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

Do not enter social security numbers on this form as it may be made public ► Go to www irs gov/Form990PF for instructions and the latest information

For calendar year 2017 or tax year beginning DEC	2 15, 2017	, and ending	DEC 31, 2017	
Name of foundation			A Employer identification	number
NME_FOUNDATION			82-3756310	
Number and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
1165 BETHEL STREET 2ND FLO	OR		808-539-97	77
City or town, state or province, country, and ZIP or foreign p		L .	C If exemption application is pe	ending, check here
HONOLULU, HI 96813				-
G Check all that apply:	Initial return of a fo	ormer public charity	D 1 Foreign organizations	s, check here
Final return	Amended return	ı. T	2 Foreign organizations me	eting the 85% test
Address change	Name change	cil	2 Foreign organizations me check here and attach co	mputation
H Check type of organization: X Section 501(c)(3) e		04	E If private foundation sta	
Section 4947(a)(1) nonexempt charitable trust I Fair market value of all assets at end of year J Account	Other taxable private founda	Accrual	under section 507(b)(1)	
· —	ther (specify)	Accidal	F If the foundation is in a under section 507(b)(1)	
\$ 984,407. (Part I, colu	mn (d) must be on cash basis	S.)	under section our (b)(1)	(b), oncor nor
Part Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,006,450.		N/A	
2 Check Interest on savings and temporary	-	w <u></u> -		
cash investments				
Dividends and interest from securities				
5a Gross rents b Net rental income or (loss)				- !
6a Net gain or (loss) from sale of assets not on line 10				
0)-		t i w	· · · · · · · · · · · · · · · · ·	
assets on line 6a 7 Capital gain net income (from Part IV, line 2)		0.		3
8 Net short-term capital gain				
9 Income modifications Gross sales less returns				
10a and allowances b Less Cost of goods sold Crocc profit or /locs	-			- "
b Less Cost of goods sold				<u> </u>
c Gross profit or (loss) 11 Other income				
12 Total. Add lines 1 through 11	1,006,450.	0.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits			RECE	VED
ଖ୍ଡି 16a Legal fees				
b Accounting fees c Other professional fees			NOV 14	2018
			W 10(1/A 1 1	2010
ol 17 Interest			0	
18 Taxes 19 Depreciation and depletion				1
ୂର୍ଥ 19 Depreciation and depletion ଆଧାର ପ୍ରଥମ ପ୍ରଥମ				-
21 Travel, conferences, and meetings			· · · · · · · · · · · · · · · · · · ·	
22 Printing and publications				
g 23 Other expenses				
24 Total operating and administrative				
expenses Add lines 13 through 23	0.	0.		0.
25 Contributions, gifts, grants paid	0.			0.
26 Total expenses and disbursements	,	•	[
Add lines 24 and 25	0.	0.		0.
27 Subtract line 26 from line 12:	1,006,450.	**	,	
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	1,000,430.	0.	,	
C Adjusted net income (if negative, enter -0-)			N/A	

