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2045

2015

OMB No 1545-0052

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50rm 990-PI

Department of the Treasury
Internal Revenue Service

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 instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	cale	ndar year 2015, or tax	year beginning 01-0	1-2015	, and e	nding 1	2-31-2015		
	e of four	ndation AND DIANE MATSUURA FOUNDATION	ı		A En	ployer id	entification numb	er	
KL	ININLIII A	AND DIANE MATSOCKA LOUNDALION	ı		26-4	584711			
		street (or P O box number if mail is	s not delivered to street address)	Room/suite	B Tele	ephone nur	nber (see instruction	s)	
80	3 AINAPO	O ST			(808) 428-1242			
		state or province, country, and ZIP	or foreign postal code		C If	exemption	application is pendin	g, check here	▶ □
	·								
G Cł	neck al	I that apply Initial return Final return	Initial return of a formal for	ormer public charity	D 1.	Foreign or	ganızatıons, check h	ere	▶ □
		Address char	<u>- </u>		2.		ganizations meeting k here and attach co		▶ □
H Ch	eck ty	pe of organization 🔽 Sectio	n 501(c)(3 <u>) e</u> xempt prıvat	e foundation	I	private for	indation status was to 507(b)(1)(A), chec	erminated	▶ □
		1947(a)(1) nonexempt charita et value of all assets at end	able trust Other taxabl						. ,
		rom Part II, col. (c),	Other (specify)	<u> </u>	1 6 71		ition is in a 60-mont n 507(b)(1)(B), chec		▶ □
line	e 16) 🏲	\$ 1,955,955	(Part I, column (d) must	be on cash basis.)					
Pa	rt I	Analysis of Revenue (The total of amounts in columns necessarily equal the amounts in instructions))	s(b), (c), and (d) may not	Revenue and expenses per (a) books		estment ome	Adjusted net (c) income	Disburse for char purpo (d) (cash bas	ntable ses
	1	Contributions, gifts, grants,	etc , received (attach					(a) (cash bas	ns omy j
	-	schedule)		1,000,000					
	2	Check 🟲 🦵 If the foundation	n is not required to attach						
		Sch B							
	3	Interest on savings and ten	nporary cash investments						
	4	Dividends and interest from	securities	35,433		35,433		-	
	5a	Gross rents							
	ь	Net rental income or (loss)							
\$	6a	Net gain or (loss) from sale	of assets not on line 10	2,241					
Revenue	ь	Gross sales price for all ass 2,241	ets on line 6a						
ž	7	Capital gain net income (fro	m Part IV, line 2)			2,241			
	8	Net short-term capital gain							
	9	Income modifications							
	10a	Gross sales less returns an allowances	d						
	ь	Less Cost of goods sold .							
	С	Gross profit or (loss) (attac	h schedule)						
	11	Other income (attach sched	•						
	12	Total. Add lines 1 through 1		1,037,674		37,674			
	13	Compensation of officers, di		0		0			0
	14	Other employee salaries an							
ě.	15	Pension plans, employee be							
ě.	16a	Legal fees (attach schedule	•	2 205		1.026			459
Expenses	b	Accounting fees (attach sch		2,295		1,836			
	_ c	Other professional fees (att		11,049		11,049			0
ů Ú	17	Interest		9€ 862		0			0
	18	Taxes (attach schedule) (se	•	862					U
듣	19	Depreciation (attach schedu							
and Administrative	20	Occupancy							
핃	21	Travel, conferences, and me Printing and publications.	_						
	22	Other expenses (attach sch							
Ħ.	24	Total operating and adminis							
Operating	~	Add lines 13 through 23.	-	14,206		12,885			459
្ន	25	Contributions, gifts, grants		79,725					79,725
	26	Total expenses and disburse		· ·					
		25		93,931		12,885			80,184
	27	Subtract line 26 from line 1							
	a	Excess of revenue over expe		943,743					
	b	Net investment income (if n	- ,			24,789			
	С	Adjusted net income(if nega	itive, enter -U-)						

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End o	·
			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	95,191	879,083	879,083
	2	Savings and temporary cash investments			
	3	Accounts receivable			
		Less allowance for doubtful accounts -			
	4	Pledges receivable 🟲			
		Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts -			_
y,	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges	500	69	
As	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	306,013	324,045	350,584
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	618,722	760,972	726,288
	14	Land, buildings, and equipment basis 🟲			
		Less accumulated depreciation (attach schedule)			_
	15	O ther assets (describe 🟲)			
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	1,020,426	1,964,169	1,955,955
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ę.	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable (attach schedule)			
-	22	Other liabilities (describe 🟲)			
	23	Total liabilities(add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
φ		and complete lines 24 through 26 and lines 30 and 31.			
띭	24	Unrestricted			
<u> </u>	25	Temporarily restricted			
Ē	26	Permanently restricted			
를		Foundations that do not follow SFAS 117, check here			
or Fund Balance		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds	0	0	
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	29	Retained earnings, accumulated income, endowment, or other funds	1,020,426	1,964,169	
Net	30	Total net assets or fund balances(see instructions)	1,020,426	1,964,169	
_	31	Total liabilities and net assets/fund balances(see instructions)	1,020,426	1,964,169	
Da	rt III		. ,	, ,	
	TT	Total net assets or fund balances at beginning of year—Part II, column	(a) line 20 (must =	grae I I	
1		with end-of-year figure reported on prior year's return)	, ,,	·	1,020,426
2		Enter amount from Part I, line 27a			943,743
3		·		2	943,743
		Other increases not included in line 2 (itemize) Add lines 1, 2, and 3			<u> </u>
4 5		•		4	1,964,169
		Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)—P		_	1,964,169
6		Total her assets of fand balances at end of year (line 4 fillings fille 5)—P	arcii, colullii (D), II		1,504,109

