

Return of Private Foundation

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

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

_			bout Form 990-PF and its se		s at www	.irs.gov/torn	1990 <b>p</b> f.   Open	to Public Inspection
		idar year 2016 or tax year beg	inning 7/3	1/2016	, and	ending	7/30/2017	
Na	me of for	undation				A Employer	identification number	
FC	NTEL	FOUNDATION						
Ni	mber and	d street (or PO box number if mail is not	delivered to street address)	Roon	n/suite	l 	94-3348242	
	BOX	<del></del>				<b>B</b> Telephone	number (see instruction	is)
	•	, state or province, country, and ZIP or fo	reign postal code			}		
<u>H(</u>	DNOLU	LU	HI	96808			(808) 599-544	4
Fo	reign cou	intry name Forei	on province/state/county	Foreign post	al code	C If exempt	ion application is pendin	g, check here 🕨 🔲
_			<del> </del>			)		(
G	Check	call that apply.   Initial retur		of a former public of	charity	D 1. Foreig	n organizations, check h	ere ► □
		🔲 Final returi	n 🔲 Amended ret	urn	•	2. Foreig	n organizations meeting	the 85% test,
		D Address ch	nange 🔲 Name chang	e 🤝	1	check	here and attach compute	ation ► 🔲
Н	Check	type of organization 💢 Se	ction 501(c)(3) exempt pri	vate foundation			foundation status was te	rminated under
	Section	on 4947(a)(1) nonexempt charita		V.	rion	section 50	07(b)(1)(A), check here	▶ 🗆
ī		narket value of all assets at	J Accounting method		ccrual	1		
•		f year (from Part II, col (c),	Other (specify)	M Casii	loci dai		idation is in a 60-month	
			(Part I, column (d) must be	on cach hacie )		under sec	tion 507(b)(1)(B), check	nere
E	art I			on cash basis )	<del> </del>	1	<del>    -                        </del>	(d) Dishumamosts
لنو	art i	Analysis of Revenue and Expandints in columns (b), (c), and		(a) Revenue and	(b) Ne	t investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a)		expenses per books		ncome	income	purposes
f	T 4	<del></del>	<del>`</del>		<del> </del>		<del> </del>	(cash basis only)
//	1	Contributions, gifts, grants, etc , rece	•	<del></del>	├		<del></del>	
~ //	2	Check ►☐ if the foundation is no		<u> </u>	<del> </del>		<del></del>	
A.	3	Interest on savings and tempo	-	04.540	<b> </b> -	04.540	ļ	
`	I i	Dividends and interest from se	curities	21,519	<del> </del>	21,519	<b> </b>	
	5a	Gross rents			<del> </del>	<del></del>		
m	b	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·	ļ			
Revenue	6a	Net gain or (loss) from sale of			<del> </del>			
ě	b	Gross sales price for all assets on lir		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ļ			
چ	7	Capital gain net income (from	Part IV, line 2)	<del></del>			ļ <del></del>	
Œ	8	Net short-term capital gain					<b> </b>	<u> </u>
	9	Income modifications	1	<del></del>			<b> </b>	
	10a	Gross sales less returns and allowar	ices	<del></del>	<del> </del>			
	b	Less Cost of goods sold	L		<u> </u>	·	<del> </del>	
	C	Gross profit or (loss) (attach so		<del></del>			<del></del>	
	11	Other income (attach schedule	;)			04.540	<del> </del>	
<u> </u>	12	Total. Add lines 1 through 11		21,519	<del> </del> -	21,519	0	<del></del>
?	13	Compensation of officers, direct		\ <del>-</del>	<del> </del>		<del> </del>	<del></del>
	14	Other employee salaries and v		<del> </del>	<del> </del>		<del> </del>	<del></del>
ŽĞ,	15	Pension plans, employee bene	ents	<del></del>	<del> </del>		<del> </del>	<del> </del>
Experience of the control of the con	16a	Legal fees (attach schedule)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del> </del>		<del> </del>	<del></del>
Š	b	Accounting fees (attach sched	ule) RECEI	V 204	<del> </del>	204	<del> </del>	<del> </del>
ati	17	Other professional fees (attach	110 61	Ties)	<del> </del>	204	<del> </del>	<del></del>
str	18		DEC 19	2017 9 174	<del> </del> -	474	<del> </del>	<del></del>
Ĕ	19	Depreciation (attach achodule)	and depletion	174	<del> </del>	174	<del> </del>	<del> </del>
and Administrative	20	Depreciation (attach schedule) Occupancy	and debienon Colored	118	<del> </del>		<del> </del>	<del>   </del>
Ad	21	Travel, conferences, and meet			<del> </del>		<del> </del>	<del> </del>
g	22	Printing and publications	nigo		<del> </del>		<del> </del>	
g	23	Other expenses (attach sched	ule)	<del></del>	<del> </del>		ļ	
ַם	23	Total operating and administ			<del> </del>		<del> </del>	<del> </del>
Ħ	27	Add lines 13 through 23	iauve exhelises.	370	1	270	_	_
Operating	25	Contributions, gifts, grants paid	4	378		378	0	39,000
ď	26	Total expenses and disbursement		39,000				
_			3. Aud IIII65 24 8110 20 .	39,378	<b> </b>	378	0	39,000
	27	Subtract line 26 from line 12	and Patrice		-		<b>\</b>	
	a	Excess of revenue over expenses		-17,859	<b></b>			
	b	Net investment income (if ne			<del> </del>	21,141	T	
	C	Adjusted net income (if nega	tive, enter -U-)		l .		1 0	l l

