

### 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

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. 2016

Open to Public Inspection

For	r calen	dar year 2016 or tax year beginning		, 2010	3, <u>and</u> (	ending		, 20
Na	me of for	Indation		<u>, , , , , , , , , , , , , , , , , , , </u>		A Employe	r identification numbe	r
G	race &	Richard Okita Foundation				99 -	0349094	
Nu	mber and	street (or P O. box number if mail is not delivered to str	eet address)	Room	/surte	B Telephon	e number (see instructi	ons)
38	35 Kuli	ouou Road				808	- 396-0269	
Čit	y or town	, state or province, country, and ZIP or foreign postal co	de	<del></del>		C If everynt	on application is pend	ng check here >
	•	ı, HI, 96821			,	O II evenib	ion application is pend	ing, check here [_]
			Initial return	of a former public	charity	D 1 Farmer	araanizationa ahaak l	
G	OHECK		Amended :	•	Citatity	ו עו. roreigi	n organizations, check (	nere. ►∐
			Name char				organizations meeting	
	Ob selv			<del></del>			here and attach compu foundation status was t	
		type of organization: Section 501(c)(3			• ••		07(b)(1)(A), check here	
느		n 4947(a)(1) nonexempt charitable trust						
ı			-	: 🗹 Cash 🗌 A	ccrual		ndation is in a 60-mont	h termination
			(specify)			under sec	ction 507(b)(1)(B), checl	chere ► 🗹
_	line 16			on cash basis.)		L.,	· · · · · · · · · · · · · · · · · · ·	<del></del>
P	art I	Analysis of Revenue and Expenses (The to		(a) Revenue and	(h) Not	investment	(c) Adjusted net	(d) Disbursements for chantable
		amounts in columns (b), (c), and (d) may not necessal	rily equal	expenses per books		icome	income	purposes
			hedule 1	20010				(cash basis only)
_	1	Contributions, gifts, grants, etc., received (attach	schedule)	67,465			L	
	2	Check ► ☐ if the foundation is <b>not</b> required to atta	ach Sch. B	,				
	3	Interest on savings and temporary cash inve	estments	26				
	4	Dividends and interest from securities .		378				
	5a	Gross rents						
	Ь	Net rental income or (loss)		The second second	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The work of the said of the said	Part Porter.
<u>o</u>	6a	Net gain or (loss) from sale of assets not or	line 10				•	
Revenue	Ь	Gross sales price for all assets on line 6a						
š	7	Capital gain net income (from Part IV, line 2	2)	,				
æ	8	Net short-term capital gain	-					
	9	Income modifications				· · · · ·		
	10a	Gross sales less returns and allowances				5 mm 873.5 ml		at the sale states a
	b	Less: Cost of goods sold		Land Rough - St.	A. F. 3"- 34 A.		To pro- marchine to the mark	% इ. ७३ ल्ल्ड्रह्म <b>१४.</b> ५ <b>४</b>
	C	Gross profit or (loss) (attach schedule) .						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11		67,868		0	0	
_	<b>@3</b>	Compensation of officers, directors, trustee		0		0	0	0
xpenses	ध्ये	Other employee salaries and wages						
Ĕ	25	Pension plans, employee benefits						
ğ	16a	Legal fee@attach schedulehouz 101 S	chedule 5					
Ü	O b	Accounteding Hilland Highligh 100 S	chedule 5	1,800				, <u>-</u>
<u>≥</u>	L c	Other professional fees (attach schedule)	chedule 5		l		<del></del>	
Ę	<b>∓</b> 17	Interest . OGDEN: U						
St	.18	Taxes (attach schedule) (see instructions)						
Ę	119	Depreciation (attach schedule) and depletic	on		<u> </u>			
Ę	20	Occupancy						
₹	₽21	Travel, conferences, and meetings						
5	22	Printing and publications			<u> </u>			
g B	23	Other expenses (attach schedule)		150	<u> </u>	<del></del>		
Ē	24	Total operating and administrative e	xpenses.	ļ	<del>                                     </del>			
rat	-	Add lines 13 through 23		1,950		0	l	n
Operating and, Administrative Ex	25	Contributions, gifts, grants paid S	chedule 9	40,500			<u>°</u>	40,500
0	26	Total expenses and disbursements. Add lines	•	42,450		0	0	
_	27	Subtract line 26 from line 12:	L 7 WIN 20	42,430	<del> </del>		<u> </u>	40,300
	a	Excess of revenue over expenses and disbut	rsemente	25,418				ļ
	b	Net investment income (if negative, enter		25,410	<del>                                     </del>	0	<del> </del>	
	1	Adjusted net income (if negative, enter -0	-	<del></del>	<del> </del>		0	
		majastea net moonie (ii negative, chiel -0	<u> </u>	<u> </u>	<u> </u>		<u>.                                    </u>	L