Part 1	V Capital Gains	and Lo	sses for Tax on Inve	stment Income				
			l(s) of property sold (e g , re or common stock, 200 shs		How acquire P—Purchase (b) D—Donation	2 (6)	Date acquired (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	CAPITAL GAIN DIS	TRIBUT	IONS		Р			
d					1			
е		1	D	- I - C		1	G	(1)
(е) Gross sales price		Deprectation allower (f) (or allowable)		t or other basıs expense of sale			ı or (loss) (f) mınus (g)
a		2,241		(3)	·		. , , , , ,	2,241
b								<u>, </u>
d								
						+		
e								
Co	mplete only for assets	showing T	gain in column (h) and owne			_	•	(h) gain minus ot less than -0-) or
(i)	FMV as of 12/31/69		A djusted basis (j) as of 12/31/69		cess of col (1) r col (j), ıf any	(1)		(from col (h))
			()) 45 61 12/51/65	(1,7,51)		 ``		2,241
b								
c						+		
d						+		
e						_		
2	Capital gain net inco	me or (n	et capital loss)	If gain, also enter If (loss), enter -0-		. 2		2,241
3	Net short-term capit	al gaın o	r (loss) as defined in sectio	ns 1222(5) and (6)			
	If gain, also enter in in Part I, line 8	Part I , lı	ne 8, column (c) (see ınstru • • • • • •	ctions) If (loss), e	nter - 0 - • •) 3	:	
Part '	V Qualification	Under :	Section 4940(e) for R	educed Tax on	Net Investm	ent I	ncome	
	ional use by domestic on 4940(d)(2) applies,		oundations subject to the se s part blank	ection 4940(a) tax	on net investmen	tincor	me)	
			n 4942 tax on the distributa y under section 4940(e) Do			eriod	>	┌ Yes ┌ No
1 Ent	er the appropriate amo	unt in ea	ch column for each year, se	ee instructions befo	ore making any en	tries		
Base	(a) period years Calendar or tax year beginning in)	Adju	(b) sted qualifying distributions	(c) Net value of noncha	rıtable-use assets		(d) Distributio (col (b) divided	n ratio
	2014		77,754		1,066,492		. , ,	0 072906
	2013		63,544		994,497			0 063896
	2012		64,565		962,635			0 067071
	2011		74,105		1,078,069			0 068739
	2010		53,816		1,029,042			0 052297
2	Total of line 1, colum	n (d)				2		0 324909
3			the 5-year base period—div dation has been in existence			3		0 064982
4			rıtable-use assets for 2015			4		1,730,381
5	Multiply line 4 by line	e 3			[5		112,444
6	Enter 1% of net inve	stmentı	ncome (1% of Part I, line 2	7b)		6		248
7	Add lines 5 and 6.		,	•	-	7		112692

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See

the Part VI instructions

80,184

ECL	Excise Tax based on Investment Income (Section 4940(a), 4940(b), 49	7 7 0(e),	, UI 4940—Se	e page	- 10 OI	the ms	LIUCLIO	115)	
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			}					
ь	(attach copy of letter if necessary-see instructions) Domestic foundations that meet the section 4940(e) requirements in Part V,	check			1				496
	here F and enter 1% of Part I, line 27b			.)	-				770
С									
	All other domestic foundations enter 2% of line 27b Exempt foreign organiza Part I, line 12, col (b)	itions e	enter 4 % or						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foun	dation	s only Other	rs	2				
3	enter -0-) Add lines 1 and 2				3				496
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable four	ndation	s only Othe	rs					
	enter -0-)				4				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	nter - 0		•	5				496
6	Credits/Payments	ا د۔	I	6.0					
a b	2015 estimated tax payments and 2014 overpayment credited to 2015 Exempt foreign organizations—tax withheld at source	6a 6b		69					
С	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				69
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				427
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount			•	10				
11	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 loc	al legislation	n or dı	d			Yes	No
	it participate or intervene in any political campaign?						1a		No
b	Did it spend more than $$100$ during the year (either directly or indirectly) for p	olitica	l purposes (s	see In	struction	ons			
	for definition)?					•	1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	pies of any m	nateria	ls				
	published or distributed by the foundation in connection with the activities.								
С .	Did the foundation file Form 1120-POL for this year?	• •				•	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impose (1) On the foundation \Rightarrow \$\frac{0}{2}\$ (2) On foundation managers		= -	0					
e	Enter the reimbursement (if any) paid by the foundation during the year for poli				osed				
Ī	on foundation managers \blacktriangleright \$0	cicui c	Aperializate co	- X 1111P	0504				
2	Has the foundation engaged in any activities that have not previously been rep	orted	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in it	s gove	erning instrur	nent,	articles	;			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confo	ormed o	copy of the ch	nanges			3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more d	urıng t	he year?				4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction du	rıng the	e year?				5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section 508(e) (relating to sections 4941 through 49	45) sa	tisfied either	-					
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so the 	at no n	oandatory du	roctio	nc				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year?					· · ·	-	165	
•	and Part XV.		, complete r	ait 11,		,, 	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (s	see ins	tructions)						
-	<u>►ні</u>		,						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 99	0-PF	to the Attorn	ey					
	General (or designate) of each state as required by General Instruction G? If $^\prime$	"No," at	tach explanat	ion .			8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the ${\bf r}$	meanın	g of section	4942	(3)(3)				
	or $4942(j)(5)$ for calendar year 2015 or the taxable year beginning in 2015 (s	ee inst	ructions for	Part X	IV)?				
	If "Yes," complete Part XIV						9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes,"</i>			_			10	,	
	and addresses. 🕏						10	Yes	