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
1.		Should be for end-or-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash—non-interest-bearing			<del></del>
	2	Savings and temporary cash investments	54,011	36,169	36,169
	3	Accounts receivable		720	
		Less allowance for doubtful accounts		200	
	4	Pledges receivable		101	,
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other		ĺ	
	ļ	disqualified persons (attach schedule) (see instructions)		·	***
	7	Other notes and loans receivable (attach schedule)		# 1788	
	ļ	Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use	ļ		
SS	9	Prepaid expenses and deferred charges			
4	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	350,904	375,231	659,870
	С	Investments—corporate bonds (attach schedule)	128,655	104,311	117,357
	11	Investments—land, buildings, and equipment basis		<u> </u>	
		Less accumulated depreciation (attach schedule)			
į	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis		- 53	
		Less accumulated depreciation (attach schedule)			
I	15	Other assets (describe			
1	16	Total assets (to be completed by all filers—see the	1		
		instructions Also, see page 1, item I)	533,570	515,711	813,396
	17	Accounts payable and accrued expenses	<b>-</b>		
S	18	Grants payable			
Liabilities	19	Deferred revenue			
ğ	20	Loans from officers, directors, trustees, and other disqualified persons			
Ë	21	Mortgages and other notes payable (attach schedule)	<del> </del>		
	22 23	Other liabilities (describe   Tetal liabilities (add lines 17 through 20)	<del></del>		
	23_	Total liabilities (add lines 17 through 22)	0	0	
S S		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	}		
2	24	Unrestricted			
<u>a</u>	25	Temporarily restricted	<del> </del>	- <del></del>	
m	26	Permanently restricted	<del> </del>		
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here	<del> </del>		). 20
Ŧ		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	533,570	515,711	
Ş	28	Paid-in or capital surplus, or land, bldg, and equipment fund	000,070	010,711	
Se	29	Retained earnings, accumulated income, endowment, or other funds	<del></del>		
Ä	30	Total net assets or fund balances (see instructions)	533,570	515,711	
et	31	Total liabilities and net assets/fund balances (see	000,070		
Z		instructions)	533,570	515,711	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances		<u></u>	<u></u>
		net assets or fund balances at beginning of year-Part II, column (a)	, line 30 (must agree v	vith	
	end-o	of-year figure reported on prior year's return)		1_1	533,570
2	Enter	amount from Part I, line 27a		2	-17,859
3	Other	rincreases not included in line 2 (itemize)		3	
		nes 1, 2, and 3		4	515,711
5		eases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part	t II, column (b), line 30	6	515,711