Pa	rt II	Ralance Shoots Attached schedules and amounts in the description column	Beginning of year		nd c	of year
9		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	•	(c) Fair Market Value
_	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	650,214	675,	632	675,632
	3	Accounts receivable ▶	P	*		
- 1		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶				
1	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
İ	7	Other notes and loans receivable (attach schedule)				
		Less: allowance for doubtful accounts ▶				
ts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
¥	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	C	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶		_		
		Less: accumulated depreciation (attach schedule)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule) Schedule				
	14	Land, buildings, and equipment; basis				
		Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe ► Schedule )				
	16	Total assets (to be completed by all filers—see the				
		instructions. Also, see page 1, item l)	650,214	675,	632	675,632
	17	Accounts payable and accrued expenses		·····		
ű	18	Grants payable				Parasi Service Company
Liabilities	19	Deferred revenue Schedule				
ē	20	Loans from officers, directors, trustees, and other disqualified persons				
Ę.	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ► )				
	23	i otal liabilities (add lines 17 through 22)	0	<del></del>	0	
es		Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.				The second of the second
Net Assets or Fund Balances	24	Unrestricted				
ala	25	Temporarily restricted			-	
Ö	26	Permanently restricted				
2		Foundations that do not follow SFAS 117, check here ▶ ☑				
3		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds	100		100	The series of the series of the series
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund				The section of the passages
စ္တ	29	Retained earnings, accumulated income, endowment, or other funds	650,114	675	532	1
Ā	30	Total net assets or fund balances (see instructions)	650,214	675		1
te l	31	Total liabilities and net assets/fund balances (see				
~		instructions)	650,214	675	632	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		I net assets or fund balances at beginning of year-Part II, colu				
	end-	-of-year figure reported on prior year's return)		[	1	650,214
2		er amount from Part I, line 27a		[	2	25,418
3					3	
4		lines 1, 2, and 3		[	4	675,632
5	Deci	reases not included in line 2 (itemize) ▶ Schedule			5	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), Iir	ne 30 [	6	675,632
						Form <b>990-PF</b> (2016)

Part	V Capital Gains and	Losses for Tax on Investment	Income			
		e kind(s) of property sold (e g , real estate, se; 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)
<u>1a</u>	NA					
<u>b</u>						<u> </u>
<u>c</u>	***		,,			
d	* · . ·					1
- 0	4.5	(f) Depreciation allowed	(a) Cost or	other basis	(h) G	ain or (loss)
	(e) Gross sales price	(or allowable)		nse of sale		(f) minus (g)
а						
b					-	
С						
<u>d</u>						
е_	Complete only for assets sho	wing gain in column (h) and owned by th	e foundation	on 12/31/60		
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), but n	ol (h) gain minus ot less than -0-) <b>or</b> (from col (h))
<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del></del>	*		<del></del>	·- · · · · · · · · · · · · · · · · · ·
b	· · · · · · · · ·				·	
С						<del></del>
d						
е						
2	Capital gain net income or	r (net capital loss) { If gain, also If (loss), ent				
3		n or (loss) as defined in sections 122 I, line 8, column (c) (see instruction	2(5) and (6)	:	2	
	Part I, line 8			] ]	3	
Part	V Qualification Und	er Section 4940(e) for Reduced	Tax on N	et Investment	Income	
(For o	ptional use by domestic pri	vate foundations subject to the sect	ion 4940(a)	tax on net invest	ment income.)	
lf sect	ion 4940(d)(2) applies, leave	e this part blank				
Was t	he foundation liable for the	section 4942 tax on the distributable qualify under section 4940(e). Do no			pase period?	☐ Yes 🗹 No
1		punt in each column for each year; se		•	aking any entries	
	(a)	(b)	1	(c)		(d)
Cale	Base period years endar year (or tax year beginning in)	Advicted avalitions distributions	Net value of	f noncharitable-use as		stnbution ratio divided by col. (c))
	2015	39,340		601		6.54%
	2014	31,750		567		5.59%
	2013	37,665		530	,915	7.09%
	2012	35,955	<del></del>	492		7.30%
	2011	28,600	<u> </u>	462	,950	6.18%
2 3	Total of line 1, column (d)				. 2	32.70%
3		for the 5-year base period—divide tl dation has been in existence if less th			1 1	6.54%
4	Enter the net value of non-	charitable-use assets for 2016 from	Part X, line	5	. 4	640,250
5	Multiply line 4 by line 3				. 5	41,872
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	41,872
8	Enter qualifying distributio	ns from Part XII, line 4	 		. 8	40,500
	Part VI instructions	ter than line 7, check the box in Par	t vi, line 1b	, and complete t	riat part using a	1% tax rate. See th

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instru	ctio	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)	~	£_" º≿	3:38.5
b	*Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here ▶ ☐ and enter 1% of Part I, line 27b			
С	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-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
6	Credits/Payments:			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 6a			ļ
b	Exempt foreign organizations—tax withheld at source 6b			
C	Tax paid with application for extension of time to file (Form 8868) . 6c	ورسه و در مواتر د د د د د د د د	19 30 W	و خيست. د ت د ه
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		0	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0	
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax ▶ Refunded ▶ 11			
1a	VII-A Statements Regarding Activities  During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıa	participate or intervene in any political campaign?	1a	res	No /
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	la la		~
	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	15		_
	published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	10	سحمقصد	terenistrat
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<b>V</b>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	Bran, mar.	7. 7. 7. 3. >1. 94 -34	
	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		7
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		1
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	·	5 - B	و فرية المحدود
	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	<b>✓</b>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ►  Hawaii			
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		<b>/</b>
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		✓
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	<b>✓</b>	