Par	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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►N/A			
14	The books are in care of ▶DIANE MATSUURA Telephone no ▶(808	1428	-1242	
	Located at ▶803 AINAPO ST HONOLULU HI ZIP+4 ▶9682510			
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 2015, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial			
	Accounts (FBAR) If "Yes", enter the name of the foreign country 🟲			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	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 V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes V No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes V 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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
_	after termination of government service, if terminating within 90 days)			
Ь	If any answer is "Yes" to $1a(1)-(6)$, did any of the acts fail to qualify under the exceptions described in Regulations	41		
	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			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			NI-
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure 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)) At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
а	and 6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years > 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to allyears listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
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, Form 4720, to determine			
	ıf the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2015?	4b		No

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Pa	rt VIII-B Statements Rega	rdir	ng Activities for	· Wh	nich Form 4720	May	y Be Required <i>(Cont</i>	inue	ed)
5a	During the year did the foundation	n pay	or incur any amour	it to					
	(1) Carry on propaganda, or othe	rwise	attempt to influenc	e leg	ıslatıon (section 49	45(e	e))?	No No	
	(2) Influence the outcome of any	spec	ific public election	(see	section 4955), or to	car	·		
	on, directly or indirectly, any	vote	registration drive?			•			
	(3) Provide a grant to an individu						「 Yes ▽	No	
	(4) Provide a grant to an organiza				· -			_	
	in section 4945(d)(4)(A)? (se					•	│ Y es ▽	/ No	
	(5) Provide for any purpose other						F F		
	educational purposes, or for t		•					' No	
Ь	If any answer is "Yes" to 5a(1)-(Et.
	Regulations section 53 4945 or								5b
	Organizations relying on a curren								
С	If the answer is "Yes" to question							- _{N-}	
	tax because it maintained expend					•	Yes	NO	
c -	If "Yes," attach the statement requ								
6a	Did the foundation, during the year a personal benefit contract?							- Na	
Ь	Did the foundation, during the year						, ,		6b No
D		11, pa	y premiums, unecci	y Oi i	nunectry, on a perso	Jilai	benefit contract	•	OB NO
7a	If "Yes" to 6b, file Form 8870.	va.c. +l	na faundation a nart	v to :	nrohibited tay chal	tort	ransaction? TYes	- No	
/a h	At any time during the tax year, v If yes, did the foundation receive						·		7b
							n Managers, Highly		1 1
Pa	and Contractors	. 0.	incers, Director	3, I	astees, i oanae	100	ii Managers, mgmy	rait	i Lilipioyees,
1	List all officers, directors, trustee	s, foi	ındation managers a	and t	heir compensation (see i	instructions).		
			Title, and average	(c	Compensation(If		(d)		_
	(a) Name and address		hours per week	` '	not paid, enter	_ ا	Contributions to employee benefit plans		Expense account, other allowances
		(b)	devoted to position		-0-)		d deferred compensation	(6)	other anowances
KENN	IETH MATSUURA	PRE	SIDENT		0		0		0
	AINAPO ST	1 00)						
	IOLULU,HI 968251048			-					
	E MATSUURA	VIC 1 00	E PRESIDENT		0		0		0
	AINAPO ST IOLULU,HI 968251048	"	,						
	HANNE COLBERT	SEC	RETARY		0		0		0
803	AINAPO ST	1 00			•		Ŭ		Ŭ
	IOLULU,HI 968251048								
KEVE	N MATSUURA	TRE	ASURER		0		0		0
	AINAPO ST	1 00)						
	IOLULU,HI 968251048			<u> </u>				<u> </u>	
	Compensation of five highest-paid	emp	oloyees (other than	thos	e included on line 1– 	-see		nter "	NONE."
	(a)		Title, and aver	_			Contributions to employee benefit		Expense account,
Nai	me and address of each employee more than \$50,000	oaid	hours per we (b) devoted to pos		(c) Compensation	n	plans and deferred		other allowances
			(b) devoted to pos				(d) compensation		
NON	JE								
								L	
Ŧ	I number of other employees nord		+50.000						

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly P and Contractors (continued)	Paid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services	0
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc	
1SUPPORT OF VARIOUS 501(C)(3) ORGANIZATIONS FOR 2015, FORTY-FIVE ORGANIZATIONS WERE SUPPORTED BY THE FOUNDATION	79,725
2	·
3	_
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	A mount
1	
2	
All other program-related investments See instructions	
3	
Total Add lines 1 through 2	

Part X Minimum Investment Return

Pa	(All domestic foundations must complete this part. Foreign foundations, see instruction	s.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	Average monthly fair market value of securities	1a	1,343,576
b	Average of monthly cash balances	1b	413,156
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,756,732
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,756,732
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2 $$ 0 of line 3 (for greater amount, see		
	ınstructions)	4	26,351
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,730,381
6	Minimum investment return. Enter 5% of line 5	6	86,519
Pai	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cer check here ► □ and do not complete this part.)	rtaın f	oreign organizations
1	Mınımum ınvestment return from Part X, line 6	1	86,519
2a	Tax on investment income for 2015 from Part VI, line 5 2a 496		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	496
3	Distributable amount before adjustments Subtract line 2c from line 1	3	86,023
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	86,023
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amountas adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	86,023
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	80,184
	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		
а	Suitability test (prior IRS approval required)	За	
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	80,184
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	80,184
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