**、** )

Part	V Capital Gains and	d Losses for Tax on Investm	ent Inco	me				
		he kind(s) of property sold (e.g., real estate, ouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation		ate acquired , day, yr)	(d) Date sold (mo , day, yr )	
1a								
<u>b</u>	<del></del>							
С	<del></del>					<b></b>		
d_	<del></del>				<b> </b>	<b>}</b>		<del></del>
e	<del></del> -	<del>, , , , , , , , , , , , , , , , , , , </del>			L			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis (h) Gain or (loss)  xpense of sale (e) plus (f) minus (g)				
<u>a</u>					<del></del>			
<u>b</u>	<del></del>	<u> </u>				<b> </b>		
<u>c</u>		<del></del>	<del></del>					
<u>d</u>						<del> </del>		
<u>е</u>	Complete only for exacts of	nowing gain in column (h) and owned	h. the form		42/24/60		<del></del> -	
	Complete only for assets si			ł		(h) gain minus less than -0-) <b>or</b>		
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,		s of col (ı) (ı), ıf any	ļ		om col (h))
a					<del></del>			<del></del>
<u>a</u> b		<del></del>				<del> </del>		
c						<del> </del>		
d						<del> </del>		
e						<del> </del>		<del></del>
2	Capital gain net income or	(ner canital inss)	also enter , enter -0-		·	2		0
3	Net short-term canital dair	or (loss) as defined in sections 1			CI, IIIIe /			<u>_</u>
•		, line 8, column (c) (see instruction			er-O-in l	1 1		
	Part I, line 8	, mile of column (o) (occ metaction	10) 11 (1000)	,, <b>C</b> 1110	}	3		0
Part		der Section 4940(e) for Redu	ICed Tay	on N	let Investment	Incon	ne	<u>~</u>
Was t		section 4942 tax on the distributat qualify under section 4940(e) Do				e period	d?	☐ Yes ☒ No
1	<del></del>	ount in each column for each year,			<del></del>	ng any	entries	
<u> </u>	(a)	(b)	1	otraot		g u,	0111100	(d)
Cale	Base period years endar year (or tax year beginning in	Adjusted qualifying distributions	Net	value o	(c) of noncharitable-use a	ssets		tribution ratio divided by col. (c))
<u> </u>	2015	<del>'</del>	9,167		77	8,680	(cor (b)	0 050299
	2014		0,822			2,182		0 050262
	2013	<del></del>	5,000			4,715		0 045877
	2012	24	4,000			7,073		0 033009
	2011	2	1,000		67	3,267		0 031191
2	Total of line 1, column (d)					L	2	0 210638
3	_	for the 5-year base period—divide			2 by 5, or by the			
	number of years the found	dation has been in existence if less	s than 5 ye	ars		L	3	0 042128
4	Enter the net value of non	charitable-use assets for 2016 fro	m Part X. I	ıne 5			4	806,277
			,			ſ		
5	Multiply line 4 by line 3					}	5	33,967
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)				-	6	211
7	Add lines 5 and 6					-	7	34,178
8	Enter qualifying distribution	ns from Part XII, line 4 iter than line 7, check the box in P	art VI line	1h a	nd complete that	part us	8 Ing a 1% tax	39,378
	Part VI instructions	ic. than into 1, brook the box in I	CIC VI, IIIIG	ib, a	no complete triat	Puit 43	9 4 770 (47	

) 40(b), 4940

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see in	struction	ons)		
	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	1		211	<del></del>
	here ► X and enter 1% of Part I, line 27b	1			
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-)	2	}	ol	
3	Add lines 1 and 2	3		211	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4		$\overline{}$	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	5		211	
6	Credits/Payments	<u> </u>	300		Marie Control
а	2016 estimated tax payments and 2015 overpayment credited to 2016   6a			W	
b	Exempt foreign organizations—tax withheld at source . 6b	-  <sub>4</sub>	3.1		637
c	Tax paid with application for extension of time to file (Form 8868)  6c	┥`			
d	Backup withholding erroneously withheld  6d  6d	┥			
7	Total credits and payments Add lines 6a through 6d	7	333,300	A 201	
		<b>-</b>	<del> </del>		
8 9	Enter any penalty for underpayment of estimated tax. Check here  if Form 2220 is attached	8	<del> </del>	-044	<del>/</del>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	<del></del>	211	<del>/</del>
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid  Enter the amount of line 10 to be Credited to 2017 estimated tax  Refunded	10		0	_
	/II-A Statements Regarding Activities		L		
1a		1.4	े विदेश	Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	) IL	<del></del>	res	X
<b>L</b>			1a	┼┤	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		416	1 1	V
	•	l-	1b	a Mand	<del></del>
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any mater published or distributed by the foundation in connection with the activities	iais			
•	Did the foundation file Form 1120-POL for this year?		4.0		· ·
c d	·		1c	2 304 46.	^
u	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 imp		——		
	on foundation managers ►\$	oseu			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	29:49:1	X about rank
•	If "Yes," attach a detailed description of the activities			1	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles		2.00		3653
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	<del>  </del>	<u>X</u>
4a L	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	I NIVA	<u>X</u>
5	If "Yes," has it filed a tax return on Form 990-T for this year?	•	4b	N/A	<del></del>
3	Was there a liquidation, termination, dissolution, or substantial contraction during the year?  If "Yes," attach the statement required by General Instruction T		3	i lifeta e A	¥55.598
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
U	By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions</li> </ul>	that			
	conflict with the state law remain in the governing instrument?	เกลเ	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 X	.,	7	X	<del></del>
	Enter the states to which the foundation reports or with which it is registered (see instructions)	V	- initial	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$4/2528
8a	CA				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ge	aoro!			
D	(or designate) of each state as required by General Instruction G? If "No," attach explanation	icial	8b	X	## 70 G
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(	1/3/	80		18 . Ca
J	or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV			e see see	-
	"Yes," complete Part XIV	, j · 11	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their	- 3	+	<del></del>
	names and addresses	, tricii	10		l x
			- 00		<del></del>

