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Form **990-PF**

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.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Fo	r ca	lend	lar year 2015 or tax year t	beginning		, and ending			
٨	lam	e of f	oundation				A Employer identification	number	
_	MC	SF	HER GALT FOU	NDATION			99-6003337		
			d street (or P O box number if		address)	Room/suite	B Telephone number		
_			BOX 3170,				(808) 694-	4525	
	-		wn, state or province, cou		ostal code		C If exemption application is p	ending, check here	
<u></u> ⇒> −				6802-3170			<u> </u>		
∾ G ⊜	Ch	eck		Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	s, check here	
				Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,	
≥ -		ack		Address change X Section 501(c)(3) exi	Name change				
₽"	- 01		ction 4947(a)(1) nonexemp		Other taxable private founda	tion	E If private foundation sta under section 507(b)(1)		
`	Fai		rket value of all assets at e			Accrual	1		
્કેં			Part II, col. (c), line 16)	1	her (specify)		F if the foundation is in a under section 507(b)(1)		
?⊭_	>			, 084 . (Part I, colui	mn (d) must be on cash b	easis.)		,(o), cc	
	Pa	rt I	Analysis of Revenue and		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
ANSTIMARK DATE			necessarily equal the amount	s in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)	
7			Contributions, gifts, grant		211,000.		N/A		
		_	Check Interest on savings and tempo	is not required to attach Sch. B			 		
	i	3	cash investments	•	12.	12.		STATEMENT 1	
		4	Dividends and interest fro	m securities	16,666.	16,666.		STATEMENT 2	
			Gross rents Net rental income or (loss)						
	l	_	Net gain or (loss) from sale of	acceta net en less 10		· · · · · · · · · · · · · · · · · · ·	 		
	Revenue	b	Gross sales price for all assets on line 6a	assers not on mile to					
		7	Capital gain net income (from	Part IV, line 2)		0.	RE	CEIVED	
	~	8	Net short-term capital gai	n			n	77	
		9	Income modifications	1			O NOV	15 2016	
		10a	Gross sales less returns and allowances				7-	0 2010	
			Less Cost of goods sold				├	DEN, UT	
			Gross profit or (loss)		6.	0			
	ļ	11 12	Other income Total. Add lines 1 through	h 11	227,684.	16,678		STATEMENT 3	
-		13	Compensation of officers, dire		227,084.	10,078		0.	
		14	Other employee salaries a		<u> </u>	<u>_</u>	•		
		15	Pension plans, employee	•					
	ses	16a	Legal fees						
	ben	b	Accounting fees	STMT 4	1,780.	534		1,246.	
	Ä	C	Other professional fees	STMT 5	825.	495	•	330.	
	tive	17	Interest	amera c	2 553			ļ	
	Operating and Administrative Expense	18	Taxes	STMT 6	2,573.	0	•	0.	
	Ē	19 20	Depreciation and depletic Occupancy	ות				 	
	Adn	21	Travel, conferences, and	meetings		-	 		
Ø	g	22	Printing and publications						
S	ıg a	23	Other expenses	STMT 7	6.	0		6.	
2	atı	24	Total operating and adm	ninistrative					
NON CENERALD NOV	þer		expenses. Add lines 13	-	5,184.	1,029	•	1,582.	
j	O	25	Contributions, gifts, gran	•	211,000.			211,000.	
5		26	Total expenses and dist	oursements.					
₹		-	Add lines 24 and 25	- 40-	216,184.	1,029	•	212,582.	
===			Subtract line 26 from line		11 500				
77		1	1 Excess of revenue over expension Net investment income:		11,500.	15,649	 		
ာ		1	Adjusted net income (if it			13,043	N/A		
D	5235			Dadustion Act Nation and			IV/A	5 000 DE (00.15)	

