

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



Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0052

2016

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.

Open to Public Inspection

For	calen	dar year 2016 or tax year beginning		2016, a	nd e	nding		, 20
		undation		-			r identification numbe	
Mai	rchall s	and Yuko Hung Foundation			l		80-0346745	
		d street (or P O, box number if mail is not delivered to street address)		Room/sur	te	B Telephon	e number (see instruction	ons)
215	N. Kin	na St		1000			(808) 526-2027	•
City	or tow	n, state or province, country, and ZIP or foreign postal code		1000		C If exempt	ion application is pendi	
						• II exemp	оп арриоскоп ю рола	ing, chock holds
		HI 96817 call that apply: Initial return Initial return Initial return	of a former r	ublic ch	arity	D 1 Former	n organizations, check l	nere ▶ 🗍
u	OHECK	Final return Amended		Jubilo Oili	ارس	D I. TOTEIG	rorganizations, check i	iele P
		☐ Address change ☐ Name char				2. Foreigi	n organizations meeting here and attach compu	the 85% test,
Н	Chook	type of organization: Section 501(c)(3) exempt p		tion			foundation status was t	
		on 4947(a)(1) nonexempt chantable trust Other tax			on	section 5	07(b)(1)(A), check here	▶□
		narket value of all assets at J Accounting method						
		f year (from Part II, col. (c),	. E Casii		uai	F If the four	ndation is in a 60-month ction 507(b)(1)(B), check	n termination
	line 16		on each bacic		}	under sex	311011 001 (D)(1)(D), 011031	(Hele : -
	art I		On Cash Dasis	,				(d) Disbursements
	artı	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue : expenses p books			nvestment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)						(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	5	5,000				
	2	Check ► ☐ if the foundation is not required to attach Sch. B		ŀ				
	3	Interest on savings and temporary cash investments	4	5,991		45,991	45,991	
	4	Dividends and interest from securities						
	5a	Gross rents	<u> </u>		(a) to	20 00	=====	
	b	Net rental income or (loss)			<u>UE</u>	IVED		
9	6a	Net gain or (loss) from sale of assets not on line 10	9				S	
Jue 1	b	Gross sales price for all assets on line 6a	8	IJΑ	N 3	0 2017	9	
Revenue	7	Capital gain net income (from Part IV, line 2)		<u>'</u>			RS	
Œ	8	Net short-term capital gain		de	DE	N, UT		
	9	Income modifications	<u> </u>	===		14, 01	العصم	
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold						
)	С	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	10	0,991		45,991	45,991	
Ø	13	Compensation of officers, directors, trustees, etc.						
benses	14	Other employee salaries and wages						···
er	15	Pension plans, employee benefits						
	16a	Legal fees (attach schedule)		1,097		1,097	1,097	1,097
9	b	Accounting fees (attach schedule)		1,257		1,257	1,257	1,257
⋛	С	Other professional fees (attach schedule)						
tra	17	Interest		-+				
nis	18	Taxes (attach schedule) (see instructions)		-				
Ē	19	Depreciation (attach schedule) and depletion						
Ad	20	Occupancy		-				
ğ	21	Travel, conferences, and meetings						 .
Operating and Administrative Ex	22	Printing and publications				10 000	40.000	4
ng	23	Other expenses (attach schedule)		,219)		(1,219)	(1,219)	(1,219)
ati	24	Total operating and administrative expenses. Add lines 13 through 23						
9	0-	-		1,135		1,135	1,135	1,135
Q	25	Contributions, gifts, grants paid		3,657				243,657
_	26	Total expenses and disbursements. Add lines 24 and 25	24	4,792		1,135	1,135	244,792
	27	Subtract line 26 from line 12:						
	а	Excess of revenue over expenses and disbursements	(143	,801)				
	b	Net investment income (if negative, enter -0-) .				44,856		
		Adjusted net income (if negative enter -0-)	1	1			44.856	1