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		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► NONE			
14	The books are in care of ► JEROME BERLINGER Telephone no ► 808 599	5444		<b></b>
	Located at ► PO BOX 796 HONOLULU HI ZIP+4 ► 96808			<b></b>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year .   15		. 1	<b>▶</b> □
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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If			
	"Yes," enter the name of the foreign country		-	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1 may 1 may 1	,	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		S	
	disqualified person? Yes X No		, <u>, , , , , , , , , , , , , , , , , , </u>	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  [] Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
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 <b>not</b> 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	9		
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>▶</b> 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?  Yes X No		,	
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			s
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		ŝ	\$ 555g
	foundation had excess business holdings in 2016)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	3		
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	<u> </u>	X

Form 99	90-PF (2016)	FONTEL FOUNDATION							94-33	48242	Page 6
Part		Statements Regarding Activities			1720 N	lay Be Re	quire	(contin	ued)	V	S. T. MAZE
5a	(1) Carry or	rear did the foundation pay or incur any n propaganda, or otherwise attempt to i	nfluenc	e legislation (				Yes	⊠ No		
		e the outcome of any specific public ele or indirectly, any voter registration drive		see section 49	955), or	to carry on,		☐ Yes	X No		
		a grant to an individual for travel, study		er sımılar puri	oses?			Yes	⊠ No		
		a grant to an organization other than a				n described	ın		٠٠٠ سے		2.
		4945(d)(4)(A)? (see instructions)		-70, 010, 0.ga				☐ Yes	X No		
		for any purpose other than religious, ch s, or for the prevention of cruelty to chil			erary, c	or education	al	Yes	X No		
b	•	er is "Yes" to 5a(1)–(5), did <b>any</b> of the t s section 53 4945 or in a current notice		•	•		•		nı t	5b N	I/A
С	If the answe	ns relying on a current notice regarding er is "Yes" to question 5a(4), does the fo maintained expenditure responsibility fo	oundatio	on claim exen			•	Yes	► X X No		
6a	If "Yes," atta Did the four	ach the statement required by Regulation adation, during the year, receive any fur	ons sec	tion 53 4945-		oay premiur	ns				
	•	nal benefit contract?						Yes Yes	X No	10	
b		ndation, during the year, pay premiums,	directly	y or indirectly,	on a p	ersonal ben	efit con	tract?		6b	X Basis Seeded
70		b, file Form 8870						□ v-a	X No		
7a b	-	furing the tax year, was the foundation a pa the foundation receive any proceeds o	-	•			e transa	Yes			V/A
		ormation About Officers, Directo							aid En		
		d Contractors									
_1_	List all office	cers, directors, trustees, foundation									
		(a) Name and address	<del> </del>		emplo	Contribution byee benefit erred compe	plans		se account, owances		
	ME BERLING		CHIEF	EXECUTIVE		_			!		
		OLULU, HI 96808	CLUEF	1 00		0					
	M SLATE	OLULU, HI 96808	CHIEF	FINANCIAL 1 00		0					
	E BIRKLAND		DIREC								
		OLULU, HI 96808		1 00		0					
		<del></del>	<u></u>								
2	Compensa "NONE."	tion of five highest-paid employees (	other ti	han those in	cluded	on line 1	see ins	structions	s). If no	ne, ente	r 
	(a) Name and a	address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	eek	(c) Compen	sation	(d) Contrib employee plans and compen	benefit deferred		se account, owances
NONE											
										-	
Total	number of ot	her employees paid over \$50,000		· <del></del>		·		<u>.                                    </u>	<b>&gt;</b>		

Part VI	Information About Officers, Directors, Trustees, Foundationand Contractors (continued)	on Managers, Highly Paid En	nployees,
3 Fiv	ve highest-paid independent contractors for professional services (see	instructions). If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
·			
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 statistical int tions and other beneficianes served, conferences convened, research papers produced, etc	formation such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX	Summary of Program-Related Investments (see instruct	ions)	
Describe	the two largest program-related investments made by the foundation during the tax year on lines	l and 2	Amount
1 N/A			
2			
All other	program-related investments. See instructions	· · · · · · · · · · · · · · · · · · ·	<del> </del>
3			
Total A-	d lines 1 through 3		
iviai. Au	u III 63 I III 10 I I I I		1

Part	see instructions )	toungai	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	A. S. C.	
•	purposes		
а	Average monthly fair market value of securities	1a	760,272
b	Average of monthly cash balances	1b	58,283
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	818,555
е	Reduction claimed for blockage or other factors reported on lines 1a and	में का काँच	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	818,555
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions) .	4	12,278
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	806,277
6	Minimum investment return. Enter 5% of line 5	6	40,314
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here   ☐ and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	40,314
<b>2</b> a	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)		
С	Add lines 2a and 2b	2c	211
3	Distributable amount before adjustments Subtract line 2c from line 1	3	40,103
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	40,103
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	40,103
Part	XII 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	39,378
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		
а	Suitability test (prior IRS approval required)	3a	
þ	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	39,378
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	211
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	39,167
	<b>Note.</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth qualifies for the section 4940(e) reduction of tax in those years	ner the fo	undation