P	art XIII Undistributed Income (see insti	ructions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				86,023
2	Undistributed income, if any, as of the end of 2015				
а	Enter amount for 2014 only			0	
b	Total for prior years 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2015				
а	From 2010				
b	From 2011				
C	From 2012				
d	From 2013 14,755				
	From 2014				
	Total of lines 3a through e	81,886			
4	Qualifying distributions for 2015 from Part				
	XII, line 4 🕨 \$80,184				
	Applied to 2014, but not more than line 2a		_	0	
	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				80,184
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2015	5,839			5,839
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	76,047			
b	Prior years' undistributed income Subtract		0		
	line 4b from line 2b		U		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions		0		
е	Undistributed income for 2014 Subtract line				
	4a from line 2a Taxable amount—see			0	
•	Undistributed income for 2016 Subtract				
•	lines 4d and 5 from line 1. This amount must				
	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 may	0			
	be required - see instructions) Excess distributions carryover from 2010 not				
0	applied on line 5 or line 7 (see instructions)	0			
9	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	76,047			
10	Analysis of line 9				
а	Excess from 2011 18,192				
b	Excess from 2012				
	Excess from 2013 14,755				
	Excess from 2014				
е	Excess from 2015				

Pai	rt XIV Private Operating Founda	tions (see ınstrı	uctions and Part	: VII-A, questi	on 9)	
	f the foundation has received a ruling or deter					
	oundation, and the ruling is effective for 2015		_			
	heck box to indicate whether the organization		ting foundation de			4942(j)(5)
	inter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	ncome from Part I or the minimum nvestment return from Part X for each	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(5) 15141
	earlisted					
b 85	% of line 2a					
_	ualifying distributions from Part XII,					
	ne 4 for each year listed					
	rectly for active conduct of exempt					
	ctivities					
	ualifying distributions made directly					
	or active conduct of exempt activities Subtract line 2d from line 2c					
	omplete 3a, b, or c for the					
	Iternative test relied upon					
	Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)			1		
	Endowment" alternative test— enter 2/3 .f minimum investment return shown in					
	art X, line 6 for each year listed					
	Support" alternative test—enter					
(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section					
	512(a)(5)), or royalties)					
(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support					
•	from an exempt organization					
_	4) Gross investment income					
Part	XV Supplementary Information (e organizati	on had \$5,000 c	r more in
I	assets at any time during the nformation Regarding Foundation Managers:	year—see ins	tructions.)			
	ist any managers of the foundation who have	contributed more th	nan 2% of the tota	l contributions r	eceived by the found	lation
b	efore the close of any tax year (but only if the	y have contributed	more than \$5,00	0) (See section	507(d)(2))	
_	See Additional Bata Talla					
	See Additional Data Table ist any managers of the foundation who own 1	0.0/		h /	III	_
	wnership of a partnership or other entity) of w				ny large portion of tr	le
I	nformation Regarding Contribution, Grant, Gi	ft, Loan, Scholarshi	ip, etc., Programs:			
	heck here <section-header></section-header>					
	nsolicited requests for funds If the foundation		ts, etc (see instri	uctions) to indiv	iduals or organizatio	ns under
0	ther conditions, complete items 2a, b, c, and	a				
	he name, address, and telephone number or e	e-mail address of t	he person to whom	n applications sh	ould be addressed	
	CENNETH AND DIANE MATSUURA					
	303 AINAPO ST HONOLULU,HI 968251048					
	808)428-1242					
(he form in which applications should be subm	nitted and informati	on and materials t	they should incli	ude	
				,		
b T						
b T	CONTACT FOUNDATION					
b T	CONTACT FOUNDATION Any submission deadlines					
b T c A	CONTACT FOUNDATION Any submission deadlines CONTACT FOUNDATION	as by goographic	al argae chamtahi	a fields kinds s	finetitutione or othe	
b T c A d A	CONTACT FOUNDATION Any submission deadlines	n as by geographic	al areas, charitabl	e fields, kınds o	f institutions, or othe	:r

Name and address (home or business) or substantial contributor a Paid during the year See Additional Data Table	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	A mount
See Additional Data Table Total	Name and address (home or business)	any foundation manager or substantial contributor		contribution	,,,,,,
	a Paid during the year	any foundation manager or substantial contributor		Contribution	
approved for future payment					79,72

Part XVI-A Analysis of Income-Produc	ing Activitie	S			Page 12
Enter gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	n 512, 513, or 514	(e) Related or exempt function income
1 Program service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	(See Instructions)
a b					
c					
d e					
f					
 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	35,433	
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
Gain or (loss) from sales of assets other than inventory			14	2,241	
9 Net income or (loss) from special events 0 Gross profit or (loss) from sales of inventory					
1 Other revenue a					
b					
c					
d e					
de		0		37,674 13	
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of	calculations)		:	13	37,674
de 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e).	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e Subtotal Add columns (b), (d), and (e). Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to
d e 2 Subtotal Add columns (b), (d), and (e). 3 Total.Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify of art XVI-B Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomplich income is re	plishment of E	Exempt Purpos (e) of Part XVI-A c	es ontributed importa	37,674 ntly to