D۵	rt II	Ralance Sheets	Attached schedules and amounts in the description column	Beginning of year	End o	f year
_			should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1		bearing	0	10,000	10,000
	2	Savings and tempora	ary cash investments	7,170,540	7,016,739	6,996,744
	3	Accounts receivable				
		Less: allowance for o	doubtful accounts ▶			
	4	Pledges receivable ▶				
		Less: allowance for o	doubtful accounts ▶			
l	5					
	6	Receivables due fro	m officers, directors, trustees, and other			
	1	disqualified persons	(attach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) ▶			
,		Less: allowance for dou	ubtful accounts ▶			
2	8	Inventories for sale o	or use			
Assets	9		nd deferred charges			
As	10a		state government obligations (attach schedule)			
	Ь		rate stock (attach schedule)			
	C	•	rate bonds (attach schedule)			
	11		dings, and equipment: basis ▶			
		Less: accumulated denre	ciation (attach schedule)			
	12	Investments-morta	age loans			
	13		(attach schedule)			
	14		quipment: basis ▶			
	17	Lose: accumulated dep	reciation (attach schedule) ▶		i	
	15	Other assets (describ				
	16		be completed by all filers—see the			
	.0		e page 1, item I)	7 470 540	7 020 720	7.000.744
_	17		nd accrued expenses	7,170,540	7,026,739	7,006,744
	18					
es	19					
Liabilities	20		ectors, trustees, and other disqualified persons			
abi	21		r notes payable (attach schedule)			
֓֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֡֞	22	Other liabilities (desc				
	23		ribe)			
	23	 				
S		and complete lines	llow SFAS 117, check here ▶ □ 24 through 26 and lines 30 and 31.		1	
ĕ	24	•				
<u>ia</u>	2 4 25	Temporarily restricted				
B	26 26	•	ed			
ā	20	•				
٦		and complete lines	o not follow SFAS 117, check here ► 🔲		ļ	
ō	27	•	principal, or current funds			
Net Assets or Fund Balances	28		plus, or land, bldg., and equipment fund			
se	29	-	cumulated income, endowment, or other funds			
As	30	•	fund balances (see instructions)	7 470 540	7.020.720	
t e	31		and net assets/fund balances (see	7,170,540	7,026,739	
Ž	٥.			7 470 540	7.020.720	
Pa	rt III		nges in Net Assets or Fund Balances	7,170,540	7,026,739	
			palances at beginning of year—Part II, colui	mn (a) line 30 (must	agree with I	
•			d on prior year's return)			7 470 540
2		r amount from Part I, I	•		<u> </u>	7,170,540
_						(143,801)
3	OHIE	tings 1 2 and 2	led in line 2 (itemize)		4	7 000 700
_	_				<u> </u>	7,026,739
e S	Tota	Last assets or fund be	line 2 (itemize) ► alances at end of year (line 4 minus line 5)—I	Part II. column (h) Im	e 30 6	7 020 700
	- 510	o. addotto or fund be	amino trimido into o/-1	, column (b), iii		7,026,739