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)	he e 11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualifi person had advisory privileges? If "Yes," attach statement (see instructions)			
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application	<u> </u>	1	<u> </u>
	Website address & Blanc	" <u>10</u>		
14	***************************************	808/396-0	269	
	Located at ► 385 Kuliouou Road; Honolulu, HI ZIP+4 ►	96,82		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		-	
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other auth	ority	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	1	1
	See the instructions for exceptions and filling requirements for FinCEN Form 114. If "Yes," enter the name	ə of 🚎 🛶	وي ويشيروا	F - 5
	the foreign country ►		ex	27.27.62
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):			
	<ul><li>(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes</li><li>(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a</li></ul>			
	disqualified person?		Property of the second	ES TE
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	No	ł	
	(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)?	40		
	(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.)	No it seeds	چېرې ښونون کار کې دو م	1
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulation			
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N.	A
	Organizations relying on a current notice regarding disaster assistance check here		1	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the	at		
	were not corrected before the first day of the tax year beginning in 2016?	1c	1	1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a prival operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	ite	inter order	See See
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?	No		
	If "Yes," list the years ▶ 20, 20, 20, 20		ļ	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)			1
	(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	N.	<u>A</u>
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
20	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
3a				ł
_		- 1		
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by t Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse		·	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if t	1	l	→`
	foundation had excess business holdings in 2016.)	3b	81	A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes		174	A ✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			┼ <u>~</u>
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201			1

Par	VII-B	Statements Regarding Activities	for W	/hich Form	<u>4720 l</u>	<u>May Be</u> R	equire	<b>d</b> (contil	nued)			
5a	_	ne year did the foundation pay or incur a	ny amo	ount to:						7.8°	₩ , '\	:: 2 : 3
		on propaganda, or otherwise attempt to ence the outcome of any specific public						☐ <b>Y</b> es	☑ No			
		tly or indirectly, any voter registration dri					_	☐ Yes	<b>√</b> No			
	(3) Provi	de a grant to an individual for travel, stu	dy, or o	other similar i	purpose	es?		Yes	☑ No			
		de a grant to an organization other than			_			_		1		
								☐ Yes	<b>☑</b> No	د. وعدر شرخ	原 時	1
		de for any purpose other than religious, oses, or for the prevention of cruelty to c						□Yes	<b>V</b> No			
b		swer is "Yes" to 5a(1)–(5), did any of the							_			
		ons section 53.4945 or in a current notice								5b	N	A
	_	itions relying on a current notice regardi	_						▶ 🗆			
C		swer is "Yes" to question 5a(4), does to						//۱۷۱ ~ ټــــر ٠				
		it maintained expenditure responsibility		-			• •	∐ Yes	∐ No	1 5 C	100	8 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16
6a		attach the statement required by Regula oundation, during the year, receive any					emiums					
		sonal benefit contract?		-	-			Yes	<b>☑</b> No			
b		oundation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	l benefit	contract	: <b>?</b> .	6b		<b>√</b>
7-		to 6b, file Form 8870.	الماسوسات	ka a ayahihis -	d &a al- :	-	adia = 0		[2]			
/a b		ne during the tax year, was the foundation a did the foundation receive any proceeds						☐ Yes ransactio	_	7b		
		Information About Officers, Direc									ees,	
		and Contractors										
1	List all c	officers, directors, trustees, foundation										
		(a) Name and address	hou	e, and average rs per week ed to position	(If n	mpensation not paid, ter -0-)	emplo	Contribution byee benefit erred compe	plans	(e) Expe	nse acc allowan	
*****	na Matsue	***************************************	Dir			0			0			0
	<u>Aipo St; F</u> ce Okita	lonolulu, Hl, 96825	D:-0/D	/O								
		Road; Honolulu, HI, 96821	Dir/VP	Sec		0			0			0
	ard Okita		Dir/Pre	s/Treas		0			0			0
385	Kuliouou	Road; Honolulu, HI, 96821			<b></b>	0					<del></del>	
2	Comper	nsation of five highest-paid employee	es (oth	er than tho	se inclu	uded on li	ne 1—:	see instr	uction	s). If n	one, e	enter
	(a) Name an	d address of each employee paid more than \$50,00	00	(b) Title, and a hours per v devoted to p	week	(c) Compe		(d) Contrib employee plans and compen	benefit deferred	(e) Expe	ense acc allowan	
NON	E						0		0			0
						}			-			
Total	number o	f other employees paid over \$50,000		<u> </u>		L		L				

Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En	nployees,
3	<ul> <li>and Contractors (continued)</li> <li>Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON</li> </ul>	C "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO		
		0
ota	number of others receiving over \$50,000 for professional services	0
Par	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	None	
		0
2	· · · · · · · · · · · · · · · · · · ·	
2		
3		
	the state of the s	
4		
Par	IX-B Summary of Program-Related Investments (see instructions)	<del>*************************************</del>
De	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	None	_
		0
2		
All	other program-related investments. See instructions.	
3	None	_
		0
[otal	Add lines 1 through 3	<del>                                     </del>

