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EXTENDED TO FEBRUARY 15, 2017

## Return of Private Foundation

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

OMB No 1545-0052

2015

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

For calendar year 2015 or tax year beginning

JUL 1, 2015

and ending

JUN 30, 2016

Name of foundation

JOHN M. ROSS FOUNDATION

A Employer identification number

99-6007327

Number and street (or P.O. box number if mail is not delivered to street address)

P. O. BOX 3170, DEPT. 715

Room/suite

B Telephone number

(808) 694-4393

City or town, state or province, country, and ZIP or foreign postal code

HONOLULU, HI 96802-3170

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☒ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

I Fair market value of all assets at end of year

(from Part II, col (c), line 16)

\$ 663,825.

J Accounting method: ☒ Cash ☐ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis)

C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

## Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

(a) Revenue and expenses per books

(b) Net investment income

(c) Adjusted net income

(d) Disbursements for charitable purposes (cash basis only)

1 Contributions, gifts, grants, etc., received

2 Check ☒ if the foundation is not required to attach Sch. B

3 Interest on savings and temporary cash investments

36.

36.

STATEMENT 1

4 Dividends and interest from securities

14,775.

14,775.

STATEMENT 2

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

8,739.

b Gross sales price for all assets on line 6a 260,255.

7 Capital gain net income (from Part IV, line 2)

8,739.

8 Net short-term capital gain

9 Income modifications

10a Gross sales less returns and allowances

b Less Cost of goods sold

c Gross profit or (loss)

11 Other income

393.

0.

STATEMENT 3

12 Total Add lines 1 through 11

23,943.

23,550.

13 Compensation of officers, directors, trustees, etc.

9,795.

4,897.

4,898.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees

b Accounting fees

STMT 4

1,500.

450.

1,050.

c Other professional fees

17 Interest

18 Taxes

19 Depreciation and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses

STMT 5

5,000.

0.

5,000.

24 Total operating and administrative expenses Add lines 13 through 23

16,295.

5,347.

10,948.

25 Contributions, gifts, grants paid

25,300.

25,300.

26 Total expenses and disbursements Add lines 24 and 25

41,595.

5,347.

36,248.

27 Subtract line 26 from line 12:

a Excess of revenue over expenses and disbursements

-17,652.

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

18,203.

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

N/A

523501  
11-24-15

LHA For Paperwork Reduction Act Notice, see instructions

Form 990-PF (2015)

1

11121101 791519 2150234

2015.04010 JOHN M. ROSS FOUNDATION

21502341

REVENUE

OPERATING AND ADMINISTRATIVE EXPENSES

SCANNED JAN 23 2017

RECEIVED

JAN 18 2017

OGDEN, UT

CSC

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1 Cash - non-interest-bearing	687.	612.	612.	
	2 Savings and temporary cash investments	14,154.	11,939.	11,939.	
	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				
	7 Other notes and loans receivable ▶				
	Less: allowance for doubtful accounts ▶				
	8 Inventories for sale or use				
	9 Prepaid expenses and deferred charges				
	10a Investments - U.S. and state government obligations				
	b Investments - corporate stock				
	c Investments - corporate bonds				
		11 Investments - land, buildings and equipment basis ▶			
Less: accumulated depreciation ▶					
12 Investments - mortgage loans					
13 Investments - other STMT 6		606,888.	591,526.	651,274.	
14 Land, buildings, and equipment: basis ▶					
Less: accumulated depreciation ▶					
15 Other assets (describe ▶)					
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1)		621,729.	604,077.	663,825.	
Liabilities		17 Accounts payable and accrued expenses			
		18 Grants payable			
	19 Deferred revenue				
	20 Loans from officers, directors, trustees, and other disqualified persons				
	21 Mortgages and other notes payable				
	22 Other liabilities (describe ▶)				
	23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>				
	and complete lines 24 through 26 and lines 30 and 31				
	24 Unrestricted				
	25 Temporarily restricted				
	26 Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>				
	and complete lines 27 through 31.				
	27 Capital stock, trust principal, or current funds	621,729.	604,077.		
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.			
29 Retained earnings, accumulated income, endowment, or other funds	0.	0.			
30 Total net assets or fund balances	621,729.	604,077.			
31 Total liabilities and net assets/fund balances	621,729.	604,077.			

## Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	621,729.
2 Enter amount from Part I, line 27a	2	-17,652.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	604,077.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	604,077.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
<b>1a PUBLICLY TRADED SECURITIES</b>	P	VARIOUS	06/30/16
<b>b PUBLICLY TRADED SECURITIES</b>	P	VARIOUS	06/30/16
<b>c CAPITAL GAINS DIVIDENDS</b>			
<b>d</b>			
<b>e</b>			

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b> 29,598.		34,667.	-5,069.
<b>b</b> 216,002.		216,849.	-847.
<b>c</b> 14,655.			14,655.
<b>d</b>			
<b>e</b>			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			-5,069.
<b>b</b>			-847.
<b>c</b>			14,655.
<b>d</b>			
<b>e</b>			

  

<b>2</b> Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	8,739.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	36,659.	719,304.	.050965
2013	33,863.	702,666.	.048192
2012	31,408.	672,997.	.046669
2011	33,533.	650,293.	.051566
2010	34,944.	687,246.	.050846

  

<b>2</b> Total of line 1, column (d)	2	.248238
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.049648
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	4	662,743.
<b>5</b> Multiply line 4 by line 3	5	32,904.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	6	182.
<b>7</b> Add lines 5 and 6	7	33,086.
<b>8</b> Enter qualifying distributions from Part XII, line 4 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	8	36,248.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	182.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		2	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		3	182.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
3 Add lines 1 and 2		5	182.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a 360.	7	460.
b Exempt foreign organizations - tax withheld at source	6b	8	
c Tax paid with application for extension of time to file (Form 8868)	6c 100.	9	
d Backup withholding erroneously withheld	6d	10	278.
7 Total credits and payments. Add lines 6a through 6d		11	0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached			
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Enter the amount of line 10 to be Credited to 2016 estimated tax	278. Refunded		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d 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.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) HI		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
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)		X
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)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>N/A</b>	X	
14 The books are in care of <b>BANK OF HAWAII</b> Telephone no. <b>(808) 694-4393</b> Located at <b>130 MERCHANT STREET, HONOLULU, HI</b> ZIP+4 <b>96813</b>		
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 <b>15</b> <b>N/A</b>		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country <b>N/A</b>		X

**Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here <b>N/A</b>	1b	X
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	X
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)).		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>N/A</b>		
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 all years listed, answer "No" and attach statement - see instructions) <b>N/A</b>	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. <b>N/A</b>		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 if the foundation had excess business holdings in 2015) <b>N/A</b>	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
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	X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

Organizations relying on a current notice regarding disaster assistance check here

☐

5b

X

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ 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

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
BANK OF HAWAII	TRUSTEE			
P.O. BOX 3170				
HONOLULU, HI 96802-3170	1.00	9,795.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

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## Part VIII

**Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

**3 Five highest-paid independent contractors for professional services. If none, enter "NONE."**

[illegible]

**Total number of others receiving over \$50,000 for professional services**

0

<b>Part IX-A</b>	<b>Summary of Direct Charitable Activities</b>
------------------	--

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	N/A	
2		
3		
4		

<b>Part IX-B</b>	<b>Summary of Program-Related Investments</b>
------------------	---

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

Amount

1	N/A	
2		
3	All other program-related investments See instructions	

**Total.** Add lines 1 through 3

•

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**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	656,576.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	16,260.
<b>c</b>	Fair market value of all other assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	672,836.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	672,836.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	10,093.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	662,743.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	33,137.

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	33,137.
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5	<b>2a</b>	182.
<b>b</b>	Income tax for 2015. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	182.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	32,955.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	0.
<b>5</b>	Add lines 3 and 4	<b>5</b>	32,955.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	0.
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	32,955.

**Part XII****Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	36,248.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	36,248.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b>	182.
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	36,066.