orm 99	00-PF (2015) MOSHER GALT FOUNDATION		99-60	
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of yea	
		(a) Book Value		c) Fair Market Value
1	-	16.060	3.	3.
2	Savings and temporary cash investments	16,868.	28,364.	28,364.
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			
i	disqualified persons			
7	Other notes and loans receivable			
	Less: allowance for doubtful accounts			
\$ 8	Inventories for sale or use			
این	Prepaid expenses and deferred charges			····
10	a Investments - U.S. and state government obligations	45.000	45.004	
1	b Investments - corporate stock STMT 8	46,820.	46,821.	557,717.
	c Investments - corporate bonds			
11				
	Less accumulated depreciation			
1	Investments - mortgage loans			
13				
14				
	Less accumulated depreciation			
15				
16	Total assets (to be completed by all filers - see the	62 600	75 100	FOC 004
+-	instructions. Also, see page 1, item I)	63,688.	75,188.	586,084.
17	• •			
18	• •			
Liabilities 51				
₹ 20				
ta 21	, .			
22	2 Other liabilities (describe ►)			
9.	3 Total liabilities (add knes 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here	0.	<u>_</u>	
	and complete lines 24 through 26 and lines 30 and 31.			
S 2				
au 2				
Bal			<u> </u>	
Fund Balances	Foundations that do not follow SFAS 117, check here			
Ē	and complete lines 27 through 31.			
চ ু		63,688.	75,188.	
Assets		0.	75,100.	
SS 2		0.	0.	
N 3		63,688.	75,188.	
2		337333	73/2001	
3	1 Total liabilities and net assets/fund balances	63,688.	75,188.	
				
Pat	-t III			
1 To	otal net assets or fund balances at beginning of year - Part II, column (a), lini	e 30		
	nust agree with end-of-year figure reported on prior year's return)		1	63,688.
2 Er	iter amount from Part I, line 27a		2	11,500.
	her increases not included in line 2 (itemize)		3	0.
4 A	dd lines 1, 2, and 3		4	75,188.
	personne not included in line 2 (itemize).		5	0.
5 D	ecreases not included in line 2 (itemize)			
	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	75,188.

MOSHER GALT FOUNDATION

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	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 -	see in:	struc	tion	<u>s)</u>
	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)					
	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1%	1			_15	<u> 66.</u>
	of Part I, line 27b					
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
_	Add lines 1 and 2	3			<u> 15</u>	6.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			15	6.
	Credits/Payments:					
	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 1,560	4				
	Exempt foreign organizations - tax withheld at source	4				
	Tax paid with application for extension of time to file (Form 8868)	-	ļ			
	Backup withholding erroneously withheld 6d 6	-l i	İ		_	
	Total credits and payments. Add lines 6a through 6d	7		1	<u>, 56</u>	<u>. 0 .</u>
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8	 			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			.,4(
	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 160 . Refunded ▶ rt VII-A Statements Regarding Activities	11	<u> </u>		24	44.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interver				Yes	No
14	any political campaign?	ie iii	ŀ		103	
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition	20/2	}	1a 1b	-+	<u>X</u>
Ü	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis.	•	-	10		
	distributed by the foundation in connection with the activities.	160 01			ĺ	
c	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		-	-'-		
·	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0		}		ł	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<u>-</u>				
	managers. ►\$ 0.				[
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	1	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		}	l	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ſ	4a		X
b	of "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		1	5		X
	If "Yes," attach the statement required by General Instruction T				1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				1	
	By language in the governing instrument, or				ļ	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the st	ate law	•			l k
	remain in the governing instrument?			6	Х	——
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	XV		7	X	
_	Fater the states to unhigh the foundation and the same to the state of the same to the sam					İ
8	a Enter the states to which the foundation reports or with which it is registered (see instructions)					
	HI If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					ĺ
,				,		
9	of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	olonder		8b	X	
3	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	aitiiUar		,		v
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STMT	r 9	9 10	Х	X
∪	and personne account advantage contributions during the tax year. It ses, attach a schedule listing their names and addresses	<u></u>				(2015)

Form 4720, to determine if the foundation had excess business holdings in 2015) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

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?

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.