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit	gn founda	ations,
	· see instructions.)		·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	• purposes:		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	650,000
С	Fair market value of all other assets (see instructions)	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	650,000
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	
3	Subtract line 2 from line 1d	3	650,000
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	9,750
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	640,250
6	Minimum investment return. Enter 5% of line 5	6	32,013
Part		oundatior	<u>าร</u>
	and certain foreign organizations check here ► □ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	32,013
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b	1	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	32,013
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	32,013
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	32,013
Dord	VIII Qualifying Distributions (and instructions)	<u> </u>	
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	40,500
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 charitable projects that satisfy the:	- 7	
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	40,500
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	40,500
	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	the foundation

Part	XIII Undistributed Income (see instruction	ons)	* * * *		
1	.  Distributable amount for 2016 from Part XI,	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
•	line 7				
2	Undistributed income, if any, as of the end of 2016:				32,013
2	• • • • • • • • • • • • • • • • • • • •				
a	Enter amount for 2015 only				
b	Total for prior years: 20 14,20 13,20 12		· · · · · · · · · · · · · · · · · · ·		
3	Excess distributions carryover, if any, to 2016:		3 - 3 -	**	" (# "(% f)f)
a	From 2011				
b	From 2012				
C	From 2013				
d	From 2014		,		
e	From 2015	40.507			
f 4	Total of lines 3a through e	40,527			
4	Qualifying distributions for 2016 from Part XII, line 4: ► \$ 40,500		\$	ج بيد ه ع د ب د ب	المراجعة ال المراجعة المراجعة ال
а	Applied to 2015, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2016 distributable amount				32,013
е	Remaining amount distributed out of corpus	8,487			
5	Excess distributions carryover applied to 2016				
	(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	49,014			و توکیم در در در در در در در در بیشور در در بیشور در
b	Prior years' undistributed income. Subtract line 4b from line 2b	49,014	0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed	> 91 ×		7	ar are a some signer
d	Subtract line 6c from line 6b. Taxable	-			3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	amount-see instructions		0		
е	Undistributed income for 2015. Subtract line		Ī		
	4a from line 2a. Taxable amount-see				
	instructions			0	
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from line 1. This amount must be	, .		<del>-</del> .	
	distributed in 2017	•			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)		1		
8	Excess distributions carryover from 2011 not				
	applied on line 5 or line 7 (see instructions) .	5,452			
9	Excess distributions carryover to 2017.				· · · · · · · · · · · · · · · · · · ·
	Subtract lines 7 and 8 from line 6a	43,562			
10	Analysis of line 9:				
a	Excess from 2012   11,330				
b	Excess from 2013	1			
c	Excess from 2014 3,353	1		}	
d	Excess from 2015 9,273				
•	Excess from 2016 9,273		1		

Part	XIV Private Operating Founda	<b>tions</b> (see instru	ctions and Part \	✓II-A, question 9	)	
1a	If the foundation has received a ruling foundation, and the ruling is effective fo				N/A	Α
b	'Check box to indicate whether the four	ndation is a private	operating foundati	ion described in se	ction	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	<b>(b)</b> 2015	(c) 2014	(d) 2013	(e) rotal
	each year listed	N/A	N/A	N/A	N/A	N/A
b	85% of line 2a	N/A	N/A	N/A	N/A	N/A
С	Qualifying distributions from Part XII, line 4 for each year listed	N/A	N/A	N/A	N/A	N/A
d	Amounts included in line 2c not used directly for active conduct of exempt activities					N/A
<b>e</b>	Qualifying distributions made directly for active conduct of exempt activities.					
_	Subtract line 2d from line 2c	N/A	N/A	N/A	N/A	N/A
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					N/A
	(2) Value of assets qualifying under					B.// B
h	section 4942(j)(3)(B)(i)	·		,		N/A
J	of minimum investment return shown in Part X, line 6 for each year listed	N/A	N/A	N/A	N/A	N/A
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)					N/A
	(2) Support from general public and 5 or more exempt organizations as provided in					
	section 4942(j)(3)(B)(iii)					N/A
	(3) Largest amount of support from					
	an exempt organization					N/A
	(4) Gross investment income					N/A
Part			-	ne foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-	-see instruction	ıs.)			
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but of	•	ntributed more th	an \$5,000). (See s	ection 507(d)(2).)	
1. G	irace Y. Okita 2. Richard Y. Oki	ta				
b	List any managers of the foundation ownership of a partnership or other e					ge portion of the
2	Information Regarding Contribution	n, Grant. Gift. Loa	n, Scholarship. e	tc., Programs:		
	Check here ► ☑ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the					
	other conditions, complete items 2a,					<b>J</b>
а	The name, address, and telephone nu	<del></del>	dress of the perso	on to whom applic	ations should be a	ddressed:
NA						
ь	The form in which applications should	be submitted and	d information and	materials they sho	uld include:	
NA						
C NA	Any submission deadlines:					
d	Any restrictions or limitations on av	vards, such as by	y geographical ar	eas, charitable fi	elds, kinds of inst	itutions, or other
NA	,					

