Form **990-PF**

Department of the Treasury Internal Revenu € Service

EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation 2018

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 c | alendar year 2017 or tax year beginning | | , and ending | | |
|---------|---|------------------------------|---------------------|---|---|
| Nam | ne of foundation | | | A Employer identification | number |
| TI | HE CLARENCE T.C. CHING FOU | NDATION | | 99-6014634 | |
| Num | nber and street (or P O box number if mail is not delivered to street ad | dress) | Room/suite | B Telephone number | |
| 10 | 001 BISHOP STREET, SUITE 7 | 70 | | (808) 521- | 0344 |
| City | or town, state or province, country, and ZIP or foreign po- | stal code | | C If exemption application is pe | ending, check here |
| H | ONOLULU, HI 96813 | | | | |
| G C | Check all that apply: Initial return | Initial return of a fo | rmer public charity | D 1. Foreign organizations | , check here |
| | Final return | Amended return | | | |
| | Address change | Name change | | 2 Foreign organizations me check here and attach con | mputation |
| H C | Check type of organization: X Section 501(c)(3) exe | mpt private foundation | 9 Y | E If private foundation star | tus was terminated |
| | Section 4947(a)(1) nonexempt charitable trust | Other taxable private founda | tion | under section 507(b)(1) | - () |
| I Fa | air market value of all assets at end of year J Accountin | g method: Cash | X Accrual | F If the foundation is in a | 60-month termination |
| (fr | rom Part II, col. (c), line 16) | ner (specify) | | under section 507(b)(1) | |
| Ì | \$ 113,928,225. (Part I, colum | n (d) must be on cash basis | s.) | | |
| Pa | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements for charitable purposes |
| | n ecessarily equal the amounts in column (a) | expenses per books | income | income | (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | 386,778. | | N/A | |
| | 2 Check If the foundation is not required to attach Sch. B | | | | |
| | Interest on savings and temporary 3 cash investments | | | | |
| | 4 Dividends and interest from securities | 767,732. | 767,732. | | STATEMENT 2 |
| | 5a Gross rents | <u> </u> | | | |
| | n Net rental income or (loss) | | | | |
| _ | 6a Net gain or (loss) from sale of assets not on line 10 | 3,547,130. | | | STATEMENT 1 |
| nue | Gross sales price for all 32,176,246. | | | | |
| Revenue | 7 Capital gain net income (from Part IV, line 2) | | 3,115,253. | | |
| Æ | 8 Net short-term capital gain | | | | |
| | 9 Income modifications | | | | |
| | Gross sales less returns 10a and allowances | | | | |
| | b Less Cost of goods sold | | | | ' |
| , | c Gross profit or (loss) | | | | |
| | 11 Other income | 555,846. | 2,869,653. | | STATEMENT 3 |
| | 12 Total Add lines 1 through 11 | 5,257,486. | 6,752,638. | | |
| | 13 Compensation of officers, directors, trustees, etc | 548,400. | 219,360. | | 329,040. |
| | 14 Other employee salaries and wages | 76,000. | 30,400. | | 45,600. |
| | 15 Pension plans, employee benefits | 35,389. | 14,156, | | 21,336. |
| es | [16a Legal fees STMT 4 | -6,884. | 2,228. | RECEIVE | 2,228. |
| Expense | b Accounting fees STMT 5 | 60,420. | 33,802 | | 22,513. |
| Ž | c Other professional fees STMT 6 | 1,571. | 01: | 8 |) 3 1,571. |
| | | | | AUG 0 9 2018 | 10 |
| ative | 18 Taxes STMT 7 | 48,039. | 33,890. | | S 0. |
| inistr | 19 Depreciation and depletion | | | OGDEN H | F |
| E | 20 Occupancy | 49,636. | 19,854. | 3.3 2.18, 0 | 29,782. |
| Ā | 21 Travel, conferences, and meetings | | | | ļ |
| Ę | 22 Printing and publications | | | | |
| 0 | 23 Other expenses STMT 8 | 489,570. | 711,129. | | 52,408. |
| ij | 24 Total operating and administrative | | | | |
| er. | expenses. Add lines 13 through 23 | 1,302,141. 592,246. | 1,064,819. | <u></u> | 504,478. |
| ŏ | 25 Contributions, gifts, grants paid | 592,246. | | | 5,299,666. |
| | 26 Total expenses and disbursements. | | | | |
| | Add lines 24 and 25 | 1,894,387. | 1,064,819. | | 5,804,144. |
| | 27 Subtract line 26 from line 12: | | | | |
| | Excess of revenue over expenses and disbursements | 3,363,099. | | | |
| | b Net investment income (if negative, enter -0-) | | 5,687,819. | | |
| | c Adjusted net income (if negative, enter -0-) | | | N/A | Form 990-PF (2017) |