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Х

3b

4a

Yes X No

N/A

during the year?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ied)		
5a During the year did the foundation pay or incur any amount to:					T
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	ion 4945(e))?	☐ Ye	s 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,		- (
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposi	es?	☐ Ye			
(4) Provide a grant to an organization other than a charitable, etc., organization					Ì
4945(d)(4)(A)? (see instructions)		□ va	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literal	ny or aducational nurnosas, or f		3 (22) 110		İ
the prevention of cruelty to children or animals?	y, or educational purposes, or i		s X No		-
	ander the ever-tions decembed		סאו באבו צ	i	
b If any answer is "Yes" to 5a(1)-(5), did.any of the transactions fail to qualify u	·	in Regulations	37 / 3	.	
section 53.4945 or in a current notice regarding disaster assistance (see ins	•		N/A	5b	-+
Organizations relying on a current notice regarding disaster assistance check					İ
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption					
expenditure responsibility for the grant?		I/A L Ye	s L No		•
If "Yes," attach the statement required by Regulations section 53 49	- 1 - 7		1	Ì	
6a Did the foundation, during the year, receive any funds, directly or indirectly,	to pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.				•	ļ
7a At any time during the tax year, was the foundation a party to a prohibited ta	x shelter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attr	ributable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Tru	stees, Foundation Ma	anagers, Highly	<i>y</i>		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and the					
(-) Nama and addraga	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense ount, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	alle	owances
BANK OF HAWAII	AGENT				
P.O. BOX 3170					
HONOLULU, HI 96802	1.00	0.	0.		0.
DAWN G. AULL	PRES & TTEE			 	
C/O BOH, P.O. BOX 3170					
HONOLULU, HI 96802	0.00	0.	ο.		0.
LISA A. MARTIN	VP & TTEE	 	<u>_</u>	 	
C/O BOH, P.O. BOX 3170			ļ	}	
HONOLULU, HI 96802	0.00	0.	0.		0.
DAVID AULL	TR/S & TTEE	 		' 	<u> </u>
C/O BOH, P.O. BOX 3170	IR/S & IIEE]		
HONOLULU, HI 96802	0.00				^
2 Compensation of five highest-paid employees (other than those		0 .	<u> </u>	<u>'</u>	0.
	(b) Title, and average	, c.iter HOIL.	(d) Contributions to	101	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acco	ount, other
NONE	devoted to position	 	compensation	- all	owances
NONE	 				
		 	 	 	
		1			
		 			
		1			
Total number of other employees paid over \$50,000			>		0
				. 000	DE (0015)

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
Five highest-paid independent contractors for professional services. 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 organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 <u>N/A</u>	
2	
3	
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
Total. Add lines 1 through 3	▶ 0.
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Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, see	instructions)
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	561,240.
	Average of monthly cash balances	1b	39,448.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	600,688.
е	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	600,688.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	9,010.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	591,678.
6	Minimum investment return. Enter 5% of line 5	6	29,584.
P	foreign organizations check here and do not complete this part.) Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here.	nd certain	
1	Minimum investment return from Part X, line 6	1	29,584.
2a	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.)]	
C	Add lines 2a and 2b	_2c	156.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	29,428.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	29,428.
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	29,428.
P	Qualifying Distributions (see instructions)		
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	212,582.
b	Program-related investments - total from Part IX-B	16	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)	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_	212,582.
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	156.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	212,426.
	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.	n qualifies for t	

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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				29,428.
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 148,007.				
b From 2011 140, 244.			ļ	
c From 2012 183, 401.				
dFrom 2013 68,899.				
e From 2014 172,035.	710 506			
f Total of lines 3a through e	712,586.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶\$ 212,582.				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			<u>'</u>	
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount	 ` .			29,428.
e Remaining amount distributed out of corpus	183,154.			25, 120.
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	895,740.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0	•	
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0	•	
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	 	0	· 	
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract	<u> </u>		0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of			<u> </u>	
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	148,007	•		
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	747,733	•		
10 Analysis of line 9:				
a Excess from 2011 140,244.				
b Excess from 2012 183,401.				
c Excess from 2013 68,899.				
d Excess from 2014 172,035.	4			
e Excess from 2015 183,154.	<u> </u>	<u> </u>	<u> </u>	Form 900 PE (2015)