Part	XIII Undistributed Income	(see instructions	5)			
			(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from	n Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7	·			<b>*</b>	40,103
2	Undistributed income, if any, as of the	end of 2016		, *	Ka L	Callery Chair
а	Enter amount for 2015 only			<i>"</i>	38,632	
b	· · · · · · · · · · · · · · · · · · ·	20, 20			\$ 2 E	CARGON PROPERTY.
3	Excess distributions carryover, if a			Ťr.	<b>3</b>	THE PERSON NAMED IN
а	From 2011	[ "				
b	From 2012		·	1		
С	From 2013			į.	24.	
d	From 2014			,		
e	From 2015			,		
f	Total of lines 3a through e	<u> </u>	0	·	The state of the s	
4	Qualifying distributions for 2016 fro	om Part XII				· James and America
-	line 4 ▶ \$ 39,378					
а	Applied to 2015, but not more than	•	1		38,632	
b	Applied to undistributed income of		<del></del>		00,002	"快"。""""
_	(Election required—see instruction				3.*	
С	Treated as distributions out of corp	′				
	required—see instructions)	200 (2.00.01)				417
d	Applied to 2016 distributable amou	int				5,12, 4 (4),
e	Remaining amount distributed out		746			Jan 19 19 1
5	Excess distributions carryover app		770			
·	(If an amount appears in column (i					346 } . 14 4
	amount must be shown in column	· ·				
6	Enter the net total of each colum				,	
•	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e S	Subtract line 5	746			
b	Prior years' undistributed income		770			2. I this rate is
-	line 4b from line 2b	0 0 0 0 0 0 0		0		
С	Enter the amount of prior years' ur	ndistributed		<u>_</u>		John March
•	income for which a notice of deficit					
	been issued, or on which the section	•	1			
	tax has been previously assessed				[	
d	Subtract line 6c from line 6b Taxal					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	amount—see instructions					
е	Undistributed income for 2015 Su	btract line	· · · · · · · · · · · · · · · · · · ·			18. 1
	4a from line 2a Taxable amount—					
	instructions				l o	
f	Undistributed income for 2016 Su	btract lines				
	4d and 5 from line 1. This amount					
	distributed in 2017					40,103
7	Amounts treated as distributions o	ut of corpus				, , , , , ,
	to satisfy requirements imposed by	'				المراق المراق المعلم المراق الم
	170(b)(1)(F) or 4942(g)(3) (Electio	n may be				
	required—see instructions)	, and the second	1		1	ا من المؤلف الله الله الله الله الله الله الله ال
8	Excess distributions carryover from	n 2011 not				5 5 6 6
	applied on line 5 or line 7 (see inst					3 - 1 }
9	Excess distributions carryover t					· 法经验证
	Subtract lines 7 and 8 from line 6a		746		<u> </u>	
10	Analysis of line 9					A PARTY
а	Excess from 2012				]	
b	Excess from 2013		] 		4	A STATE OF THE STA
С	Excess from 2014				!	
d	Excess from 2015					
е	Excess from 2016	746			}	】 - 2 / 3 株 i