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1

P	art	Balance Sheets Atlached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
_	,	Colonin strong de los end-os-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		3,000.	3,000.
	2	Savings and temporary cash investments			
	3	Accounts receivable -			Í
	İ	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable			•
	'	Less: allowance for doubtful accounts			
	_	Grants receivable			
	ŀ				
	6	Receivables due from officers, directors, trustees, and other			
	l	disqualified persons			
	7	Other notes and loans receivable			.
		Less allowance for doubtful accounts ▶			
হ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock			
	ı	Investments - corporate bonds			
	ľ				i
	11	Investments - land, buildings, and equipment basis			
	١	Less accumulated depreciation			
		Investments - mortgage loans		004 405	004 405
	13	Investments - other STMT 1	0.	981,407.	981,407.
	14	Land, buildings, and equipment basis ►			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
	ľ	instructions Also, see page 1, item I)	0.	984,407.	984,407.
_	17	Accounts payable and accrued expenses			
	1	Grants payable			
	1	· · · ·			
es	19	Deferred revenue			
abilities	l	Loans from officers, directors, trustees, and other disqualified persons			
ā	ı	Mortgages and other notes payable			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	{	and complete lines 24 through 26, and lines 30 and 31			,
è	24	Unrestricted			
	1	Temporarily restricted			, j
ag		Permanently restricted			
9	20	·			,
Š		· —			
F		and complete lines 27 through 31		_	
3		Capital stock, trust principal, or current funds	0.	0.	
Se	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	, (
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	984,407.	
Net Assets or Fund Baland	30	Total net assets or fund balances	0.	984,407.	,
_					
i	31	Total liabilities and net assets/fund balances	0.	984,407.	,
_					
P	art	Analysis of Changes in Net Assets or Fund Ba	iances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	20		
			50	1,1	0
		t agree with end-of-year figure reported on prior year's return)		1	1 006 450
		amount from Part I, line 27a		2	1,006,450.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	1,006,450.
5	Decre	ases not included in line 2 (itemize) <u>UNREALIZED LOSS</u>	- RAYMOND JA	MES 5	22,043.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	984,407.
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(a) List and describe t	the kind(s) of property sold (for rehouse, or common stock, 20	or example, real esta		(b) D	How ac - Purch - Dona	quired nase ition	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr.)
1a								
b NOM	NE			\perp				
<u>c</u>				 				
_d				 				
e	(f) Depreciation allowed	/a) Co	ost or other basis	 			(h) Gain or (loss	i \
(e) Gross sales price	(or allowable)		expense of sale	1			((e) plus (f) minus	
a								
b	•		<u>-</u>					
<u>C</u>								
<u>d</u>	 							
Complete only for assets showing	a dain in column (b) and owns	·	n on 12/31/60				t) Counc (Col. (h) coun	
Complete only for assets showing	(j) Adjusted basis	******	excess of col. (i)				 Gains (Col. (h) gain (k), but not less that 	n -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		r col. (j), if any				Losses (from col. (h))
a								
b				[
С	· · ·							
d								
<u>e</u>	·····			$\overline{}$	1			
2 Capital gain net income or (net cap	If gain, also	o enter in Part I, line nter -0- in Part I, line	e 7	}	2			
	-		e /	7	-			
3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, or		(5) and (6):		1	- [
If (loss), enter -0- in Part I, line 8				[ا	3			
Part V Qualification Ur	nder Section 4940(e)	for Reduced	Tax on Net	Inve	stme	ent Inc	ome	
(For optional use by domestic private	foundations subject to the sec	ction 4940(a) tax on	n net investment in	ncome.	.)			N/A
If section 4940(d)(2) applies, leave thi	s part blank							
Was the foundation liable for the secti	on 4942 tay on the distributat	ate amount of any w	ear in the hase ne	riod2				Yes No
If "Yes," the foundation doesn't qualify				1100				
1 Enter the appropriate amount in ea				ntries.				
(a) Base period years	(b			(c)			Distrib	(d) oution ratio
Calendar year (or tax year beginning	g in) Adjusted qualifyi	ng distributions	Net value of n	onchar	ıtable-ı	ise assets	(col (b) div	ided by col. (c))
2016			ļ					
2015								·
2014 2013								
2012								
	-							-
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the 5	-year base period - divide the	total on line 2 by 5	0, or by the numb	er of y	ears/			
the foundation has been in existent	ce if less than 5 years						3	 ,
4 Enter the net value of noncharitable	e-use assets for 2017 from Pa	art X, line 5					4	
5 Multiply line 4 by line 3							5	
o Montply line 4 by line o								
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6	
	,,							
7 Add lines 5 and 6							7	
8 Enter qualifying distributions from	Part XII, line 4						8	
If line 8 is equal to or greater than		/l. line 1b. and comi	olete that part usu	no a 1º	% tax ra	ate	<u> </u>	
See the Part VI instructions	,	,	,	o - ··		-		