foundation, and the ruling is effective for 2		t it is a private operating			
b Check box to indicate whether the foundate			Lin section	4942(j)(3) or	1942())(5)
2 a Enter the lesser of the adjusted net	Tax year	ig idditaation acsonder	Prior 3 years	1 4342())(3) (I L] 1	1342())(3)
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
	(2) 25 15	(47-5	(0) 20 10	(4) 2012	(0) 10141
investment return from Part X for					
each year listed				 	
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		ļ			
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		 			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:				1	
(1) Value of all assets		<u> </u>			
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			1		
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "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 Info	rmation (Comp	ete this part on	ly if the foundatio	n had \$5,000 or r	nore in assets
at any time during t				•	
1 Information Regarding Foundatio	n Managers:		· · · · · · · · · · · · · · · · · · ·		·
a List any managers of the foundation who	•	re than 2% of the total of	ontributions received by th	ne foundation hefore the	close of any tay
year (but only if they have contributed in			on in buttone roothed by th	to touridation botore the	close of any tax
SEE STATEMENT 10					
b List any managers of the foundation wh	o own 10% or more of	the stock of a corporat	on (or an equally large por	tion of the ownership of	a nartnership or
other entity) of which the foundation has			on for an equally large pur	non or the ownership of	α γαι ιποι στιμ ()!
NONE	•				
2 Information Regarding Contributi	ion Grant Gift Los	a Cabalarahin ata	Dromo		·····
Check here if the foundation o				s and accept uncollected re	anuacte for funda. If
the foundation of	(see instructions) to in	dividuals or organizatio	ns under other conditions.	complete items 2a. h. c	and d.
the toundation makes gifts, grants, etc.					
the foundation makes gifts, grants, etc. The name, address, and telephone num					ידאה
a The name, address, and telephone num		GRANT PROC	EDURES AT TH		
		GRANT PROC	EDURES AT TH		
a The name, address, and telephone num THIS FOUNDATION HAS	NO FORMAL	···			
a The name, address, and telephone num THIS FOUNDATION HAS b The form in which applications should to	NO FORMAL	···			
a The name, address, and telephone num THIS FOUNDATION HAS b The form in which applications should to N/A	NO FORMAL	···			
a The name, address, and telephone num THIS FOUNDATION HAS b The form in which applications should to N/A c Any submission deadlines:	NO FORMAL	···			
a The name, address, and telephone num THIS FOUNDATION HAS b The form in which applications should to N/A c Any submission deadlines: N/A	NO FORMAL De submitted and inform	nation and materials the	ry should include:	or other feetage	
a The name, address, and telephone num THIS FOUNDATION HAS b The form in which applications should to N/A c Any submission deadlines: N/A d Any restrictions or limitations on award	NO FORMAL De submitted and inform	nation and materials the	ry should include:	or other factors:	
a The name, address, and telephone num THIS FOUNDATION HAS b The form in which applications should to N/A c Any submission deadlines: N/A	NO FORMAL De submitted and inform	nation and materials the	ry should include:	or other factors:	
a The name, address, and telephone num THIS FOUNDATION HAS b The form in which applications should to N/A c Any submission deadlines: N/A d Any restrictions or limitations on award	NO FORMAL De submitted and inform	nation and materials the	ry should include:	or other factors:	Form 990-PF

523611 11-24-15

Form **990-PF** (2015)

Excluded by section 512, 513, or 514

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		led 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					
b					
c					
d					
e					
1				······································	
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments		[14	12.	
4 Dividends and interest from securities			14		
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	1				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a STOP PAYMENT ON FILING					
b FEE WITH STATE OF HAWAII					
c DCCA FOR 2014			01	6.	
d				<u> </u>	
e					
12 Subtotal. Add columns (b), (d), and (e)		0	<u>. </u>	16,684.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	16,684.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	the Acc	complishment of E	xem	ot Purposes	
		d (-) - (D-+)0//	A	h. A. J	
Line No. Explain below how each activity for which inco			-A COUL	ibuted importantly to the accor	nplishment of
the foundation's exempt purposes (other than	by providing	idida idi addi parposes;.			
					· · · · · · · · · · · · · · · · · · ·
					
		 			
					<u> </u>
		· · · · · · · · · · · · · · · · · · ·			
					
					
		· · · · · · · · · · · · · · · · · · ·			
					
					
					
					
					
523621 11-24-15					Form 990-PF (2015)

Unrelated business income

Part XVII		garding Trans		nd Transactions ar	nd Relationsh	nips With Nonch		Pa	ge 13
	Exempt Organi			· · · · · · · · · · · · · · · · · · ·					
				with any other organization		on 501(c) of		/es	No
	•			, relating to political organia	zations?				1
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash		1a(1)		X					
(2) Other							1a(2)		X
b Other tran	isactions. s of assets to a noncharitat	ale everant organizat	uon				16(1)		v
	hases of assets from a nor						1b(2)		X
` '	al of facilities, equipment, (•	ir garrization				1b(3)		X
	bursement arrangements	37 011107 435515					1b(4)		X
• •	s or loan guarantees						1b(5)		Х
٠,,	ormance of services or me	mbership or fundrais	sing solicitation	ıs			15(6)		X
c Sharing o	of facilities, equipment, ma	iling lists, other asse	ets, or paid emp	loyees			10		X
d If the ans	wer to any of the above is	"Yes," complete the	following sched	lule. Column (b) should alw	ays show the fair m	narket value of the goods	s, other asse	ets,	
	• • •			d less than fair market value	e in any transaction	or sharing arrangement	, show in		
column (d) the value of the goods,								
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, ar	nd sharing arra	angeme	ants
			N/A	·					
									