Par	t XVI		Information Re Noncharitable					sactio	ns and I	Relationships	With			
		organ	ization directly or ii c) of the Code (othe	ndırectly (engage	ın any of t	the following w						Yes	No
	ganıza	•					,		•	.				
a Tr	- ansfer	rs fror	n the reporting four	ndation to	a nonc	harıtable (exempt organi	zatıon of						
(1	.) Cas	sh										1a(1)		No
(2	2) Oth	neras	sets									1a(2)		No
b 0	ther tr	ansac	tions											
(1	.) Sal	es of a	assets to a noncha	rıtable ex	empt or	ganızatıoı	n					1b(1)		No
(2	!) Pur	chase	s of assets from a	noncharit	able ex	empt orga	inization					1b(2)		No
(3) Ren	ital of	facilities, equipme	nt, or othe	erasset	ts						1b(3)		No
(4	Rei	mburs	ement arrangemer	nts								1b(4)		No
(5) Loa	ns or	loan guarantees.									1b(5)		No
			ce of services or m									1b(6)		No
c Sh	narıng	of fac	ılıtıes, equipment, i	mailing lis	ts, oth	er assets,	or paid emplo	yees				1c		No
			to any of the above other assets, or se											
			ction or sharing arr											
(a) Lir	ne No	(b) Amount involved	(c) Name	of nonch	narıtable exe	empt organization	(d)	Description	of transfers, transact	ions, and sha	arıng arra	ngemer	nts
								+						
								+						
								-						
								+						
								+						
de	scribe	ed in s ' com	cion directly or indi section 501(c) of the plete the following of a) Name of organization	ne Code (d schedule		an sectioi		r ın sect			otion of relati		s 🔽	No
Sigr Her	the inf	e best	enalties of perjury, : of my knowledge a :ion of which prepar * * *	nd belief,	ıt ıs tru	ie, correct		e Declar			n taxpaye May t return	r) is bas	sed on	all
	•	Sıgn	Signature of officer or trustee			Date Title		Title	belo		he prepa nstr)? ✓			
			nt/Type preparer's OANIEL S MILLER		Prepa	rer's Sıgn	ature	Date 201	6-04-05	Check if self- employed ▶	PTIN	000315	554	
Use	oare	r an	m's name ► DERSON ZURMUE m's address ►	HLEN & C	O PC			_ I		Firm's EIN ► 8	1-038594	0		
Only	/		BOX 20435 BILLI	INGS, MT	5910	40435				Phone no (406) 245-513	36		

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

KENNETH MATSUUR	Δ

DIANE MATSUURA

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
AFARI (AMERICAN FRIENDS OF ASIAN RURAL INSTITUTE) 11920 BURST ST SUITE 145 OMAHA,NE 681541598	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
AMERICAN HEART ASSOCIATION 677 ALA MOANA BLVD HONOLULU,HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
AMERICAN LUNG ASSOCIATION PO BOX 30730 HONOLULU,HI 96820	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
AMERICAN RED CROSS 4155 DIAMOND HEAD ROAD HONOLULU,HI 96816	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
BISHOP MUSEUM 1525 BERNICE ST HONOLULU,HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000
BOYS AND GIRLS CLUB OF HONOLULU 1704 WAIOLA STREET HONOLULU,HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
CAMP MEKOKIKO PO BO 1529 HONOKAA,HI 96727	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
CHILD AND FAMILY SERVICE 245 N KUAKINI ST STE 206 HONOLULU,HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,000
CHILDREN'S CANCER RESEARCH FOUNDATION 1814 LILIHA ST HONOLULU,HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
CSPI 1220 L ST NW STE 300 WASHINGTON, DC 20005	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
DIAMOND HEAD THEATER 250 MAKAPUU AVE HONOLULU,HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000
EASTER SEALS 710 GREEN ST HONOLULU,HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
FAMILY PROMISE OF HAWAII 245 N KUAKINI ST STE 101 HONOLULU,HI 96819	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
FELLOWSHIP OF UNITED METHODISTS IN MUSIC AND WORSHIP ARTS PO BOX 24787 NASHVILLE,TN 37202	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
HAAS SCHOOL OF BUSINESS 2001 ADDISON ST 1ST FLOOR BERKELEY,CA 94720	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,500
Total			▶ 3a	79,725