Form 9	90-PF (2016) FONTEL FOUNDATIO	N			94-334	8242 Page	10
Part	XIV Private Operating Foundat	ions (see instru	ctions and Part	VII-A, question 9	)	N/A	_
	If the foundation has received a ruling o						_
	foundation, and the ruling is effective for	2016, enter the d	ate of the ruling	<b>&gt;</b>			
b	Check box to indicate whether the foundation	n is a private opera	ting foundation desc	cribed in section	4942(j)(3	) of 4942(j)	(5)
2a		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) total	
	each year listed						0
b	85% of line 2a						0
С	Qualifying distributions from Part XII,						
	line 4 for each year listed				]		0
d	Amounts included in line 2c not used directly						
	for active conduct of exempt activities		N.	<b> </b>			_0
е	Qualifying distributions made directly			,			
	for active conduct of exempt activities						
	Subtract line 2d from line 2c						0
3	Complete 3a, b, or c for the			7			
	alternative test relied upon						
а	"Assets" alternative test-enter	٠,					
	(1) Value of all assets	3					0
	(2) Value of assets qualifying under						
	section 4942(j)(3)(B)(i)						0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in						
	Part X, line 6 for each year listed		<del></del>	<u> </u>	<del> </del>		0
С	"Support" alternative test—enter		1	1			
	(1) Total support other than gross						
	investment income (interest, dividends, rents, payments on						
	securities loans (section						
	512(a)(5)), or royalties)	ļ <u> — — —                               </u>	<del></del>	<del> </del>			0
	(2) Support from general public and 5 or more exempt						
	organizations as provided in	•					
	section 4942(j)(3)(B)(iii)		<del></del>	<del> </del>	1	<u> </u>	_0
	(3) Largest amount of support from	•			)		
	an exempt organization		ļ	<u> </u>	<del> </del>		_0
	(4) Gross investment income		<u> </u>	<u> </u>			0
<u>Part</u>				ne foundation h	ad \$5,000 or moi	e in assets a	at
	any time during the year—		s.)				—
1	Information Regarding Foundation M		d mara than 20/ as	بالمراجعة والمام المام الم	and to account by the	formdotion	
а	List any managers of the foundation who before the close of any tax year (but on					toundation	
	before the close of any tax year (but on	y ir they have con	induted more man	(See Sec	(ion 507 (a)(2) )		
		400/					
b	List any managers of the foundation who with ownership of a partnership or other entities.					n or the	
	ownership of a partite ship of other enti-	ty) or writer the lot	andanon nas a 10	% or greater interes	50		
2	Information Regarding Contribution,	Grant Gift Loan	Scholarchin etc	Drograma.			
2	Check here ► 🗓 If the foundation on						
	unsolicited requests for funds. If the four	ndation makes dif	iions to preselecte ts_orants_etc_(se	e instructions) to in	zations and does no dividuals or organiz	ations	
	under other conditions, complete items		io, granto, oto (oc	e motraodono, to m	dividuals of organiza	410110	
a	The name, address, and telephone num	<del></del>	rees of the person	to whom application	one should be addre		
a	The name, address, and telephone num	ibel of e-mail add	less of the person	to whom application	nis stidulu be addre	sseu	
b	The form in which applications should b	e submitted and in	formation and ma	aterials they should	ınclude		
J	The form in which applications should b	C Submitted and II	normadon and ma	iteriars triey stroutu	molude		
	Any submission deadlines			<del></del>		<del></del>	
d	Any restrictions or limitations on awards	s, such as by geog	raphical areas, ch	arıtable fields, kınd	s of institutions, or o	other	
	factors						

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year PC Street City, State **INSTITUTE FOR HUMAN SERVICES** PC RESOURCES FOR THE 5.000 **HOMELESS** >>546 KA'AHI ST >>HONOLULU, HI 96817 MEDIATION CENTER OF THE PACIFIC PC COMMUNITY MEIDATION 1,000 SERVICES >>245 KUKUI ST #2085 >>HONOLULU, HI 96817 PC HASHIMOTO SCHOLARSHIP 5,000 **NEW JERSEY INSTIT OF TECHNOLOGY** >>323 MARTIN LUTHER KING BLVD >>NEWARK, NJ 07102 **HAWAII PUBLIC RADIO** PC PUBLIC RADIO PROGRAMMING 2,000 >>738 KAHEKA ST >>HONOLULU, HI 96814 ST JUDE HOSPITAL FOR CHILDREN 2,500 PC TREATMENT AND RESEARCHCHILDREN'S >>501 ST JUDE PL CANCER >>MEMPHIS, TN 38105 **HOSPICE HAWAII** PC HOSPICE SERVICES 5,000 >>860 IWILEI RD >>HONOLULU, HI 96817 **AMERICAN DIABETES ASSOC** PC DIABETES RESEARCH 3,000 >>1701 N BEAUREGARD ST >>ALEXANDRIA, VA 22311 PC ANIMAL CRUELTY PREVENTION 5,000 HAWAII HUMANE SOCIETY >>2700 WAIALAE AVE >>HONOLULUL, HI 96826 **AMERICAN CANCER SOCIETY** PC CANCER RESEARCH 5,000 >>PO BOX 22718 >>OKLAHOMA, OK 73123 THE SALVATION ARMY PC HOMELESS AND NEIGHBOR 3,000 **PROGRAMS** >>PO BOX 30040 >>HONOLULU, HI 96820 Total See Attached Statement ▶ 3a 39,000 **b** Approved for future payment 0 Total