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Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940	(b), 4940(e), or 49	148 - see ii	nstruc	tions	s)
1a	a 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 in					
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1			0.
	of Part I, line 27b					:
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line	e 12, col. (b)	,		•	
	- I remark the second of the s		2			0.
3		,	3			0.
4		n-1	4		-	0.
5		· ,	5			0.
6			-	-		ات
-	a 2017 estimated tax payments and 2016 overpayment credited to 2017	0.				
		0.	1			- 1
	b Exempt foreign organizations - tax withheld at source 6b	0.				1
	c Tax paid with application for extension of time to file (Form 8868) 6c	0.				
	d Backup withholding erroneously withheld	<u> </u>				
	Total credits and payments. Add lines 6a through 6d		7			0.
			8			0.
	•	•	9			0.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	_	10			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax	Refunded >	11			
	art VII-A Statements Regarding Activities					
1a	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did i	it participate or intervene	ın		Yes	
	any political campaign?			1a		<u>X</u>
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	instructions for the defini	tion	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia	als published or				*
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?			1c		X
d	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 ▶ \$	0.				
е	E Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo	sed on foundation	•		'	2
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
-	If "Yes," attach a detailed description of the activities			- -	-	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, ar	tucles of incorporation of		·		,
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ticies of incorporation, of		3		X
4.	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
			N/A			
	b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year?		14 / 17	4b 5		Х
Э				13		A .
	If "Yes," attach the statement required by General Instruction T					, r
б	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					-{
	By language in the governing instrument, or		1.			{
	By state legislation that effectively amends the governing instrument so that no mandatory directions the state of th	nat conflict with the state	ıaw		 -	لــــا
	remain in the governing instrument?	_		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, co	ol (c), and Part XV		7	Х	
				1		Ĭ ,
8a	a Enter the states to which the foundation reports or with which it is registered. See instructions. 🕨				'	,
	HI					
b	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener	ral (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)((3) or 4942(j)(5) for caler	ndar			-1
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," complete Part XIV			9		X
10			STMT 2	10	Х	
				rm 99 0		(0047)

Pa	t'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	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement. See instructions	12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A	- 3 6 6		
14	The books are in care of ERIC SHIMIZU Telephone no 808-			
45	Located at ► 1165 BETHEL STREET 2ND FLOOR, HONOLULU, HI ZIP+4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	70013	_	
15	and enter the amount of tax-exempt interest received or accrued during the year	N	[/A	· ——
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	1	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			1
	foreign country >			,]
Pa	t 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).		j	[
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			,
		İ	ļ	
	(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? Yes X No	1.		.]
	(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)?		1	*
	(6) Agree to pay money or property to a government official? (Exception Check "No"		1	-
	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)	-		,
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			<u> </u>
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	<u> </u>	 .
	Organizations relying on a current notice regarding disaster assistance, check here	· _		, '
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	- <u>-</u> -	 	$\frac{1}{x}$
•	before the first day of the tax year beginning in 2017?	1c	₩.	 ^
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		ļ	1
•	before 2017? Yes X No			
	If "Yes," list the years ▶,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	'		,
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		<u> </u>	لنبدا
	statement - see instructions) N/A	2b	L	L.,
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			-
_	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		!	•
За		ļ	`	
L	during the year? If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			
Û	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		ļ,	· ,
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	1 , ,	į .	
	Form 4720, to determine if the foundation had excess business holdings in 2017.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			<u></u>
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be H	equirea (contin	<u>ued)</u>	Yes	No
5a During the year, did the foundation pay or incur any amount to	4045/-\\0		es X No	100	140
(1) Carry on propaganda, or otherwise attempt to influence legislation (section)		·	es 🕰 NO	l l	
(2) Influence the outcome of any specific public election (see section 4955), any voter registration drive?	or to carry on, directly or more		es X No	* - -	
(3) Provide a grant to an individual for travel, study, or other similar purpose	202		es X No	-	
(4) Provide a grant to an organization other than a charitable, etc., organization			5 <u>21</u> NO	;	
4945(d)(4)(A)? See instructions	וטוז שבטטוטבע ווו טפטנוטוו		es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literar	v or educational nurnoses or f		15 <u>44</u> 140	i	
the prevention of cruelty to children or animals?	y, or codoational purposes, or in		es X No	l,	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	inder the excentions described i		,3 [22] 140		·] .
section 53.4945 or in a current notice regarding disaster assistance? See insi		Triogulations	N/A	5b	-
Organizations relying on a current notice regarding disaster assistance, check			▶□		1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		ned		li.	'
expenditure responsibility for the grant?		I/A 🔲 Ye	es No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on			, ,	
a personal benefit contract?		Y6	es X No	<u> </u>	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870	•				
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Ye	s X No	ν	
b. If "Yes," did the foundation receive any proceeds or have any net income attrib	butable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Mar	nagers, Highly			
List all officers, directors, trustees, and foundation managers and	their compensation			·	
List all officers, directors, a distees, and foundation managers and	<u> </u>	(c) Compensation	(d) Contributions to	(e) Ex	nense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	accoun allow	pense t, other ances
FRANKLIN TOKIOKA, SR.	PRESIDENT				
1165 BETHEL STREET 2ND FLOOR					
HONOLULU, HI 96813	0.10	0.	0.	·	0.
FRANKLIN TOKIOKA II	VICE PRESIDEN	T			
1165 BETHEL STREET 2ND FLOOR					_
HONOLULU, HI 96813	0.10	0.	0.	•	0.
DASS RAMADASS	_TREASURER/SEC	RETARY			
1165 BETHEL STREET 2ND FLOOR		_			_
HONOLULU, HI 96813	0.10	0.	0	•	0.
<u> </u>					
2 Compensation of five highest-paid employees (other than those in	lcluded on line 1). If none, o	enter "NONE."	<u> </u>		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	accoun	pense t, other ances
NONE					
				<u> </u>	
Tabel number of other employees and ever \$50,000	<u> </u>				0
Total number of other employees paid over \$50,000				000 DE	U