Part XV Supplementary Information (conti	inued)			
3 Grants and Contributions Paid During t	he Year or Approv		ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
See Fm 990-PF, Part I, Line 25, SCHEDULE 9, attached	None	POF	Class of Activity	4,500
See Fm 990-PF, Part I, Line 25, SCHEDULE 9, attached	None	POF	Education	33,000
See Fm 990-PF, Part I, Line 25, SCHEDULE 9, attached	None	POF	Other Contributions	3,000
	-			
	3	į į		
				6
				1
Total		<del></del>	▶ 3a	40,500
<b>b</b> Approved for future payment				
	ł		{	
	į			
Total	<del></del>	<u> </u>	<b>&gt;</b> 2h	<del> </del>

Pai	rt XVI	-A Analysis of Income-Producing Ac	uviues				
nte	r gros	s amounts unless otherwise indicated.		siness income	Excluded by section	on 512, 513, or 514	l ( <del>0</del> )
			(a)	(p)	(c)	(d)	Related or exempt function income
1	Progr	ram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	_	Not Applicable					<del></del>
	b _					···	
	c _						
	d					· · · · · · · · · · · · · · · · · · ·	
	e _					··	·
	f _					<u> </u>	
_		ees and contracts from government agencies				<del></del>	
		bership dues and assessments	ļ				l
	_	est on savings and temporary cash investments	14	26			<u> </u>
		ends and interest from securities	14	378			
J		ental income or (loss) from real estate:					
		ebt-financed property				<del></del>	
6		ental income or (loss) from personal property	<del></del>	····	<u> </u>	<del></del>	
7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events				<del> </del>	
10		s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b _						
	c _						
	d _						
	е						
	_						
			C. 554 J. J.	404	a a fine of the a	0	0
13	Total	I. Add line 12, columns (b), (d), and (e)		404	<del></del>	13	<u> </u>
<b>13</b> See	<b>Total</b> works	I. Add line 12, columns (b), (d), and (e)				<del></del>	<u> </u>
13 See Pa	Total works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	<b>Total</b> works	I. Add line 12, columns (b), (d), and (e)	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404
13 See Pa	Total works rt XV e No.	Add line 12, columns (b), (d), and (e)     Sheet in line 13 instructions to verify calculation     Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exemp	t Purposes	13	404

Part	XVII		n Regarding Tran ganizations	sfers To and Tra	ansaction	s and R	elationshi	ps W	ith N	loncha	ritabl	е	
1	in se	he organization of	directly or indirectly on the Code (other than s									Yes	No
а	•		porting foundation to	a noncharitable ex	cempt orga	nization (	of:				]		
-		Insfers from the reporting foundation to a noncharitable exempt organization of:  Cash								1a(1)		1	
	` '	ther assets .							•		1a(2)		1
b		r transactions:				• • •		•		• •	1200	· · · · ·	2200
-	_		a noncharitable exe	mot organization							1b(1)		1
			ets from a noncharita	•							1b(2)		1
	•		, equipment, or othe					_			1b(3)		1
		•	rrangements								1b(4)		1
			rantees								1b(5)		1
	_		ervices or membersh								1b(6)		<b>√</b> -
С			quipment, mailing lis	•							1c	N	A
d		=	of the above is "Yes			-							
_			ther assets, or service										
			on or sharing arrange										
(a) Line		(b) Amount involved		antable exempt organiza			ption of transfer						
<u> </u>	$\neg +$									········	<u> </u>		
	$\neg \uparrow$		·										
	$\rightarrow$			<del></del>									
	-						<del></del>						
	-+		<del></del>	·									
	-+	<del></del>		<del> </del>	<del></del>		<del></del>						
	$\overline{}$		<del></del>			_				-			
	-+		<del></del>									. –	
	-+			<del></del>									
		<del></del>		<del></del>									
	-+			<del></del>	<del></del>								
	-+			<del></del>	<u></u>					<del></del>			
						• • •		<del>.</del>		<del>-</del>			
	lo th	o foundation dire	ctly or indirectly aff	iliated with or role	tod to on	or mor	o tay ayamı	ot ora	onizo	tions			
za b	desc	ribed in section 5	501(c) of the Code (c following schedule.	ther than section 5							] Yes	<b>Z</b>	No
		(a) Name of organ		(b) Type of o	organization		· · · · · · · · · · · · · · · · · · ·	(c) Des	cription	of relation	nship		
				······································		- T							
				<del></del>									
				<del></del>									
										<del></del>			
	Und	er penalties of perjury, I	declare that I have examine	d this return, including ac	companying sc	hedules and	statements, and	to the b	est of	my knowled	ge and	belief, r	t is true,
Sign	corre	ect, and complete Decl	laration of preparer (other that	an taxpayer) is based on a	Il information of	which prepa	arer has any kno	wledge		May the II	DS dispi	ree thre	noturn
Here		Kehand	1/4/20	クト Pres	sident				with the p	reparer	shown	below	
. 1016		nature of officer or tru	stee	Date	Title					(see instru	ctions)?	☐ Yes	□No
	1 - 3	Print/Type preparer		Preparer's signature			Date			F	PTIN		
Paid		Self Prepared				1 1		Check self-er	k [_] if [ miles   mil				
Prep				<del></del>			┷┈┈┤			<u> </u>			
Use	Only	Firm's name	<del></del>	<del></del>					EIN >				
		T THIT S AUGITESS	Phone no -										

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service Name of the organization **Schedule of Contributors** 

OMB No. 1545-0047

► 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.