**Note** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**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				32,955.
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	321.			
b From 2011	1,383.			
c From 2012				
d From 2013				
e From 2014	1,242.			
f Total of lines 3a through e	2,946.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$	36,248.			
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2015 distributable amount				32,955.
e Remaining amount distributed out of corpus	3,293.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	6,239.			
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.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	321.			
9 Excess distributions carryover to 2016 Subtract lines 7 and 8 from line 6a	5,918.			
10 Analysis of line 9:				
a Excess from 2011	1,383.			
b Excess from 2012				
c Excess from 2013				
d Excess from 2014	1,242.			
e Excess from 2015	3,293.			

N/A

- ☐ 4942(j)(3) or ☐ 4942(j)(5)

- (4) Gross investment income

[illegible]

21502341

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>  SEE STATEMENT - GRA				25,300.
<b>Total</b>			▶ <b>3a</b>	25,300.
<b>b Approved for future payment</b>  NONE				
<b>Total</b>			▶ <b>3b</b>	0.

### Analysis of Income-Producing Activities

(e)

Related or exempt  
function income

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).



## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
DREYFUS CASH MANAGEMENT	36.	36.	
TOTAL TO PART I, LINE 3	36.	36.	

## FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BOH #215023409	29,430.	14,655.	14,775.	14,775.	
TO PART I, LINE 4	29,430.	14,655.	14,775.	14,775.	

## FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
6/30/15 FEDERAL TAX REFUND	393.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	393.	0.	

## FORM 990-PF ACCOUNTING FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX SERVICE FEE	1,500.	450.		1,050.
TO FORM 990-PF, PG 1, LN 16B	1,500.	450.		1,050.

FORM 990-PF	OTHER EXPENSES	STATEMENT	5
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
GRANTS ADMINISTRATION FEES	5,000.	0.		5,000.
TO FORM 990-PF, PG 1, LN 23	5,000.	0.		5,000.

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	6
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
SEE STATEMENT - INV	COST	591,526.	651,274.
TOTAL TO FORM 990-PF, PART II, LINE 13		591,526.	651,274.



**John M. Ross Foundation****Form 990-PF, Part XV, Line 3**

Grants Paid July 1, 2015 to June 30, 2016

7/20/2016

Payee Organization Project Title	Amount Paid Date	Status Code
<b>Aloha Performing Arts Company</b> P O Box 794 Kealahou, HI 96750 <i>Aloha Teen Theatre - FYE 7/31/2017</i>	\$3,000 00 6/21/2016	PC
<b>Hamakua Youth Foundation</b> 45-3396 Mamane Street P O Box 381 Honokaa, HI 96727 <i>Operational &amp; Program Support for Hamakua Youth Center during FYE 6/30/2017</i>	\$3 000 00 6/21/2016	PC
<b>Kahilu Theatre Foundation</b> P O Box 549 Kamuela, HI 96743 <i>K(Arts) After-School Arts Program (Sept - Dec 2016) -</i>	\$3 000 00 6/21/2016	PC
<b>The Salvation Army</b> Hawaiian & Pacific Islands Division 2950 Manoa Road Honolulu, HI 96822 <i>Kona Corps Community Center - After-School Arts &amp; Culture Program (6/1/2016 - 5/31/2017)</i>	\$2,800 00 6/21/2016	PC
<b>University of Hawaii Foundation</b> 2444 Dole Street Bachman Hall 105 Honolulu, HI 96822 <i>John M Ross Foundation Scholarship - Hawaii Island Students in AY 2016-2017 (fee of 5% to be taken from grant award)</i>	\$13,500 00 6/21/2016	PC
<b>Grand Total</b> (5 items)	<hr/> \$25 300 00 <hr/>	