	TXVI-A Analysis of Income-Producing Ac or gross amounts unless otherwise indicated	Unrelated bus		Evaluded by seet	on 512, 513, or 514	<del></del>
	r gross amounts unless otherwise indicated	Officiated bus	mess income	Excluded by section	on 512, 513, or 514	(e)
	•	(a)	(b)	(c)	(d)	Related or exempt function income
1	Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
•	a			<del> </del>		
	b	<b> </b>		<del> </del>		
	c	<del>                                     </del>		1		
	d					
	e	<del> </del>				
	f			ļ		<del> </del>
	g Fees and contracts from government agencies	<del> </del>		<del>  </del>		<del></del>
2	Membership dues and assessments		<del></del>	<del>   </del>		
3	Interest on savings and temporary cash investments	<del></del>		<del>                                     </del>		
4	Dividends and interest from securities	523000	21,519			
5	Net rental income or (loss) from real estate		÷	, -	****	177
	a Debt-financed property		······································			
	<b>b</b> Not debt-financed property				<del></del>	
6	Net rental income or (loss) from personal property				<del></del>	
7	Other investment income				<del></del>	
8	Gain or (loss) from sales of assets other than inventory				<del></del>	
9	Net income or (loss) from special events			1		
10	Gross profit or (loss) from sales of inventory				<del></del>	
11	Other revenue a					
	b					T
	c					
	d					
	е					1
12	Subtotal Add columns (b), (d), and (e)	8	21,519	ķ.*	0	0
13	Total. Add line 12, columns (b), (d), and (e)				13	21,519
	worksheet in line 13 instructions to verify calculations					
_	t XVI-B Relationship of Activities to the A	ccomplishme	nt of Exempt	Purposes		<del>_</del> _
	Explain below how each activity for which incom	ne is reported in col	umn (e) of Part 2	XVI-A contributed	importantly to the	
	accomplishment of the foundation's exempt pur	poses (other than t	y providing fund	s for such purpos	es) (See instructi	ons )
			<del></del>			
	<del>-                                    </del>					
	<del></del>	<del></del> -				
	<del></del>	<del></del> -				
	<del></del>					
	<del></del>	<del></del>	<del></del>			
	<del>-  </del>	<del></del>				
	<del></del>					
	<del></del>	<del></del>				<del></del>
		<del></del>		<del></del>		<del></del>
	<del></del>	<del></del> -				
	<del></del>	<del></del>				<del></del>
	<del></del>	<del></del>	<del></del>			
	<del></del>	<del></del>		<del></del>		<del></del>
	1					
	<del></del>					

Firm's address

Form 99	0-PF (2	016) FONTEL I	FOUNDATIO	N						94-3348	242 p	age 13
Part	XVII				fers To and Tran	saction	s and Re	ationship	s With	Noncharita		
		Exempt Org								·— <u>-</u> —		
	ın sed politic	ction 501(c) of the cal organizations?	e Code (other	than se	gage in any of the f ction 501(c)(3) orga noncharitable exer	anizations	) or in secti			cribed	Yes	No
а	(1) C		orang tourida	illon to a	nonchamable exer	npt organ	ization of			<u> </u> -	1a(1)	X
		ther assets									1a(2)	<del>  x</del>
b		r transactions								f	20	T COMPANY
		ales of assets to	a noncharitat	ole exem	pt organization					Į.	1b(1)	Х
	(2) Purchases of assets from a noncharitable exempt organization											X
	(3) R	ental of facilities,	equipment, o	or other a	assets	•				. [	1b(3)	X
	(4) R	eimbursement ari	rangements							<u>[</u>	1b(4)	X
		oans or loan guar									1b(5)	X
					or fundraising solid					[	1b(6)	<u> </u>
					s, other assets, or p				. b	. (5)	1c	<u> </u>
d					plete the following so ven by the reporting						+	
	value	in any transaction	or sharing arr	angemer	it, show in column (d	) the value	of the good	s, other asse	ets, or se	rvices receive	d.	
(a) Line		(b) Amount involved			arıtable exempt organiza					ctions, and shari		ents
			<u> </u>									
						<del></del>						
							<b></b>					
	$\dashv$		<del></del>		<del></del>		<del> </del>			· · · · · · · · · · · · · · · · · · ·		
	-											
	+				<del></del>	<del></del>				<del></del>		
					<del></del>		<del> </del>					
	10 40 0			l	- 4		L				- · -	
	desc		01(c) of the C	ode (oth	ed with, or related the rethan section 50°				nzations	_	Yes 🗓	No
	<del></del> _	(a) Name of organi			(b) Type of o	organization			(c) Descr	ription of relations	ship	
		<del></del>										
		<del></del>										
	Unde	r penalties of periury. I decl	lare that I have exam	uned this reti	um, including accompanying s	chedules and s	statements and t	n the hest of my ki	nowledge an	d helief it is true		
Sign	correc	t, and complete Declaration	on of Treparer (other	than taxpay	er) is based on all information	of which prepa	rer has any knov	/ledge	iomicage an		discuss this re	at m
Here	)	some 1	Dolle	<del></del>	12-11-2	01	Exec	Dir		with the prep	arer shown be	low
	Side	ture of officer or trus	tee (	7	Date	Title				(see instruct	ions)? Ye	s No
Paid	<b>*</b> 0 *	Print/Type preparer's	s name	<del></del>	Preparer's signature			Date		heck if elf-employed	NIT	
Prepa		Firm's name							Firm's El	N Þ		
Use O	шу	Firm's address							Phone no			