Part	Capital Gains and	LOSSES IOI TAX OII IIIVESUI	ient income	I 63 11	1	
		kind(s) of property sold (e.g., real estates; 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.)
1a	SEE SCHEDULE ATTACHED					
b						
С						
d		·····				
e				<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) f) minus (g)
<u>a</u> b						
C	_					
d						
<u></u> е					·.·	
	Complete only for assets show	ing gain in column (h) and owned	by the foundation	on 12/31/69	M Gauss (Co.	(h) gain minus
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any	col. (k), but no	t less than -0-) or rom col. (h))
а				·		
b						
С						
d						
е						
2	Capital gain net income or (not capital local 1	also enter in Pa , enter -0- in Pa		2	0
3	Net short-term capital gain	or (loss) as defined in sections				
	If gain, also enter in Part I,	line 8, column (c) (see instruc	ctions). If (loss)			_
Part		r Section 4940(e) for Redu		let Investment	3	0
Was tl		this part blank, ection 4942 tax on the distribu ualify under section 4940(e). D			base period?	☐ Yes ☑ No
1	<u></u>	nt in each column for each ye	<u>' —</u>	'	aking any entries	
	(a)	(b)	110 110 110 11	(c)	T T	(d)
Cale	Base penod years ndar year (or tax year beginning in)	Adjusted qualifying distribution	s Net value o	f noncharitable-use a		inbution ratio divided by col. (c))
	2015				(00 (2)	
	2014					
	2013					
	2012					
	2011			·····		
2	Total of line 1, column (d)				. 2	
3	Average distribution ratio fo	r the 5-year base period—divi	de the total on I	ine 2 by 5, or by		
	number of years the founda	tion has been in existence if le	ess than 5 years		. 3	
4	Enter the net value of nonch	naritable-use assets for 2016 f	rom Part X, line	5	. 4	· · · · · · · · · · · · · · · · · · ·
5	Multiply line 4 by line 3 .				. 5	
6	Enter 1% of net investment	income (1% of Part I, line 27b)		. 6	
7	Add lines 5 and 6				. 7	
8	Enter qualifying distributions	s from Part XII, line 4			. 8	
-		er than line 7, check the box in				% tax rate. See the

Part		nstr	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		N/A	
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			,
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			
3	Add lines 1 and 2			
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:			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
þ	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c			
_d	Backup withholding erroneously withheld			
7 8	Total credits and payments. Add lines 6a through 6d			
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 2017 estimated tax > Refunded > 11			
art	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		\
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		1
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		✓_
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			1
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		\
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	3		, 🗸
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1
ъ	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 during the year?	5		✓
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	,	
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	1	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
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	8b	1	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		- <u>-</u>	
-	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		/

Page 5

Part	VII-A 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)		Yes	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)	11		
40	• • • •	12		
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓	L
14	Website address ► None The books are in care of ► Marshall W. Hung Telephone no. ► (80)	8) 526	2027	
14		9681		
15	Located at ► 215 N. King St., #1000, Honolulu, HI ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		.	▶ □
.5	and enter the amount of tax-exempt interest received or accrued during the year	• •	•	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		7	,
	the foreign country ▶	<u> </u>		
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):		İ	'
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(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 No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			ſ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ 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.)			,
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)?	1b	7	
	Organizations relying on a current notice regarding disaster assistance check here ▶□			
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 2016?	1c		→
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)):			- :
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 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			
	all years 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 , 20			,
3a	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 2016 as a result of (1) any purchase by the foundation or		1	
-	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 2016.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		✓
Ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			