**Employer identification number** 

Grace	& Richard Okita Fou	Indation	99 - 0349094
Organiz	zation type (check or	е):	<del></del>
Filers o	f:	Section:	
Form 99	90 or 990-EZ	501(c)( ) (enter number) organization	
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private fou	ndation
		☐ 527 political organization	
Form 99	00-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundate	ion
		501(c)(3) taxable private foundation	
Note: O instructi	nly a section 501(c)(7 ons.	covered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See
Genera	I Kule		
Ø		filing Form 990, 990-EZ, or 990-PF that received, during the year, cont r property) from any one contributor. Complete Parts I and II. See instrontributions.	
Special	Rules		
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99) that received from any one contributor, during the year, total contributhe amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	0 or 990-EZ), Part II, line tions of the greater of (1)
	contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, total contributions of more than \$1,000 exclusively for religious hal purposes, or for the prevention of cruelty to children or animals. Con	, charitable, scientific,
	contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any overs to this organization because it received nonexclusively religious, charitable, etc., purpose the property of the year	es, but no such itions that were received f the parts unless the ritable, etc., contributions

Name of organization

Grace & Richard Okita Foundation

Employer identification number
99 - 0349094

Part I	Contributors (See instructions). Use duplicate co	opies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Grace Y. Okita  385 Kuliouou Rd  Honolulu, HI, 96821	\$ 33,732	Person Payroli Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Richard Y. Okita  385 Kuliouou Rd  Honolulu, HI, 96821	\$ 33,733	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(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
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Grace & Richard Okita Foundation

Employer identification number
99 - 0349094

Part II	Noncash Property (See Instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	NA	<b>\$</b>	/ / 00
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		**************************************	/ / 00
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	/ / 00
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$ \$</b>	/ / 00
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$ \$</b>	1 1 00
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	/ / 00

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	rganization & Richard Okita Foundation				Employer identification number 99 - 0349094				
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 fo the following line entry. For organiza contributions of \$1,000 or less for t	r the year from any ations completing Pa he year. (Enter this in	one contributor.  art III, enter the tota  nformation once. S	Complete of the control of the contr	n section 501(c)(7), (8), or columns (a) through (e) and vely religious, charitable, etc.,				
73\ No. 1	Use duplicate copies of Part III if ad	ditional space is nee	eded.						
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held				
	NA								
			•••••						
1		••••••							
		(e) Trans	fer of gift	<u> </u>					
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of tra	nsferor to transferee				
<u> </u>	NA								
		*************************							
			•		***************************************				
(a) No.	(b) Purpose of gift	(a) Han		(4) 0					
from Part I	(b) Purpose of gift	(c) Use	or girt	(a) Des	scription of how gift is held				
1									
	••••••		***************************************		*****************************				
		(e) Trans	fer of gift	· · · · · · · · · · · · · · · · · · ·					
	Tourstone to make address of	TID . 4	B. L. V.						
-	Transferee's name, address, a	ing ZIP + 4	Helation	isnip of trai	nsferor to transferee				
[		***************************************	*		***********************************				
1									
(a) No.				ı					
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held				
					***************************************				
		88+04084							
		(e) Trans	fer of gift	l					
			· ·						
-	Transferee's name, address, a	and ZIP + 4	Relation	Relationship of transferor to transferee					
					***************************************				
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held				
		***************************************							
ſ	(e) Transfer of gift								
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee						
ľ									
		***************************************							
		•••••							
			I						