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient in frecipient is an individual, any relationship to any foundation manager or any foundation manager or recipient or any foundation manager or recipient or any foundation manager or recipient or any foundation manager or substantial contributor or subst					
A Paid during the year		show any relationship to	status of		A mount
HAHAIONE ELEMENTARY SCHOOL NONE S01(C)(3) PHILANTHROPIC PURPOSES S0 S9 PPEEKEO ST HONOLULU, HI 96813 NONE S01(C)(3) PHILANTHROPIC PURPOSES 100 HALE KIPA 615 PIIKOI ST 103 NONE S01(C)(3) PHILANTHROPIC PURPOSES 30,588 CHURCH 20 S VINEYARD BLVD HONOLULU, HI 96813 NONE S01(C)(3) PHILANTHROPIC PURPOSES 3,200 HAWAII OPERA THEATER 848 5 BERTANIA ST HONOLULU, HI 96814 NONE S01(C)(3) PHILANTHROPIC PURPOSES 3,200 HAWAII OPERA THEATER 848 5 BERTANIA ST HONOLULU, HI 96814 NONE S01(C)(3) PHILANTHROPIC PURPOSES 2,000 HALE WALLE AND	Name and address (home or business)		recipient		
PTSA 59S PEPEEKEO ST MONDULUU, HI 96815 NONE 501(C)(3) PHILANTHROPIC PURPOSES 100 HALE KIPA 615 PIIKOI ST 103 HONDULUU, HI 96813 NONE 501(C)(3) PHILANTHROPIC PURPOSES 30,588 HARRIS UNITED METHODIST CHURCH 20 S VINEYARD BLVD HONDULUU, HI 96813 NONE 501(C)(3) PHILANTHROPIC PURPOSES 3,200 HAWAII DERA THEATER 84B S BERETANIA ST HONDULUU, HI 96814 NONE 501(C)(3) PHILANTHROPIC PURPOSES 500 HAWAII SYMPHONY ORCHESTRA 3610 WAIALAE AVE HONDULUU, HI 96814 NONE 501(C)(3) PHILANTHROPIC PURPOSES 2,000 HOYEL AND AVE LITTLE ROCK, AR 72202 NONE 501(C)(3) PHILANTHROPIC PURPOSES 1,000 HOYEL AND AVE LITTLE ROCK, AR 72202 NONE 501(C)(3) PHILANTHROPIC PURPOSES 1,000 HOYEL AND AVE LITTLE ROCK, AR 72202 NONE 501(C)(3) PHILANTHROPIC PURPOSES 1,000 HOYEL AND AVE LITTLE ROCK, AR 72202 NONE 501(C)(3) PHILANTHROPIC PURPOSES 1,000 HOYEL AND AVE LITTLE ROCK, AR 72202 NONE 501(C)(3) PHILANTHROPIC PURPOSES 1,000 HOYEL AND AVE LITTLE ROCK, AR 72202 NONE 501(C)(3)	a Paid during the year				
HARRIS UNITED METHODIST	PTSA 595 PEPEEKEO ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
CHURCH 20 S VINEYARD BLVD HONOLULU, HI 96813 HAWAII OPERA THEATER 848 S BERTANIA ST HONOLULU, HI 96814 HAWAII OPERA THEATER 848 S BERTANIA ST HONOLULU, HI 96814 HAWAII SYMPHONY ORCHESTRA NONE S01(C)(3) PHILANTHROPIC PURPOSES 2,000 PHILANTHROPIC PURPOSES 3,000 PHILANTHROPIC		NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
### 848 BERETANIA ST HONOLULU, HI 96814 HAWAII PUBLIC RADIO 738 KAHEKA ST HONOLULU, HI 96814 HAWAII SYMPHONY ORCHESTRA NONE 501(C)(3) PHILANTHROPIC PURPOSES 2,000 PHILANTHROPIC PURPOSES 1,000 SERETANIA ST HONOLULU MUSEUM OF ART HONOLULU, HI 96814 PHILANTHROPIC PURPOSES 2,000 PHILANTHROPIC PURPOSES 2,000 PHILANTHROPIC PURPOSES 2,000 PHILANTHROPIC PURPOSES 2,000 PHILANTHROPIC PURPOSES 3,000	CHURCH 20 S VINEYARD BLVD	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	30,588
738 KAHEKA ST HAWAII SYMPHONY ORCHESTRA 3610 WAIALAE AVE NONE HONOLULU, HI 96816 501(C)(3) HEIFER INTERNATIONAL NONE 1 WORLD AVE 1 WORLD AVE LITTLE ROCK, AR 72202 NONE HO'OLA NAPUA PO BOX 401 NONE HOLT INTERNATIONAL NONE PO BOX 2880 PHILANTHROPIC PURPOSES EUGENE, OR 97402 NONE HONOLULU MUSEUM OF ART NONE 900 S BERETANIA ST NONE HONOLULU, HI 96814 NONE HUQA 94-587 UKEE ST NONE WAIPAHU, HI 96817 NONE INTERFAITH ALLIANCE NONE PO BOX 98143 NONE WASHINGTON, DC 200908143 NONE KAPIOLANI MEDICAL CENTER NONE 55 MERCHANT ST STE 2600 NONE KUMU KAHUA THEATER NONE 46 MERCHANT ST NONE HONOLULU, HI 96815 NONE MAKE A WISH PO BOX 97104 NONE WASHINGTON, DC 200907104 NONE 501(C)(3) PHILANTHROPIC PURPOSES 501(C)(3) PHILANTHROPIC PURPOSES 100 SOI(C)(3) PHILANTHROPIC PURPOSES 50 COUNTY PHILANTHROPIC PURPOSES 1	848 S BERETANIA ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	3,200
3610 WAIALAE AVE HONOLULU, HI 96816 HEIFER INTERNATIONAL 1 WORLD AVE LITTLE ROCK, AR 72202 HO'OLA NAPUA PO BOX 401 HALEIWA, HI 96712 HOLT INTERNATIONAL PO BOX 2880 EUGENE, OR 97402 HONOLULU MUSEUM OF ART HONOLULU, HI 96814 HONOLULU, HI 96817 NONE S01(C)(3) PHILANTHROPIC PURPOSES 13,100 PHILANTHROPIC PURPOSES 13,100 PHILANTHROPIC PURPOSES 10,000 PHILANTHROPI	738 KAHEKA ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
1 WORLD AVE LITTLE ROCK, AR 72202SolicianPHILANTHROPIC PURPOSES1,000HO'OLA NAPUA PO BOX 401 HALEIWA, HI 96712NONE501(C)(3)PHILANTHROPIC PURPOSES13,100HOLT INTERNATIONAL PO BOX 2880 EUGENE, OR 97402NONE501(C)(3)PHILANTHROPIC PURPOSES13,100HONOLULU MUSEUM OF ART 900 S BERETANIA ST HONOLULU, HI 96814NONE501(C)(3)PHILANTHROPIC PURPOSES1,000HUOA 94-587 UKEE ST WAIPAHU, HI 96817NONE501(C)(3)PHILANTHROPIC PURPOSES250INTERFAITH ALLIANCE PO BOX 98143 WASHINGTON, DC 200908143NONE501(C)(3)PHILANTHROPIC PURPOSES50KAPIOLANI MEDICAL CENTER 55 MERCHANT ST STE 2600 HONOLULU, HI 968134333NONE501(C)(3)PHILANTHROPIC PURPOSES100KUMU KAHUA THEATER 46 MERCHANT ST HONOLULU, HI 96815NONE501(C)(3)PHILANTHROPIC PURPOSES500MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104NONE501(C)(3)PHILANTHROPIC PURPOSES50	3610 WAIALAE AVE	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,000
HALEIWA,HI 96712 HOLT INTERNATIONAL PO BOX 2880 EUGENE,OR 97402 HONOLULU MUSEUM OF ART 900 S BERETANIA ST HONOLULU,HI 96814 HUOA 94-587 UKEE ST WAIPAHU,HI 96817 INONE 501(C)(3) PHILANTHROPIC PURPOSES 1,000 PHILANTHROPIC PURPOSES 250 PHILANTHROPIC PURPOSES 500	1 WORLD AVE	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	200
PO BOX 2880 EUGENE, OR 97402 HONOLULU MUSEUM OF ART 900 S BERETANIA ST HONOLULU, HI 96814 HUOA 94-587 UKEE ST WAIPAHU, HI 96817 INTERFAITH ALLIANCE PO BOX 98143 KAPIOLANI MEDICAL CENTER 55 MERCHANT ST STE 2600 HONOLULU, HI 968134333 KUMU KAHUA THEATER 46 MERCHANT ST HONOLULU, HI 96815 MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104 MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104 MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104 MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104		NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000
900 S BERETANIA ST HONOLULU, HI 96814 HUOA 94-587 UKEE ST WAIPAHU, HI 96817 INTERFAITH ALLIANCE PO BOX 98143 WASHINGTON, DC 200908143 KAPIOLANI MEDICAL CENTER 55 MERCHANT ST STE 2600 HONOLULU, HI 968134333 KUMU KAHUA THEATER 46 MERCHANT ST HONOLULU, HI 96815 MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104 MONE SO1(C)(3) PHILANTHROPIC PURPOSES 500 PHILANTHROPIC PURPOSES	PO BOX 2880	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	13,100
WAIPAHU, HI 96817 INTERFAITH ALLIANCE PO BOX 98143 NONE 501(C)(3) PHILANTHROPIC PURPOSES 50 WASHINGTON, DC 200908143 KAPIOLANI MEDICAL CENTER 55 MERCHANT ST STE 2600 HONOLULU, HI 968134333 KUMU KAHUA THEATER 46 MERCHANT ST HONOLULU, HI 96815 MAKE A WISH PO BOX 97104 NONE 501(C)(3) PHILANTHROPIC PURPOSES 500 WASHINGTON, DC 200907104	900 S BERETANIA ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000
PO BOX 98143 WASHINGTON, DC 200908143 KAPIOLANI MEDICAL CENTER 55 MERCHANT ST STE 2600 HONOLULU, HI 968134333 KUMU KAHUA THEATER 46 MERCHANT ST HONOLULU, HI 96815 MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104 NONE S01(C)(3) PHILANTHROPIC PURPOSES 500 PHILANTHROPIC PURPOSES 500 PHILANTHROPIC PURPOSES 500		NONE	501(C)(3)	PHILANTHROPIC PURPOSES	250
55 MERCHANT ST STE 2600 HONOLULU, HI 968134333 KUMU KAHUA THEATER 46 MERCHANT ST HONOLULU, HI 96815 MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104 NONE S01(C)(3) PHILANTHROPIC PURPOSES 50 PHILANTHROPIC PURPOSES 50	PO BOX 98143	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
46 MERCHANT ST HONOLULU, HI 96815 MAKE A WISH PO BOX 97104 WASHINGTON, DC 200907104 NONE 501(C)(3) PHILANTHROPIC PURPOSES 50	55 MERCHANT ST STE 2600	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
WASHINGTON,DC 200907104	46 MERCHANT ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
Total		NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
	Total			▶ 3a	79,725