		 							
		 			+				
-		 					·		
	······································	<u> </u>			· 				
						·			
	·	1							
2a Is the for	undation directly or indirec	ctly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
	in 501(c) of the Code (othe	•	c)(3)) or in sect	ion 527 ?			Yes	X	No
b If "Yes,"	complete the following sch			/h \ Turn of account		() 5			
	(a) Name of or	ganization		(b) Type of organization		(c) Description of relation	inship		
	N/A								
	·								
									
				ig accompanying schedules and			May the IRS	diagrica	thus
Sign	belief, it is true, correct, and co		preparer (other tha	n taxpayer) is based on all inform			return with the	e prepa	arer
Here	Dawn 2	all		AUG 2 6 2016	•		X Yes		No
Sı	gnature of officer or truste	e		Date	Title				
	Print/Type preparer's r	name	Preparer's s	ignature	Date	Check if PTI	IN		
_			1 m	endy th	AUG 2 5 2016	self- employed			
Paid	WENDY OTA	 		A COL			00639		<u> </u>
Prepare		NK OF HAW	AII	U		Firm's EIN ➤ 99-	00339	00	
Use Only	·	0 50== 0	100			 			
	Firm's address ▶ P	ONOTITUE		12.2170		Dhama			

Form **990-PF** (2015)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2015

Name of the organization

Employer identification number

MOSHER GALT FOUNDATION 99-6003337								
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	X 501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Note. Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.						
General Rule								
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribution.							
Special Rules								
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), 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 990, Part VIII, line 11 or (ii) Form 990-EZ, line 1 Complete Parts I and II								
year, total contr	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 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, 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 Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)								

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

MOSHER GALT FOUNDATION

99-6003337

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAWN G. AULL 2969 KALAKAUA AVE #801 HONOLULU, HI 96815	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Onncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
522152 10		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

MOSHER GALT FOUNDATION

99-6003337

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

ime of organi	ization		Employer identification number				
OSHER	GALT FOUNDATION		99-6003337				
Part III		ibutions to organizations described	l in section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	completing Part III, enter the total of exclusively religious	a, charitable, etc., contributions of \$1,000 o	r less for the year (Enter this info once) > \$				
(a) No. from	Use duplicate copies of Part III if additiona	ai space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-							
-							
		(e) Transfer of gi	ft				
	Tourstands some address of	-d 7ID . 4	Deletionship of transferent to transferen				
	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 gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
Γ.							
.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
		(e) Transfer of g	nft				
		(o) Transition of g	,,,,				
<u> </u>	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee				
İ							
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of g	gift				
	<u>.</u>	1.71D A					
}	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee				

	ST ON SAVINO	S ANI	TEMPOR	RARY CA	ASH IN	VESTMENTS	ST.	ATEMENT	1
SOURCE DREYFUS CASH MANAGEMENT INST						(B) NVESTMENT NCOME		(C) ADJUSTED NET INCOME	
					12.				
TOTAL TO PART I, LINE 3			12.			12.			
FORM 990-PF	DIVIDENDS	AND :	INTERES	r FROM	SECUE	RITIES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	G	PITAL AINS IDENDS	REVI PER		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
BOH ACCOUNT #135019107	16,666.		0.	1	6,666.	16,66	56.		·
TO PART I, LINE 4	16,666.		0.	1	6,666	16,66	56.		
FORM 990-PF		OT	HER INC	OME			SI	CATEMENT	3
FORM 990-PF DESCRIPTION		OT	R	OME (A) EVENUE R BOOK		(B) NET INVEST- MENT INCOME		CATEMENT (C) ADJUSTE NET INCO	 D
DESCRIPTION	ING FEE WIT		R	(A) EVENUE		NET INVEST- MENT INCOME		(C) ADJUSTE	 D
DESCRIPTION STOP PAYMENT ON FIL	CA FOR 2014	Н	R PE	(A) EVENUE	S 1	NET INVEST- MENT INCOME	 	(C) ADJUSTE	 D
DESCRIPTION STOP PAYMENT ON FILE STATE OF HAWAII DCC	CA FOR 2014	H LINE	R PE	(A) EVENUE R BOOK	6.	NET INVEST- MENT INCOME	- - - - - - - - - - - - - - - - - - -	(C) ADJUSTE	 D
DESCRIPTION STOP PAYMENT ON FIL STATE OF HAWAII DCC TOTAL TO FORM 990-F	CA FOR 2014	H LINE	PE OUNTING	(A) EVENUE R BOOK	6. 6.	NET INVEST- MENT INCOME		(C) ADJUSTEI NET INCOI	D ME 4
DESCRIPTION STOP PAYMENT ON FIL STATE OF HAWAII DCC TOTAL TO FORM 990-F	CA FOR 2014 PF, PART I,	H LINE ACC (A EXPEN PER B	PE OUNTING	(A) EVENUE R BOOK FEES (B)	6. 6.	NET INVEST- MENT INCOME (C) ADJUSTE		(C) ADJUSTED NET INCOME PATEMENT (D) CHARITA	D ME 4 BLE