#### Attachments to IRS Form 990-PF Grace & Richard Okita Foundation 99-0349094

Tax Year 2016

Schedule 5: Part I, Line 16b - Accounting Fees  Type of service 1 Heli-Logistics, Inc Svc Expenses - Accounting, tax returns, gifting operations expenses 1,80  1,80  Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service 1 N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description 1 Morgan Stanley, etal Bank charges 10 Amount  Amount  Total  Amount  1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below Total  Amortization  Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year						
2   Richard Y Okita, Dir		<del></del>				
Schedule 5: Part I, Line 16a - Legal Fees  Type of service 1 N/A Total  Schedule 5: Part I, Line 16b - Accounting Fees  Type of service 1 Heli-Logistics, Inc Sive Expenses - Accounting, tax returns, griting operations expenses 1,80 Total  Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service 1 N/A Total  Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service 1 N/A Total  Amount 1 N/A Total  Amount 1 N/A Total  Jean Amount 1 N/A Total  Amount 15 Amount 15 Amount 15 Amount 15 Amount 16 Amount 17 Amount 17 Amount 18 Amount 19 Amount 10 Amount 11 Am						
Schedule 5: Part I, Line 16a - Legal Fees  Type of service Amount  Schedule 5: Part I, Line 16b - Accounting Fees  Type of service Amount  Heli-Logistics, Inc. Svc Expenses - Accounting, tax returns, gifting operations expenses  Type of service 1, Line 16c - Other Professional Fees  Type of service Amount  1 N/A  Total Amount  Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service Amount  1 N/A  Total Amount  Total Amount  Total Amount  Total Amount  Amount  1 Morgan Stanley, etal Bank charges 10 Amount amortization from schedule below Total Total Amortization Fees  Description Date Acquired, Completed Cost or Other Allowable in Period Year Amortization  Description or Expensed Basis Prior Years (Months) Amortization  Amortization Amortization						
Type of service  1 N/A Total  Schedule 5: Part I, Line 16b - Accounting Fees  Type of service  1 Heli-Logistics, Inc Svc Expenses - Accounting, tax returns, gifting operations expenses  1,80 1,80  Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service  1 N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description  1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below Total  Date Acquired, Completed Cost or Other Allowable in Period Year Montization  Completed Cost or Other Allowable in Period Year Montization  I N/A  Total Ore Expensed Basis Prior Years (Months) Amortization	1014					07,40
Total  Schedule 5: Part I, Line 16b - Accounting Fees  Type of service 1 Hell-Logistics, Inc Svc Expenses - Accounting, tax returns, grifting operations expenses 1,80 1,80 Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service 1 N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description 1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below Total  Amortization Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Description Period (Months) Amortization Type of service 1 N/A  Amortization Date Acquired, Deduction Period Year Description Amortization (Months) Amortization	Schedule 5: Part I, Line 16a - Legal Fees	_				
Schedule 5: Part I, Line 16b - Accounting Fees  Type of service Amount  1 Helr-Logistics, Inc. Svc Expenses - Accounting, tax returns, gifting operations expenses 1,80  Total  Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service Amount  1 N/A  Total  Schedule 8: Part I, Line 23 - Other Expenses  Description Amortization from schedule below  Total  Amortization from schedule below  Total  Amortization Date Acquired, Deduction Amortization Current Year  Completed Cost or Other Allowable in Period Year  Description Or Expensed Basis Prior Years (Months) Amortization  Amortization Amortization  Description Or Expensed Basis Prior Years (Months) Amortization				-		Amount
Schedule 5: Part I, Line 16b - Accounting Fees  Type of service 1 Heli-Logistics, Inc Svc Expenses - Accounting, tax returns, gifting operations expenses 1,80					_	
Type of service 1 Heli-Logistics, line Size Expenses - Accounting, tax returns, gritting operations expenses 1,80 1,80 1,80 1,80 1,80 1,80 1,80 1,80	Total					
1 Heli-Logistics, Inc. Svc Expenses - Accounting, tax returns, gifting operations expenses Total  Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service 1 N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description 1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below Total  Amortization Date Acquired, Deduction Amortization Current Year Completed Cost or Other Allowable in Period Year Amortization N/A  Description 1 N/A	Schedule 5: Part I, Line 16b - Accounting Fee	es				
Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service  Amount  N/A  Total  Schedule 8: Part I, Line 23 - Other Expenses  Description  Morgan Stanley, etal Bank charges  10 Amortization from schedule below  Total  Amortization  Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Obscription  Obscription  Description  Obscription  Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Obscription  N/A  Description  Obscription  Description  Obscription  Obscrip	· · · · · · · · · · · · · · · · · · ·				_	Amount
Schedule 5: Part I, Line 16c - Other Professional Fees  Type of service Amount  N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description Amount  Morgan Stanley, etai Bank charges 10 Amortization from schedule below Total  Amortization Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Description or Expensed Basis Prior Years (Months) Amortization		tax returns, gifting ope	erations expenses			1,800
Type of service  1 N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description  1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below Total  Amortization  Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Description  1 N/A  Description  Or Expensed Basis Prior Years (Months) Amortization	lotai					1,800
Schedule 8: Part I, Line 23 - Other Expenses  Description  1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below Total  Amortization  Date Acquired, Completed Cost or Other Allowable in Period Year Description  1 N/A  Description  Or Expensed Basis Prior Years (Months) Amortization						
Cochedule 8: Part I, Line 23 - Other Expenses  Description  I Morgan Stanley, etal Bank charges ID Amortization from schedule below  Total  Amortization  Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Description  N/A  Description  Or Expensed Basis Prior Years (Months) Amortization		onal Fees				
Schedule 8: Part I, Line 23 - Other Expenses  Description  1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below  Total  Amortization  Date Acquired, Completed Cost or Other Allowable in Period Year  Description  1 N/A  Description  Or Expensed Basis Prior Years (Months)  Amortization	Type of service	onal Fees		·		Amount
Description  1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below Total  Amortization  Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Description or Expensed Basis Prior Years (Months) Amortization 1 N/A	Type of service 1 N/A	onal Fees			-	
1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below  Total  Amortization  Date Acquired, Completed Cost or Other Allowable in Period Year  Description  or Expensed Basis Prior Years (Months) Amortization	Type of service 1 N/A	onal Fees				Amount
Amortization from schedule below  Total  Date Acquired, Completed Cost or Other Allowable in Period Year  Description Or Expensed Description Or Expensed Description Or Expensed Description Descript	Type of service 1 N/A Total	onal Fees			-	
Amortization Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Description or Expensed Basis Prior Years (Months) Amortization N/A	Type of service  I N/A  Total  Schedule 8: Part I, Line 23 - Other Expenses  Description	onal Fees			•	
Amortization Date Acquired, Deduction Amortization Current Completed Cost or Other Allowable in Period Year Description or Expensed Basis Prior Years (Months) Amortization N/A	Type of service  1 N/A  Total  Schedule 8: Part I, Line 23 - Other Expenses  Description	onal Fees			•	
Completed Cost or Other Allowable in Period Year  Description or Expensed Basis Prior Years (Months) Amortization  N/A	Type of service  I N/A  Total  Schedule 8: Part I, Line 23 - Other Expenses  Description  I Morgan Stanley, etal Bank charges  10 Amortization from schedule below	onal Fees			-	Amount 150
Description or Expensed Basis Prior Years (Months) Amortization 1 N/A	Type of service  1 N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description  1 Morgan Stanley, etal Bank charges  10 Amortization from schedule below	onal Fees			•	Amount
1 N/A	Type of service  1 N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description  1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below Total	Date Acquired,			Amortization	Amount 150
	Type of service  I N/A  Total  Schedule 8: Part I, Line 23 - Other Expenses  Description  I Morgan Stanley, etal Bank charges  IO Amortization from schedule below  Total  Amortization	Date Acquired, Completed		Allowable in	Period	Amount 150 150 Current Year
	Type of service  1 N/A Total  Schedule 8: Part I, Line 23 - Other Expenses  Description  1 Morgan Stanley, etal Bank charges 10 Amortization from schedule below  Total  Amortization  Description	Date Acquired, Completed		Allowable in	Period	Amount 150