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

		·	the real of Approved for i	
Recipient Name and address (home or	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	A mount
business)	or substantial contributor			
a Paid during the year				
MARSHALL REALTY FOUNDATION 215 N KING ST STE 1000 HONOLULU,HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	10,000
PARKINSONS RESEARCH FOUNDATION 5969 CALLERIDGE BLVD STE 100 SARASOTA,FL 34232	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
PBS HAWAII 2350 DOLE ST HONOLULU,HI 96822	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
RIVER OF LIFE MISSION PO BOX 37939 HONOLULU,HI 96837	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
SHRINERS HOSPITAL FOR CHILDREN 1310 PUNAHOU ST HONOLULU,HI 96815	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
SOJOURNERS PO BOX 70730 WASHINGTON,DC 200770853	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
SPECIAL OLYMPICS 1500 S BERETANIA ST 208 HONOLULU,HI 96814	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
STRAUB FOUNDATION 55 MERCHANT ST STE 2600 HONOLULU,HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	250
SUSANNAH WESLEY COMMUNITY CENTER 1117 KAILI STREET HONOLULU,HI 96819	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
THE TRUST FOR PUBLIC LAND 1003 BISHOP ST STE 740 HONOLULU,HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	137
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST BACHMAN HALL 105 HONOLULU,HI 96822	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	6,500
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET CHAMPAIGN,IL 618012962	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,000
WAIKIKI HEALTH CENTER 277 OHUA AVE HONOLULU,HI 96815	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
Total	. .	.	▶ 3a	79,725