FORM 990-PF (OTHER PROFESS	SIONAL FEES	Si	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT FEES	825.	495.		330.
TO FORM 990-PF, PG 1, LN 16C	825.	495.		330.
FORM 990-PF	TAX	ES	S	TATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
2014 FEDERAL EXCISE TAX EXTENSION PAYMENT 3RD QTR ESTIMATED FEDERAL	1,800.	0.		0.
EXCISE TAX FOR FYE 12/31/15 4TH QTR ESTIMATED FEDERAL EXCISE TAX FOR FYE	383.	0.		0.
12/31/15	390.	0.		0.
TO FORM 990-PF, PG 1, LN 18	2,573.	0.		0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	NET INVEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CORP EXHIBIT FILING FEE	6.	0.		6.
TO FORM 990-PF, PG 1, LN 23	6.	0.		6.

FORM 990-PF	CORPORATE STOCK		STATEMENT	8
DESCRIPTION		BOOK VALUE	FAIR MARKE	T
BANK OF HAWAII CORP VERIZON COMMUNICATION PROCTER & GAMBLE CO 3M CO	S	11,010. 7,335. 26,904. 1,572.	434,0 30,0 43,2 50,4	43. 00.
TOTAL TO FORM 990-PF,	PART II, LINE 10B	46,821.	557,7	17.
FORM 990-PF	LIST OF SUBSTANTIAL CONTRIB	BUTORS	STATEMENT	9
NAME OF CONTRIBUTOR	ADDRESS			
DAWN G. AULL	2969 KALAKAU HONOLULU, HI			
FORM 990-PF	PART XV - LINE 1A LIST OF FOUNDATION MANAG	ERS	STATEMENT	10

NAME OF MANAGER

DAWN G. AULL LISA A. MARTIN DAVID AULL

2015 GRANT STATEMENT 990-PF PART XV, LINE 3 A.

Payee Organization	Foundation Status	Purpose of Grant or	<u>Amount</u>
Armed Services Special Education and Training Society One Ohana Nui Way Honolulu, HI 96818	<u>Status</u> PC	Contribution Programs and operating support	\$5,000.00
Young Men's Chistian Association of Honolulu 1441 Pali Highway Honolulu, HI 96813	PC	Programs and operating support	\$14,000.00
Mid-Pacific Institute 2445 Kaala Street Honolulu, HI 96822-2299	PC	Programs and operating support	\$14,000.00
lolani School 563 Kamoku Street Honolulu, HI 96826	PC	Programs and operating support	\$14,000.00
Child & Family Service 91-1841 Fort Weaver Road Ewa Beach, HI 96706-1909	PC	Programs and operating support	\$14,000.00
Hanahauoli School 1922 Makiki Street Honolulu, HI 96822	PC	Programs and operating support	\$15,000.00
Hawaii Pacific University 1164 Bishop Street, Suite 800 Honolulu, HI 96813	PC	Programs and operating support	\$35,000.00
Honolulu Academy of Arts DBA Honolulu Museum of Art 900 So. Beretania Street Honolulu, HI 96814-1495	PC	Programs and operating support	\$100,000.00
			\$211,000.00