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NONE

Part VIII

NMF FOUNDATION

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

Part IX-A | Summary of Direct Charitable Activities

Part IX-B | Summary of Program-Related Investments

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

Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000

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Total. Add lines 1 through 3

Minimum Investment Return (All domestic found	dations must complete this part. Fo	reign foundations, see	instructions)
1 Fair market value of assets not used (or held for use) directly in carrying ou	t charitable, etc , purposes:		
a Average monthly fair market value of securities		1a	490,704. 1,500.
b Average of monthly cash balances		1b	<u>1,500.</u>
c Fair market value of all other assets		1c	
d Total (add lines 1a, b, and c)		1d	492,204.
e Reduction claimed for blockage or other factors reported on lines 1a and			
1c (attach detailed explanation)	1e	0.	
2 Acquisition indebtedness applicable to line 1 assets		2	0.
3 Subtract line 2 from line 1d		3	492,204.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greate	r amount, see instructions)	4	7,383.
5 Net value of noncharitable-use assets Subtract line 4 from line 3 Enter h	ere and on Part V, line 4	5	484,821.
6 Minimum investment return Enter 5% of line 5 ADJUSTED FO			1,129.
[PartiXII Distributable Amount (see instructions) (Section 49 foreign organizations, check here/ ▶ ☐ and do not complete		ndations and certain	
1 Minimum investment return from Part X, line 6		1	1,129.
2a Tax on investment income for 2017 from Part VI, line 5			
b Income tax for 2017 (This does not include the tax from Part VI.)	2b		
c Add lines 2a and 2b		2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1		3	1,129.
4 Recoveries of amounts treated as qualifying distributions		4	0.
5 Add lines 3 and 4		5	1,129.
6 Deduction from distributable amount (see instructions)		6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here an	d on Part XIII, line 1	7	1,129.
PartiXIII Qualifying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish charitable,	etc., purposes		_
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		1a	0.
b Program-related investments - total from Part IX-B		1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying or	ıt charıtable, etc , purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the			
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	0.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax of	n net investment		
income. Enter 1% of Part I, line 27b		5	0.
6 Adjusted qualifying distributions Subtract line 5 from line 4		6	0.
Note: The amount on line 6 will be used in Part V, column (b), in subseque	nt years when calculating whether the fo	oundation qualifies for the	section

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				1,129.
2 Undistributed income, if any as of the end of 2017	,····································			
a Enter amount for 2016 only			0.	
b Total for prior years.				
·		0.		
3 Excess distributions carryover, if any, to 2017:	· · ·			
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2016, but not more than line 2a		•	0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus			,	
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract		_		
line 4b from line 2b		0.		. <u>-</u>
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract			, ""	
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				1,129.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012			-	
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				
				