Onen	c
Page	C

Part	VII-B Statements Regarding Activities	s for V	Vhich Form	4720	May Be R	equire	d (contin	ued)		-	
5a	During the year did the foundation pay or incur a	iny amo	ount to:			7-4-					
	(1) Carry on propaganda, or otherwise attempt t(2) Influence the outcome of any specific public						Yes	✓ No			
	directly or indirectly, any voter registration dr		· · · · ·			arry Ori,	☐ Yes	√ No		i	ı
	(3) Provide a grant to an individual for travel, stu		other similar i	ourpos	es?		Yes	☑ No	1		
	(4) Provide a grant to an organization other than			_	ation desc	nbed in		_			
	section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious					otional	Yes	✓ No	·		
	purposes, or for the prevention of cruelty to						□Yes	√ No	.	Ì	
b	If any answer is "Yes" to 5a(1)-(5), did any of the							_			
	Regulations section 53.4945 or in a current notice	_	-		•	uctions)?		5b		
_	Organizations relying on a current notice regardi	_									,
С	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility				ption from		∵ ∏Yes	□No	.		
	If "Yes," attach the statement required by Regula		-				□ 163				1
6a	Did the foundation, during the year, receive any					emiums	;				
	on a personal benefit contract?						☐ Yes	☑ No	1		i
b	Did the foundation, during the year, pay premiur If "Yes" to 6b, file Form 8870.	ns, dire	ectly or indire	ctly, on	a personal	benefi	t contract'		6b	_	,
7a	At any time during the tax year, was the foundation	a party	to a prohibited	tax sh	elter transac	tion?	☐ Yes	☑ No			
b	If "Yes," did the foundation receive any proceed	s or ha	ve any net inc	come a	ttributable i	to the t			7b	-	
Part	VIII Information About Officers, Direct	tors, 1	Frustees, F	ounda	tion Mana	agers,	Highly P	aid E	mploy	ees,	
1	and Contractors List all officers, directors, trustees, foundation	n mana	agers and th	eir con	nnensation	lsee i	nstruction				
			e, and average		mpensation		Contributions	<u> </u>	(e) Expe		
	(a) Name and address		rs per week ed to position		not paid, ter -0-)		yee benefit perred compe			allowar	
	all W. Hung										
<u>394 A</u> uko i-	ina Lani Way, Honolulu, HI 96822	Pres.,	Treas., >1hr	<u></u>	0			0			0
	ina Lani Way, Honolulu, HI 96822	V.P., S	ec., >1hr.		0			0			0
llan L			,								<u>×</u>
		Directo	or, <1hr.		0			0			0
		ĺ									
2	Compensation of five highest-paid employed	es (oth	er than thos	se incl	uded on li	ne 1-:	see instru	ction	s). If n	one,	enter
	"NONE."				_				•		
			(b) Title, and a	verage			(d) Contribu employee I		(e) Expe	nse ac	count.
,	a) Name and address of each employee paid more than \$50,00	90	hours per v devoted to pe		(c) Comper	sation	plans and d compens	eferred		allowar	
he Fo	undation has no employees, paid or otherwise		 								
	1 - 1										
			 								
								į			
											
otal	number of other employees paid over \$50,000 .		L	 -			L	. •			
									Form 99	0-PF	(2016)

Part VIII	Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	on Managers, Highly Paid Em	ployees,
3 Fiv	e highest-paid independent contractors for professional services (see i	nstructions). If none, enter "NON	E,"
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
here wer	e no independent contractors paid over \$50,000 during the year		
Total nun	nber of others receiving over \$50,000 for professional services		
Part IX-	A Summary of Direct Charitable Activities		
	oundation's four largest direct charitable activities during the tax year. Include relevant stati- tions and other beneficianes served, conferences convened, research papers produced, etc.	stical information such as the number of	Expenses
scho	Marshall and Yuko Hung's only activity is to making charitable contributions pols in the State of Hawaii. In addition, it makes charitable contributions to ot		
wort	hy.		
2			
3)
4			
Part IX-	B Summary of Program-Related Investments (see instruction	ns)	
Describe	the two largest program-related investments made by the foundation during the tax year on lin		Amount
1			
2			
	program-related investments. See instructions.		
3			
otal. Add	d lines 1 through 3	<u> </u>	

Form **990-PF** (2016)

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn found	ations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	1 [
	purposes:	.	
а	Average monthly fair market value of securities	1a	6,955,886
b	Average of monthly cash balances	1b	104,324
C	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	7,060,210
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	1 1	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	7,060,210
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	105,903
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,954,307
6	Minimum investment return. Enter 5% of line 5	6	347,715
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► □ and do not complete this part.)	oundatio	ns
1	Minimum investment return from Part X, line 6	1	347,715
2a	Tax on investment income for 2016 from Part VI, line 5		<u> </u>
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b	1 1	
C	Add lines 2a and 2b	2c	a
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	347,715
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4	5	347,715
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		 _
	line 1	7	347,715
			347,710
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish chantable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	243,657
b	Program-related investments—total from Part IX-B	1b	
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 chantable projects that satisfy the:		
а	Suitability test (pnor IRS approval required)	3a	
Ь	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	243,657
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 (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	243,657
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	