#### Attachments to IRS Form 990-PF Grace & Richard Okita Foundation 99-0349094

Tax Year 2016

oonedate 5. I dit i, Ellie 25 - 66	ntributions, Gifts, Grants Paid	O	D		
From datail balaws		Cash	Property Other	T-4-1	
From detail below:		Amount	than Cash	Total	•
Paid during the year	40,500 0	0	40,500		
Approved for future payment Total		40,500	0	40,500	•
Paid During the Year	=	40,500	<del></del>	40,300	I
raid During the Teal					
			Property Other	Relationship to	Oit
Class of Activity:		Cash	than	Disqualified Persons	Organizational Status of Done
Donee Name	-Donee Address	Amount -	Cash (1)	- (2)	(3)
Class of Activity	Dollee Address	Amount	Casii (1)	(2)	(3)
1.1 Friends of Hickam, AFB	Hickam AFB, HI	500	0	None	Support Grp
12 Canine Companions	Oceanside, CA	1,000	0	None	Training Schoo
13 IEEE	New York, New York	1,000	0	None	Prof Society
1.4 Assistance Dogs of Hawaii	Honolulu, Hi	1,000	0	None	Training Schoo
1.5 Rehab Foundation	Honolulu, Hi	1,000	0	None	Rehab Ctr
Total Class of Activity		4,500	0	None	IVEIIAD CII
· · · · · · · · · · · · · · · · · · ·	=				
Educational Contributions					
2.1 U of Washington Foundation	Seattle, WA	8,000	0	None	University
2.2 U of Hawaii, Hilo, HI, Campus	Hılo, HI	10,000	0	None	University
2.3 Saint Louis School	Honolulu, Hi	6,000	0	None	High School
2.4 Damien Memorial School	Honolulu, Hı	6,000	0	None	School
2.5 Cabrillo High School	Lompoc, CA	1,000	0	None	High School
2 6 Tau Beta Pı Assn	Knoxville, TN	1,000	0	None	Honor Society
2 7 Pacific Aviation Museum	Pearl Harbor, HI	1,000	0	None	Museum
Total Educational Contributions	<b>-</b>	33,000	0		
Other Contributions					
5 1 Friends of HI Volcanoes Pk	Volcano, HI	1,000	0	None	Nat'l Park
5.2 Hawaiian Humane Society	Honolulu, Hi	1,000	0	None	Animal Ctr
5.3 Cooper Center Council	Volcano, HI	1,000	0	None	Community Ctr
Total Other Contributions	_	3,000	0		. ,
Total amount paid for which the found	dation exercised				
expenditure responsibility					
Total Paid During the Year		40,500	0		

<sup>(1)</sup> Additional information for property other than cash included on continuation sheet

<sup>(2)</sup> Relationship of donee if related by blood, marnage, adoption or employment (including children of employees) to any disqualified person

<sup>(3)</sup> The organizational status of donee (e.g., public charity—an organization described in section 509(a)(1), (2), or (3))