Phone no

FONTEL FOUNDATION				94-3348	3242 Page 1	of 1_
Continuation of Part XV, Lin	e 3a (990-PF) -	Gran	ts and Con	tributions Paid	<b>During the</b>	Year
Recipient(s) paid during the year						
Name						
ALZHEIMERS ASSCOCIATION Street						
1050 ALA MOANA BLVD						
City		State	Zip Code	Foreign Count	ry	
HONOLULU	T	HI_	96814			
Relationship	Foundation Status					
Purpose of grant/contribution	<u>  FC                                   </u>		<del></del>		Amount	
TREATMENT OF ALZHEIMERS DISEAS	SE					1,000
Name						
UNIV OF ARK FOUNDATION						
Street						
535 RESEACH CENTER BLVD City		State	Zip Code	Foreign Count		
FAYETTEVILLE		AR	72701	Foreign Count	.ı y	
Relationship	Foundation Status	L		<del></del>		<del></del>
<del></del>	PC		·	<del> </del>		
Purpose of grant/contribution STUDENT SCHOLARSHIP					Amount	500
			<del></del>	<del></del>	<del></del>	300
Name AARP FOUNDATION						
Street						
PO BOX 93207						
City			Zip Code	Foreign Count	ry	
LONG BEACH Relationship	Foundation Status	CA	90809			
Relationship	PC PC					
Purpose of grant/contribution	<del> </del>				Amount	
ELDERLY LEGISLATION			<del> </del>	<del> </del>	<u> </u>	500
Name						
STRAUB FOUNDATION	<del></del>			<del></del>		
Street 1100 WARD AVE						
City		State	Zip Code	Foreign Count	ry	
HONOLULU	<del></del>	HI	96814			
Relationship	Foundation Status					
Purpose of grant/contribution	PC			· · · · · · · · · · · · · · · · · · ·	Amount	
PATIENT CARE						500
Name					·	
Street						
City		State	Zip Code	Foreign Count	·n.	
City		State	Zip Code	Poreign Count	шу	
Relationship	Foundation Status	<u> </u>	<u> </u>			
	L				<del></del>	
Purpose of grant/contribution					Amount	
Name					<del></del>	
Name						
Street	<del></del>			<del></del> -		
City		State	Zip Code	Foreign Count	try	
Relationship	Foundation Status	L	<u> </u>			
	. Jungation Status					
Purpose of grant/contribution				·	Amount	

Part I, Line 16c (990-PF) - Other Professional Fees

	204	204	0	0
				Disbursements
,	Revenue and			for Charitable
( '	Expenses per	Net Investment	Adjusted Net	Purposes
Description	Books	Income	Income	(Cash Basis Only)
1 NATIONAL REG AGENT	204	204		0

Part I, Line 18 (990-PF) - Taxes

	174	174	C	0
D	Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
Description	per_Books	Income	Net Income	Purposes
1 FED EXCISE TAX	174	174		

## Part II, Line 10b (990-PF) - Investments - Corporate Stock

		350,904	375,231	612,243	659,870
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg. of Year	End of Year
AMERIPRISE 2317 3846 9 001		350,904	375,231	612,243	659,870

## Part II, Line 10c (990-PF) - Investments - Corporate Bonds

			128,655	104,311	138,186	117,357
	Interest	Maturity	Book Value	Book Value	FMV	FMV
Description	Rate	Date	Beg of Year	End of Year	Beg of Year	End of Year
1 RYDER SYSTEMS		11/15/2018	20,070	20,027	20,283	20,133
2 TYCO ELECTRONICS GRP		12/17/2018	10,051	10,021	10,179	10,062
3 ALTERA CORP SR NOTE		11/15/2018	20,031	20,013	20,689	20,325
4 BOSTON SCIENTIFIC CORP		10/1/2018		10,066	10,257	10,096
5 MUTUAL FUNDS			68,328	44,184	76,778	56,741

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

- 1									>		7
	heck "X"				_			Avg Hrs			Expense
	if Business	S'reet	Crty	State	Zip Code	Foreign Country	噩	Per Week	Compensation	Benefits	Account
I		PO BOX 796	HONOFILL	H	80896		CHEF	1 00	0		
							OFFICER				
1		PO BOX 796	HONOLULU	豆	96808		CHIEF	1 00	0		
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<u> </u>		PO BOX 796	HONOLULU	王	96808		DIRECTOR	00 1	0		
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