1	Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
	line 7				347,715
2	Undistributed income, if any, as of the end of 2016:				
а	Enter amount for 2015 only			0	
b	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2016:				
а	From 2011 19,379				
b	From 2012				
C	From 2013 6,124				
d	From 2014 96,472				
e	From 2015				
f	Total of lines 3a through e	203,436			
4	Qualifying distributions for 2016 from Part XII,				
	line 4: ► \$				
а	Applied to 2015, but not more than line 2a .			0	
Ъ	Applied to undistributed income of prior years	j		j	
	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see instructions)	0			· · · · · · · · · · · · · · · · · · ·
d	Applied to 2016 distributable amount				243,657
е	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2016	144,279			144,279
	(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	59,157			
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)			1	
	tax has been previously assessed		0		
d	Subtract line 6c from line 6b. Taxable				
	amount-see instructions		o		
e	Undistributed income for 2015. Subtract line				
	4a from line 2a. Taxable amount-see			İ	
	instructions			0	
f					
	4d and 5 from line 1. This amount must be				
	distributed in 2017				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section]	Ì	Ì	
	170(b)(1)(F) or 4942(g)(3) (Election may be			l	
_	required—see instructions)	o			
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions) .	0			
9	Excess distributions carryover to 2017.	1	1		
	Subtract lines 7 and 8 from line 6a	59,157			
10	Analysis of line 9:		1		
a	Excess from 2012				
þ	Excess from 2013]	}	1	
C	Excess from 2014	Ì			
d	Excess from 2015				
е	Excess from 2016 32,806	ì	- 1	1	

Contribution requests should be submitted in writing to the Marshall and Yuko Hung Foundation, 215 N. King St., #1000, Honolulu, HI 96817

b The form in which applications should be submitted and information and materials they should include:

The principals of Hawaii public elementary schools should submit proposals to the Foundation on how they believe they can improve their respective institutions with grants that they might receive. Other charities can submit their written requests. All requests are reviewed.

c Any submission deadlines:

Submission deadlines for elementary schools are established each year and communicated to them. No deadlines for others.

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Awards made to deserving elementary schools are generally limited to \$75,000 per year. Awards for others are determined by the Board.

Part	Grants and Contributions Paid During t		ed for Fut	ure Payment	
	Recipient	If recipient is an individual,	Foundation		T
		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of	Purpose of grant or contribution	Amount
	Name and address (home or business) Paid during the year	or substantial contributor	recipient		ļ
а	Paid during the year		İ		
SEE A	TTACHED SCHEDULE				
					}
					İ
					ļ
					1
					Į.
					ĺ
					\
					1
	Total			▶ 3a	243,65
b	Approved for future payment				
					ì
	Total		·	> 3b	

Pa	rt X\	/I-A Analysis of Income-Producing Ac	ctivities				
_		ss amounts unless otherwise indicated.		siness income	Excluded by secti	on 512, 513, or 514	
	_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	a a	gram service revenue:			 		· · · · · · · · · · · · · · · · · · ·
	a b				 		
	C				 		-
	ď				 		
	ŭ.						
	•		<u> </u>		 		
	٠,				-		
_	_	Fees and contracts from government agencies	<u> </u>		ļ		· · · · · · · · · · · · · · · · · · ·
2		mbership dues and assessments		L			
3		rest on savings and temporary cash investments			14	45,991	·
4		dends and interest from securities					
5		rental income or (loss) from real estate:					
		Debt-financed property		·			
		Not debt-financed property ,					
6		rental income or (loss) from personal property			<u> </u> i		
7	Oth	er investment income					
8	Gair	or (loss) from sales of assets other than inventory					
9	Net	income or (loss) from special events					
10	Gro	ss profit or (loss) from sales of inventory					
11		er revenue: a					
	b						
	C						
	ď						
	 e						
12	Sub	total. Add columns (b), (d), and (e)				45,991	
				<u> </u>	L.,	13	45 004
12	Tot						
		al. Add line 12, columns (b), (d), and (e)					45,551
See	worl	sheet in line 13 instructions to verify calculation	ıs.)				45,991
See Pa	wor	Alba Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	worl	Alba Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Ale Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Alba Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Alba Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		nportantly to the tions.)
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Asheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		
See Pa	wor rt X\ e No.	Alba Relationship of Activities to the A	s.) .ccomplishm	ent of Exemp	t Purposes		