JOHN M. ROSS FOUNDATION  
FORM 990-PF, PART II, LINE 13  
FOR YEAR ENDED 06/30/2016

99-6007327

Description	Units	Book Value	Market Value
066922204 BLACKROCK S&P 500 STOCK MASTER - K	300 79	73,617 07	75,479 00
09253F879 BLACKROCK INTERNATIONAL INDEX FD - K	2,760 52	31,193 91	31,525 00
256206103 DODGE & COX INTERNATIONAL STOCK FUND	278 25	9,976 03	9,652 00
314172560 FEDERATED STRATEGIC VALUE DIVIDEND FUND CL INST	8,924 74	40,875 30	57,118 00
31428Q101 FEDERATED TOTAL RETURN BOND FUND	4,422 81	48,900 15	48,916 00
38142Y773 GOLDMAN SACHS LARGE CAP VALUE FD - INST	2,398 32	26,234 88	37,294 00
38144N593 GOLDMAN SACHS INTERNATIONAL SMALL CAP INSIGHTS INSTL	1,741 58	18,496 68	17,607 00
411511306 HARBOR INTL FD	165 01	11,499 31	9,694 00
47803W406 JOHN HANCOCK III DISC M/C-IS	1,600 91	22,138 31	31,650 00
56062X641 MAINSTAY LARGE CAP GROWTH FUND CL I	4,370 88	28,671 57	41,043 00
577130834 MATTHEWS PACIFIC TIGER FUND CL INS	215 36	6,133 37	5,274 00
74144Q203 T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY	244 16	7,197 33	7,008 00
74316J458 CONGRESS MID CAP GROWTH-INS	1,915 27	26,230 21	29,744 00
921909818 VANGUARD TOTAL INTL ST INDEX FUND-ADM	1,681 44	43,170 33	40,170 00
921937603 VANGUARD TOTAL BOND MARKET INDEX FUND ADM	8,919 98	96,939 15	98,923 00
922908728 VANGUARD TOTL STK MKT IND-AD	1,908 08	89,373 32	99,544 00
94984B348 WELLS FARGO ADVANTAGE INTERNATIONAL EQUITY FUND - I	1,024 42	10,879 30	10,633 00
<b>TOTAL PORTFOLIO</b>		<b>591,526.22</b>	<b>651,274.00</b>

STATEMENT - INV

**John M. Ross Foundation**  
*Bank of Hawaii, Trustee*

Grant Application Information for Program

**Grantmaking Policy**

John M. Ross Foundation regularly accepts unsolicited grant requests from qualified tax-exempt 501 (c)(3) charitable organizations on the Big Island of Hawaii that have programs or projects focusing on teens from 11-18 years of age.

PRIORITY WILL BE GIVEN TO PROGRAMS/PROJECTS THAT SUPPORT TEENS WHO HAVE HIGHER NEEDS AND LIMITED ACCESS. The following are examples of what Ross Foundation considers to be "higher needs and limited access": financial need, little or no family support, limited access to transportation, resources, and/or activities.

The Governing Board wishes to continue its support of teen programs. Organizations from various sectors on the Big Island are invited to submit a grant request to John M. Ross Foundation for *possible* funding consideration ranging from \$1,000 - \$5,000. The funds cannot be used toward large capital projects.

**DEADLINE: Applications must be postmarked by February 1.**

**APPLICATION PROCEDURES - A thru D**

**Submit Four (4) completed sets of the proposal containing:**

- (A) Funding Request cover sheet – To be placed on top of each set (see page 4).
- (B) Proposal Narrative – Provide who, what, when, where, why, and how in three pages or less.

**Narrative Format Information:**

Pages: Maximum 3 pages  
Margins: 1-inch margins on each side  
Font: 12 point font  
Spacing: Double space in between paragraphs  
Paragraph Height: Maximum of 1 ½ inches  
Bullet points: Acceptable

**Narrative Headings: Use these 7 (seven) headings in the order listed:**

- 1) **Organization:** Briefly describe your organization's mission and programs. (maximum of 3 sentences)
- 2) **Population to be Served:** Provide an estimated UNDUPLICATED number and age range of the eligible individuals you propose to serve.
  - o If the projections are an increase over the current volume, provide information on current volume (percentages can only be used if accompanied with figures, i.e. 20% over 500).
- 3) **Program/Project:** Describe using specific information in layman terms.
  - o (Acronyms must be explained in the narrative and budgets.)
- 4) **Goals & Objectives:** **Separately** list each goal with corresponding objective, and specifically describe how the goal will be accomplished through the objective.
- 5) **Outreach:** For new, expansion, or existing program/project:
  - o Describe how your organization will market the program/project to the community you propose to serve.
  - o Provide an estimated UNDUPLICATED number of group/individuals who will be new participants
  - o Provide UNDUPLICATED numbers for existing participants/groups/individuals.
- 6) **Evaluation:** Provide information on how and/or what the following measures are that will be used to evaluate the program/project (**note:** pre/post-tests are not acceptable):
  - o Process Measures – extent to how the program/project will be implemented
  - o Outcome Measures – effectiveness in meeting goals and objectives
- 7) **Cost:** Total cost of the program/project, amount requested, and plans for future support.