TY 2015 Accounting Fees Schedule

Name: KENNETH AND DIANE MATSUURA FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEE	2,295	1,836		459

TY 2015 Investments Corporate Stock Schedule

Name: KENNETH AND DIANE MATSUURA FOUNDATION

Name of Stock	End of Year Book Value	End of Year Fair Market Value
VERIZON COMMUNICATIONS INC	53,272	69,330
GOLDMAN SACHS GROUP INC	40,413	54,069
ROYAL DUTCH SHELL PLC	82,811	69,060
SPDR GOLD TRUST GOLD SHARES	47,287	30,438
APPLE INC	50,180	73,682
ISHARES CORE US AGG BD ETG	50,082	54,005

TY 2015 Investments - Other Schedule

Name: KENNETH AND DIANE MATSUURA FOUNDATION

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FID ADV FLOAT RT H/INC	AT COST	97,892	95,473
FRK INCOME	AT COST	69,099	62,759
JANUS HIGH YIELD	AT COST	95,957	89,205
VIRTUS M/S S/TRM BOND	AT COST	86,267	88,384
COL LTD DUR CREDIT	AT COST	95,940	91,864
COL ACORN THERM CL A	AT COST	75,986	73,768
JANUS FLEXIBLE BOND CL A	AT COST	77,139	75,172
FRK MUT QUEST CL A	AT COST	43,071	36,897
NEUBERGER BERMAN STRAT INC CL A	AT COST	119,621	112,766

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491110004116

TY 2015 Other Professional Fees Schedule

Name: KENNETH AND DIANE MATSUURA FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
SERVICE FEES	11,049	11,049		0

TY 2015 Substantial Contributors Schedule

Name: KENNETH AND DIANE MATSUURA FOUNDATION

Name	Address
KENNETH MATSURRA	803 AINAPO ST HONOLULU,HI 968251048
	803 AINAPO ST HONOLULU,HI 968251048

TY 2015 Taxes Schedule

Name: KENNETH AND DIANE MATSUURA FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX	862	0		0

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KENNETH AND DIANE MATSUURA FOUNDATION

As Filed Data

DLN: 93491110004116

OMB No 1545-0047

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2015

Employer identification number

			26-4584711				
Organiz	ation type (check on	e)					
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	√ 501(c)(3) exempt private foundation				
		☐ 501(c)(3) taxable private foundation					
	nly a section 501(c)(7	overed by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Sp	ecial Rule See instructions				
V	For an organization f	iling Form 990, 990-EZ, or 990-PF that received, during the year, contributions t any one contributor Complete Parts I and II See instructions for determining a					
Special	Rules						
l r	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₈ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 99 Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II						
	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						
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							

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

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

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

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

for Form 990, 990-EZ, or 990-PF

Name of organization
KENNETH AND DIANE MATSUURA FOUNDATION

Employer identification number 26-4584711

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4 KENNETH AND DIANE MATSURRA 803 AINAPO ST	(c) Total contributions	(d) Type of contribution	
1		\$ 1,000,000	Person Payroll	고 _
	HONOLULU, HI968251048	\$ 1,000,000	Noncash (Complete Part II to contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) (d) Total contributions Type of contribution	
			Person	Γ
		\$	Payroll	Γ
			Noncash (Complete Part II to contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(c) (d)	
			Person	Γ
		\$	Payroll	Γ
			Noncash (Complete Part II t	for poposeh
			contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	Г
		\$	Payroll	Γ
			Noncash (Complete Part II to contributions)	for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person	Γ
		\$	Payroll	Γ
			Noncash	Г
			(Complete Part II to contributions)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of con	tribution
			Person	Γ
		\$	Payroll	Γ
			Noncash (Complete Part II	for noncash
			contributions)	

Name of organization KENNETH AND DIANE MATSUURA FOUNDATION		Employer identification nu	Employer identification number		
		26-4584711			
Part II	Noncas h Property (see instructions) Use duplicate copies of Part 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		
		(c)			
(a) No.from Part I	(b) Description of noncash property given	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		
		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		
		s			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received		
		s			

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

me of organization NNETH AND DIANE MATSUURA FOUNDATION			Employer identification number	
INETH AND DIAN	E MAISOURA FOUNDATION	26-	4584711	
total more line entry. of \$1,000 c	y religious, charitable, etc., contribute than \$1,000 for the year from any of For organizations completing Part I by less for the year. (Enter this informate copies of Part III if additional space is recopies.)	ne contributor. Complete columr II, enter the total of <i>exclusively</i> re mation once. See instructions.) >	ns (a) through (e) and the following ligious, charitable, etc., contributions	
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
· _				
-	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee	
(a) .from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
· -	Transferee's name, address, and	(e) Transfer of gift	ationship of transferor to transferee	
(a) 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	, , , , ,	ationship of transferor to transferee	
(a) from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transfer of gift ZIP4 Rel	ationship of transferor to transferee	