	VV /II	·	Deposition Trac	antom To and T		I	المامين المام	- With	Manaha	-1-1-1		ge 10
Part	IIVX		n Regarding Trai ganizations	nsiers to and th	ransacuo	ns and H	elationsni	ps with	Noncha	rtable)	
1	Did the		firectly or indirectly	engage in any of t	he followin	g with any	other organ	nization de	escribed		Yes	No
	in sect		e Code (other than									
а	_		orting foundation t	o a noncharitable e	exempt org	anization	of:			1	1	1
_		sh								1a(1)		· /
	• •	her assets .								1a(2)		<u> </u>
b		transactions:		<i>.</i>	• • •			· · · ·	•	1.0(2)		
			a noncharitable ex	empt organization						1b(1)		7
	(1) Sales of assets to a nonchantable exempt organization					1b(2)		<u> </u>				
	(2) Purchases of assets from a noncharitable exempt organization					1b(3)		<u> </u>				
			rangements				• • • •			1b(4)	\dashv	
		ans or loan gua	_				• • • •			1b(5)		 -
		_	ervices or members				• • • •			1b(6)		-
С			quipment, mailing l	•			• • • •			1c		
			of the above is "Ye				`olumn (h) s	hould alv	· ·		l	orkot
u			ther assets, or serv									
	value i	n anv transactic	on or sharing arrang	rement show in co	oporting it	runuation. re value of	the goods	other ass	ete orea	nices i	roceiv	ved
(a) Line		Amount involved		hantable exempt organi			ption of transfe					
(4)	(/ Turiouri involved	(a) Thanks of Hork	maritable exempt organi		(a) Deson	puon or truisie	10, Harrogotte	, wid 3/14	ing and	- Ingenie	
						ļ <u>-</u>						
				·····								
												
												
						 -						
												
												
											<u> </u>	
								 -				
			<u> </u>	rett a sub-			·- <u>·</u>					
2a			ctly or indirectly at					ot organiz		.		_
			601(c) of the Code (30 NC)(3)) C	in secuo	115277		· · L	Yes	∀ [NO
<u>b</u> _	it Yes		following schedule	,								
		(a) Name of organi		(D) Type of	organization			(c) Description	on of relation	aship		
				-								
	l Destar	nonaltino of access	declare that I have examin	ad this mature is a budge of		-b	-1-1	1- 1b- b1	(11	-1-7 ·	
Sign	correct	penalues of perjury, i , and/complete. Decla	aratión of preparer (other th	ed this return, including at nan taxpayer) is based on a	ccompanying s all information (cnedules and of which prepa	statements, and trer has anv knov	to the pest o viedae.	my knowled	ge and b	etier, it	is true,
_		correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					May the IF with the p					
Here		President (see II					(see instruc					
		ture of officer or trus	/_	Date '	Title		T D-1			TIN'		=
Paid Pnnt/Type preparer's name Preparer's signature Date						Chec	:k [✓] /f [TIN				
ricparci				1/21/	7 self-	employed	P004	12023	7			
Use (Only 📙	y Firm's name ► Paul L. Takenaka, CPA Firm's EIN ►										
		Firm's address 🕨 1	1288 Kapiolani Blvd.	<u>, #1507, Honolulu, F</u>	ii 96814			Phone no		8) 589-		
									Fo	nm 990	-PF	(2016)

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service ► 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.