Part XIV: Private Operating Fo		tructions and Dart VIII	A guestian (I)		756310 Page 10
· · · · · · · · · · · · · · · · · · ·			A, question 9)	N/A	
1 a If the foundation has received a ruling or)
foundation, and the ruling is effective for			▶ └	4040(3)(0)	040()(5)
b Check box to indicate whether the found		g foundation described ii		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(8) 2017	(0) 2010	(6) 2013	(0) 2014	(e) Total
investment return from Part X for					
each year listed					/
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.		\			
Subtract line 2d from line 2c			X		ļ
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than grass investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Information at any time during the			the foundation h	nad \$5,000 or mo	re in assets
		ictions.j			
1 Information Regarding Foundation	•				
a List any managers of the foundation who year (but only if they have contributed m			ibutions received by the f	oundation before the clo	se of any tax
•	1016 (11411 \$5,000) (366 56	ction 307 (u)(2)-)			
NONE					<u> </u>
b List any managers of the foundation who other entity) of which the foundation has			or an equally large portion	n of the ownership of a p	artnership or
NONE				- w-	
2 Information Regarding Contribution					
Check here 🕨 🗓 if the foundation o					uests for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other conditi	ons, complete items 2a, b	o, c, and d.	
a The name, address, and telephone numb	per or email address of the	e person to whom applic	ations should be addresse	ed	
b The form in which applications should b	e submitted and informati	on and materials they sh	ould include:		
c Any submission deadlines			· · · · · · · · · · · · · · · · · · ·		
d Any restrictions or limitations on awards	s, such as by geographica	l areas, charitable fields,	kınds of ınstitutions, or o	ther factors:	

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to any foundation manager or substantial contributor Amount Name and address (home or business) a Paid during the year NONE **▶** 3a ٥. Total **b** Approved for future payment NONE 0. **▶** 3b Total

	. •			
Part XVI-A	Analys	is of Inco	me-Produc	cing Activities

Enter gross amounts unless otherwise indicated.	Unrelate	Unrelated business income		ded by section 512, 513 or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue.	code	,	code	, anount	Tanotion moonto
a	_		-		<u> </u>
b	_		ļ		
<u> </u>			 		
d	_		-		
e	_				
g Fees and contracts from government agencies	_		 		
Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a	_				
b			<u> </u>		
c	_				
d	_		ļ		
e	_				
12 Subtotal. Add columns (b), (d), and (e)		0.	<u></u>	0.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations)				
Dort VVI D Deletionship of Activities	ta the Asse	mulichment of Ev		Durmana	

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes)
	N/A
· · · · · · · · · · · · · · · · · · ·	

Part XVII		OUNDATION egarding Trans	sfers to a	nd Transactio	ns an	d Relationsh		3/36310 charitable	Pa	ige 13
· ure / co	Exempt Organi		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ila iranoaotio		a riciationor	po viiti vioni	Jilai itabio		
1 Did the	organization directly or indir		of the followin	g with any other org	anızatıoı	n described in sect	ion 501(c)		Yes	No
	nan section 501(c)(3) organ						• •			
a Transfer	a Transfers from the reporting foundation to a noncharitable exempt organization of									
(1) Cas	h							1a(1)		X
(2) Oth	er assets							1 <u>a(2)</u>		Х
b Other tra	ansactions.									لييد
(1) Sale	es of assets to a noncharital	ble exempt organizati	on					1b(1)		X
	chases of assets from a nor	·	rganization					1b(2)		X
	ital of facilities, equipment,	or other assets						1b(3)		X
	mbursement arrangements							1b(4)		X
	ns or loan guarantees	mbarahin ar fundrais	una antioitatio	20				1b(5)		X
	formance of services or me of facilities, equipment, ma	•	_					1b(6) 1c		X
-	swer to any of the above is	-			ould alw	vavs show the fair	market value of the o		ets.	
or service	ces given by the reporting fo	oundation. If the foun	dation receive	• •					0.0,	
(a) Line no	(d) the value of the goods, (b) Amount involved		noncharitable	e exempt organizatio	n	(d) Descriptio	n of transfers, transactio	ns, and sharing arr	angemen	its
			N/A							
-										
	-,-									
						<u> </u>				
				··-		1				
	undation directly or indirect in 501(c) (other than section	,	,	or more tax-exempt	organiz	ations described		Yes	X	No
	complete the following sche									
•	(a) Name of org			(b) Type of organi	zation		(c) Description of re	elationship		
	N/A									
									,	
							.,			
Und	er penalties of perjury I declare to	hat I have examined this	return, including	accompanying schedule	es and sta	itements, and to the be	est of my knowledge			
	belief, it is true, correct, and com							May the IRS of return with the	e prepare	er
Here		1		k 1115/1	&	PRESI	DENT	shown below X Yes		No
Sı	gnature of officer or trustee			Date		Title				
	Print/Type preparer's na		Preparer's s	ignature		Date	Check if	PTIN		
			Bela	\$ 2			self- employed			
Paid	BLAKE S. I		,-			Nov 2, 2018	_	P01671		
Preparer	Thin Shame	CPAS, IN	C				Firm's EIN ► 9	9-01691	31	
Use Only	` L									
	Firm's address ► 10							0 504 0	255	
	I HO	NOLULU, H	<u>1 9681</u>	3-3696			Phone no 80	8-524-2		·00:=:
								Form 99	U-PF	(2017)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization | Employer identification number | NMF FOUNDATION | 82-3756310 |