(C) These 7 items must be attached to each of the 4 (four) sets of the proposal narrative

- Staff: Describe the qualifications of the staff or volunteers who will oversee and coordinate the program/project
- Board of Directors - List of Board members with their professional or business affiliation
  - Percent who actively participate in activities and attend meetings
- Endorsement Letters - Two letters endorsing the activity

**(The following items must have a Start & End date that includes: month, day and year)**

- Project/Program Budget
  - List all revenue (funding sources) and expenses for the project or program
  - Requests for small capital and/or to purchase equipment require additional information to validate the expenses in the project budget (i.e. estimates from vendors).
- Organization's Operating Budget – Current Fiscal Year
  - If funding is for support during the following fiscal year, also provide a DRAFT of Operating Budget for such year.
- Income Statement - Recently Completed Fiscal Year
- Current Balance Sheet - (not older than three months)

(D) IRS, Charters, By-Laws, Articles of Incorporation

**Provide One copy only:**

- Internal Revenue Service letter advising that the organization is tax-exempt under Section 501(c) (3) of the Code, and its status under 509(a).
- Organization's charter and bylaws
- Articles of Incorporation – if applicable

**Proposals are to be sent to the following address:**

Postal Service

John M. Ross Foundation  
c/o Bank of Hawaii, Trustee  
Charitable Foundation Services #758  
P. O. Box 3170  
Honolulu, Hawaii 96802-3170

Over night deliveries

John M. Ross Foundation  
c/o Bank of Hawaii, Trustee  
Charitable Foundation Services #758  
130 Merchant Street, Room 530  
Honolulu, Hawaii 96813

**Due to security measures in the building, hand-delivered proposals are strongly discouraged.**

*Applicants will be notified in writing of the action taken on their requests. The recipient of a grant will be required to submit a narrative report specific to the Foundation's Reporting Guidelines on what has been accomplished as a result of the grant, and a fiscal accounting of the grant expenditures.*

*This invitation to submit a grant proposal does not guarantee your organization will be selected to receive any funding. The Foundation may receive more requests for assistance than its funds permit supporting. However, normally, all applications are considered, and each is acted upon according to its current and projected relative merit, provided it is in keeping with the deed of trust.*

Contact Information for John M. Ross Foundation:

Paula Boyce, AVP & Grants Administration Officer  
Phone. (808) 694-4945 Fax: (808) 694-4006  
Email address. [paula.boyce@boh.com](mailto:paula.boyce@boh.com)

Elaine Moniz, Administrative Assistant  
Phone. (808) 694-4944 Fax: (808) 694-4006  
Email address [elaine.moniz@boh.com](mailto:elaine.moniz@boh.com)

**Toll-free from Neighbor Islands: 1-800-272-7262**

John M. Ross Foundation

(Bank of Hawaii Trustee)

Funding Request Cover Sheet (Program)

(TYPE all information, except for signatures, and submit with your request for funding.)

Date \_\_\_\_\_

Organization Information

(Must be a 501 (c) (3) tax-exempt organization)

(If this is a collaborative project, please submit names of collaborating agencies on a separate sheet.)

Name. \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BOARD MEMBER INFORMATION

No. of Board Members \_\_\_\_\_ Percent (%) of Financial Participation. \_\_\_\_\_

Total Contribution During Fiscal Year. \_\_\_\_\_ Median Gift \_\_\_\_\_ Average Gift. \_\_\_\_\_  
(Check One. Past \_\_\_\_ or Current FY \_\_\_\_)

Contact Information

Name: \_\_\_\_\_ Title \_\_\_\_\_

Complete Address. \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Project Information

Program Title: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Two signatures are required

Executive Director (Chief Compensated Staff)

Board Chair or President (Chief Volunteer)

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Print or Type Name and Title