Name of the organization

Employer identification number

80-0346745

Organization type (check one):						
Filers o	f:	Section:				
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		☐ 527 political organization				
Form 990-PF		501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(7)	covered by the General Rule or a Special Rule. , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l Rule					
Ø	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % 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 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization **Employer identification number** 80-0346745 Marshall and Yuko Hung Foundation Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person \square 1 Kenneth & Diane Matsuura Foundation Payroll 10,000.00 Noncash 803 Ainapo St. (Complete Part II for Honolulu, HI 96825 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person \square Tom Zimmerman Pavroll 607 Milikai St. 10,000.00 Noncash П (Complete Part II for noncash contributions.) Kailua, HI 96734 (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

3	Marcus & Associates 1045 Mapunapuna St. Honolulu, HI 96819	\$ 10,000.00	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Vito Galati P.O. Box 939 Honolulu, HI 96808	\$ 5,000.00	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	Emmett R. Quady Foundation 302 Old La Honda Road Woodside, CA 94062	\$ 10,000.00	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6	Ernest H. Hui Family Foundation 44-244 Malae Pl. Kaneohe, HI 96744	\$ 10,000.00	Person	
		Schedule B (Fe	orm 990, 990-EZ, or 990-PF) (2016)	

Name of organization Employer identification number

Marshall and Yuko Hung Foundation 80-0346745

Noncash Property (See instructions). Ose duplicate copies of Part II if additional space is needed.						
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	s					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	 \$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	\$					
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received				
	 \$					
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (c) FMV (or estimate) (See instructions) \$ Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions) \$ Description of noncash property given (c) FMV (or estimate) (See instructions) \$ Description of noncash property given (c) FMV (or estimate) (See instructions) \$ Description of noncash property given (c) FMV (or estimate) (See instructions) \$ Description of noncash property given (c) FMV (or estimate) (See instructions) \$ Description of noncash property given (c) FMV (or estimate) (See instructions) \$ Description of noncash property given (c) FMV (or estimate) (See instructions)				

lame of on	ganization			Employer identification number				
	nd Yuko Hung Foundation			80-0346745				
Part III		the year from any on ions completing Part II e year. (Enter this infor	e contributor. Ol, enter the total mation once. Se	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,				
(a) No.		illoriai space is needed	<u>. </u>					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
1.								

	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	Relation	ship of transferor to transferee				
ſ								
(a) No.			·· ···					
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held				
raiti								
		(e) Transfer	of gift					
	Tourstone la nome address an	7ID . 4	Dalatian					
-	Transferee's name, address, ar	IQ ZIP + 4	Relationship of transferor to transferee					
] .								
1			·					
(a) No. from	(b) Purpose of gift	(c) Use of g	of gift (d) Description of how gift i					
Part I	(b) I dipose of gift	(0) 036 01 9						
-	(e) Transfer of gift							
Ì	(a)a.io.e. o. Aur							
1	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee				
/av Na								
(a) No. from Part I	(b) Purpose of gift	(c) Use of (of gift (d) Description of how gift is held					
] .								
<u> </u>		(a) Tennofa-	of gift					
	(e) Transfer of gift							
	Transferee's name, address, ar	ıd ZIP + 4	Relationship of transferor to transferee					
-			110-0-2011					
[]								

MARSHALL AND YUKO HUNG FOUNDATION

80-0346745 Form 990-PF Statements

Part I, Line 16a, Legal Fees:	
Cades Schutte	1,097
Part I, Line 16b, Accounting Fees:	
Paul L. Takenaka (accounting and tax return preparation)	1,257
Part I, Line 23, Other Expenses:	
Reimbursements	(1,225)
Fees	6
	(1,219)