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

| Forr | n 99 | | Decrease of the Co | | 9-6014634 Page 2 | |
|------------------|---------------------------|--|--------------------|---|-----------------------|--|
| P | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | · | |
| | | Column should be for end-on-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value | |
| | 1 | Cash - non-interest-bearing | | | | |
| | 2 | Savings and temporary cash investments | 841,874. | 1,105,915. | 1,105,915. | |
| - 1 | 3 | Accounts receivable ► 2,554,663. | | | , | |
| | _ | Less: allowance for doubtful accounts | | 2,554,663. | 2,554,663. | |
| | A | Pledges receivable | | | | |
| | 7 | Less: allowance for doubtful accounts | | | - | |
| | | Grants receivable | | | | |
| | - | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | | disqualified persons | | | | |
| | 7 | Other notes and loans receivable | | | | |
| | | Less: allowance for doubtful accounts | | | | |
| छ | 8 | Inventories for sale or use | | | | |
| Assets | | Prepaid expenses and deferred charges | 7,192. | 31,197. | 31,197. | |
| ğ | 10a | Investments - U.S. and state government obligations | | | | |
| | b | Investments - corporate stock STMT 10 | 27,184,124. | 19,982,253. | 19,982,253. | |
| | С | Investments - corporate bonds STMT 11 | 16,015,467. | 18,340,894. | 18,340,894. | |
| | 11 | Investments - land, buildings, and equipment basis | | | | |
| | | Less accumulated depreciation | | , | | |
| | 19 | Investments - mortgage loans | | | | |
| | 13 | Investments - other STMT 12 | 58,755,423. | 71,913,303. | 71,913,303. | |
| | | Land, buildings, and equipment; basis | | , | 1 | |
| | 14 | <u> </u> | | | L | |
| | | Less accumulated depreciation | | | | |
| | | Other assets (describe | | | | |
| | 16 | Total assets (to be completed by all filers - see the | 100 004 000 | 112 020 225 | 112 010 115 | |
| _ | | instructions. Also, see page 1, item 1) | 102,804,080. | 113,928,225. | 113,920,223. | |
| | 17 | Accounts payable and accrued expenses | 27,805. | 73,387. | , | |
| | 18 | Grants payable | 29,452,434. | 24,770,014. | | |
| Ś | 19 | Deferred revenue | | | ì | |
| ij | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| Liabilities | 21 | Mortgages and other notes payable | | | | |
| Ë | 22 | Other liabilities (describe PAYROLL TAXES WITH) | 3,259. | 2,775. | | |
| | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 29,483,498. | 24,846,176. | | |
| | | Foundations that follow SFAS 117, check here | | | | |
| | | and complete lines 24 through 26, and lines 30 and 31 | | | | |
| ģ | 24 | Unrestricted | 73,320,582. | 89,082,049. | | |
| 2 | 27 | Temporarily restricted | ,, | | | |
| ala | 25 | | | | | |
| or Fund Balances | 26 | Permanently restricted | *** | | | |
| Š | | Foundations that do not follow SFAS 117, check here | | | | |
| Ē | | and complete lines 27 through 31. | | | | |
| | | Capital stock, trust principal, or current funds | | | | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| Š | 30 | Total net assets or fund balances | 73,320,582. | 89,082,049. | | |
| _ | | | | | | |
| | 31 | 113,928,225. | | | | |
| _ | | Total liabilities and net assets/fund balances III Analysis of Changes in Net Assets or Fund Ba | alances | | | |
| LP | art | Allalysis of Changes in Net Assets of Fulld Bu | | | | |
| 1 | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line | | | | |
| | | 1 | 73,320,582. | | | |
| 2 | • | st agree with end-of-year figure reported on prior year's return) r amount from Part I, line 27a | | 2 | 3,363,099. | |
| 3 | | er increases not included in line 2 (itemize) | SEE ST | ATEMENT 9 3 | 12,398,368. | |
| - | | 4 | 89,082,049. | | | |
| | | lines 1, 2, and 3 eases not included in line 2 (itemize) | | 5 | 0. | |
| | | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c | olumn (h) line 30 | | 89,082,049. | |
| 0 | Form 990-PF (2017) | | | | | |

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5,767,104.

5,804,144.