Organization type (check one) |

Filers of: Section:

Filers of:	\$	Section:	1
Form 990 or 99	90-EZ [501(c)() (enter number) organization	
	[4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	C	527 political organization	
Form 990-PF		X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
		covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions	
General Rule			
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions	
Special Rules			
sectio any or	ons 509(a)(1) and ne contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, III complete Parts I and II	
year, t	total contributio	described in section 501(c)(7), (8), o <u>r (</u> 10) filing Form 990 or 990-EZ that received from any one contributor, during the lons of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III	e
year, o is che purpo	contributions excked, enter her see Don't comp	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year.	e

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

NMF	FO	UND	AT]	[ON

82-3756310

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space is needed					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	NATIONAL MORTGAGE & FINANCE CO., LTD. 1165 BETHEL STREET, 2ND FLOOR HONOLULU, HI 96813	\$3,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	NATIONAL MORTGAGE & FINANCE CO., LTD. 1165 BETHEL STREET, 2ND FLOOR HONOLULU, HI 96813	\$ <u>1,003,450</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	1	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	•	\$	Person Payroll Oncash Complete Part II for noncash contributions)			

Employer identification number

NMF FOUNDATION

82-3756310

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
32,900 SHARES OF CENTRAL PACIFIC FINANCIAL CORP.	,	
•		12/22/17
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_	***************************************
	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.)

Employer identification number

IF FOUNI	DATION		82-3756310		
th	e vear from any one contributor. Complete o	columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for owing line entry. For organizations		
co	empleting Part III enter the total of exclusively religious se duplicate copies of Part III if additional	, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once) > \$		
No.			(1) 2		
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		 			
		(e) Transfer of gif	rt ·		
	Transferee's name, address, a	nd 71D + 4	Relationship of transferor to transferee		
	Transieree's flame, address, a	IU ZIF + 4	Relationship of dansieror to dansieree		
		······ 			
) No.					
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
— —					
		(e) Transfer of gif	ft		
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee		
	Transieree 3 Hame, address, an	10 20 7 7	Total State Post California (California California Cali		
No.	(h) Durana of out	(a) Has of mith	(d) Description of how gift is held		
art I	(b) Purpose of gift	(c) Use of gift	(d) Description of now gift is field		
_					
		(e) Transfer of git	tt .		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
-					
No. rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
art I	(a) t alipodo ol gillo	(0,000 0.9.1	(2)		
		(a) T	-		
		(e) Transfer of gif			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
	1000000				

FORM 990-PF OTH	HER INVESTMENTS		STATEMENT 1
DESCRIPTION	VALUATION METHOD	BOOK, VALUE	FAIR MARKET VALUE
INVESTMENTS - RAYMOND JAMES	FMV	981,407.	981,407.
TOTAL TO FORM 990-PF, PART II, LIN	NE 13	981,407.	981,407.

		<u> </u>
FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS	STATEMENT 2
	PART VII-A, LINE 10	

NAME OF CONTRIBUTOR

ADDRESS

NATIONAL MORTGAGE & FINANCE CO., 1165 BETHEL STREET LTD.

HONOLULU, HI 96813