0 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI					2,00
61 BROADWAY, SUITE 2450 NEW YORK, NY 10006 1,0 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI					
UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI	THE TCHEREPNIN SOCIETY		PUBLIC	GIFT FOR GENERAL USE	
NEW YORK, NY 10006 UNIVERSITY OF HAWAII 1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI					
1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI					1,00
1301 PUNCHBOWL STREET, PAUAHI 3RD FLOOR, QUEEN'S HEART HONOLULU, HI	INIVERSITY OF HAWAII		PUBLIC	CARDIOVASCULAR DISEASE	
FLOOR, QUEEN'S HEART HONOLULU, HI				1	
	•				1,00
		<u> </u>			
				-	<u> </u>
Total from continuation sheets 9,1					

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.lrs.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	LOUISE & Y.T. LUM FOUNDATION	23-7115682					
Organizatio	n 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 foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	r organization is covered by the General Rule or a Special Rule . section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions					
General Rul	e						
	an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tota perty) from any one contributor. Complete Parts I and II. See instructions for determining a contribu						
Special Rule	es						
sec any	an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supptions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 10 one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the process of the section of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the amount of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) \$5,000 or (2) 2% of the greater of (1) 2% of the greater of	6a, or 16b, and that received from					
yea	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						
yea ıs c pur	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 a	organization that is not covered by the General Rule and/or the Special Rules does not file Schedulnswer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its does not meet 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) (2015)

Name of organization

Employer identification number

LOUISE & Y.T. LUM FOUNDATION

23-7115682

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TAN TEK LUM C/O 80 NORTH KING STREET HONOLULU, HI 96817	\$6,500.	Person X Payroll (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WING TEK LUM C/O 80 NORTH KING STREET HONOLULU, HI 96817	\$6,000.	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 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
522452 10-2		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

LOUISE & Y.T. LUM FOUNDATION

23-7115682

Part II	Noncash Property (see instructions) Use duplicate copies of Par	t 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. 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
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3453 10-26·	-15		990, 990-EZ, or 990-PF) (

Name of orga	(Form 990, 990-EZ, or 990-PF) (2015) anization		Employer identification number		
LOUISE Part III	& Y.T. LUM FOUNDATION Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion	tributions to organizations describe columns (a) through (e) and the follo	ed in section 501(c)(7), (8), or (10) that total more than \$1,00 llowing line entry. For organizations or less for the year (Enter this info once)		
(a) No.	Use duplicate copies of Part III if addition	nal space is needed			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	gift Relationship of transferor to transferee			
	Transferee's frame, address, a		nelationship of transfer of to transfer ee		
(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, a	nd 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 gi	jift		
	Transferee's name, address, and ZIP + 4 R		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		
— [·		(2) Transfer of	:44		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 F		Relationship of transferor to transferee		

FORM 990-PF	ACCOUNTING FEES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	3,455.	0.		1,037.	
TO FORM 990-PF, PG 1, LN 16B	3,455.	0.		1,037.	
FORM 990-PF	OTHER EXPENSES		S	STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LICENSES & FEES	6.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	6.	0.		0.	
	FOOTN	OTES	S	FATEMENT 3	
SUPPLEMENT TO PG 1, PART 1, TAN TEK LUM WING TEK LUM JEFFREY M. C. LUM	LINE 1 (CON	TRIBUTIONS REC	CEIVED)	6,500. 6,000. 1,000.	

FORM 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT

NAME OF MANAGER

TAN TEK LUM JON TEK LUM WING TEK LUM