7 Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

7

| Form 990-PF (2017) THE CLARENCE T.C. CHING FOUNDATION Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), 6 | 99-601 or 4948 - see | 4634 | tion | Page 4 |
|--|-------------------------|------------------|------------|------------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | 1 | | | |
| Date of ruling or determination letter:(attach copy of letter if necessary-see instructions) | | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% | 1 1 | 5 | 6,8 | 78. |
| of Part I, line 27b | | | | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | | | 0. |
| 3 Add lines 1 and 2 | 3 | 5 | 6,8 | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | | | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 5 | <u>6,8</u> | 78. |
| 6 Credits/Payments: | | | | |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 69,79 | | | | |
| b Exempt foreign organizations - tax withheld at source 6b | <u>0.</u> | | | • |
| c Tax paid with application for extension of time to file (Form 8868) 6c 6c | 0. | | | |
| d Backup withholding erroneously withheld 7. Tatal and payments. Add lines for through 6d. | | 6 | 9 , 7 | E <i>C</i> |
| 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 7 | | 9,1 | 0. |
| | 8 9 | | | <u> </u> |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 1 | 2,8 | 78 |
| 11 Enter the amount of line 10 to be: Credited to 2018 estimated tax | | | 2,0 | 0. |
| Part VII-A Statements Regarding Activities | | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte | ervene in | T | Yes | No |
| any political campaign? | | 1a | | X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the | e definition | 1b | | х |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| distributed by the foundation in connection with the activities. | | - | | |
| c Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| 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. | - | | , |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | ' |
| managers. ► \$0. | | - | | _ |
| 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 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, articles of incorporation | tion, or | | ł | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 37/3 | 4a | | <u> </u> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4b | | x |
| Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | |
| If "Yes," attach the statement required by <i>General Instruction T</i> . 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | 1 | | 1 |
| 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 | a ctata law | | | |
| remain in the governing instrument? | s state law | 6 | х | |
| 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 | X | |
| , Sid the foundation have at loads, popose in additional attention and the joint in 1997 complete that in our (o), and it are no | | | | |
| 8a Enter the states to which the foundation reports or with which it is registered. See instructions. | | | | |
| HI | | - | | |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | - | | |
| of each state as required by General Instruction G? If "No," attach explanation | | 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 | r calendar | | | |
| year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV | | 9 | | <u>x</u> |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | | X |
| | | Form 99 0 |)-PF | (2017) |

723531 01-03-18

| | Υe | s No |
|--|--------------------|----------------|
| 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | 1 |
| 540/h\/40\0 [4 D/co attack calculus 0 | 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? | | |
| and Hattack statement One water the | 12 | x |
| | 13 X | |
| Website address ► WWW.CLARENCETCCHINGFOUNDATION.ORG | 10 21 | <u></u> |
| 14 The books are in care of ▶ TERTIA FREAS Telephone no. ▶ (808)52 | 1-03 | 44 |
| Located at ► 1001 BISHOP STREET, SUITE 770, HONOLULU, HI ZIP+4 ►968 | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | $\overline{}$ |
| 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, | Υe | |
| | 16 | X |
| See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | 10 1 | ^ |
| foreign country | | |
| 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. | Υe | s No |
| 1a During the year, did the foundation (either directly): | - · ` | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | |
| a disqualified person? | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No | | , |
| (5) Transfer any income or assets to a disqualified person (or make any of either available | | |
| for the benefit or use of a disqualified person)? | | 1 ' |
| (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.) | 1 | |
| 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 | 1ь | x |
| Organizations relying on a current notice regarding disaster assistance, check here | | |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | |
| before the first day of the tax year beginning in 2017? | 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)): | | 1 |
| a 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 | | |
| before 2017? | 1 | |
| 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 | İ | |
| – | <u>2b</u> | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | |
| | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | |
| during the year? | | |
| b If "Yes," did it have excess business holdings in 2017 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 | | 1 |
| 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, | | - |
| | 3b | + |
| | 4a | X |
| b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | _U |
| | aan_D | X F (2017) |

| orm 990-PF (2017) THE CLARENCE T.C. CHING | | | <u>99-60146</u> | 34 | Page 6 |
|--|--|--|--|------------------------------|-------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be R | equired (contin | ued) | | |
| 5a During the year, did the foundation pay or incur any amount to: | | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | | | es X No | 1 | , |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indire | | | | |
| arry voter registration drive? | | | es X No | 1 | 1 ' |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Yo | es 🗓 No | | ! |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | 1 | 1 |
| 4945(d)(4)(A)? See instructions | | | es X No | | 1 |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or f | | <u> </u> | | 1 . |
| the prevention of cruelty to children or animals? | | Ye | es X No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | der the exceptions described i | n Regulations | | ŀ | 1 |
| section 53.4945 or in a current notice regarding disaster assistance? See instru | ictions | | N/A | 5b | <u></u> |
| Organizations relying on a current notice regarding disaster assistance, check h | nere | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | om the tax because it maintai | ined | | | |
| expenditure responsibility for the grant? | N. | √A | 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 | pay premiums on | | | | |
| a personal benefit contract? | | | es X No | İ | 1 |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal 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 s | helter transaction? | | es X No | | 1 |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b | |
| Part VIII Information About Officers, Directors, Truste | | nagers, Highly | | 1 | |
| Paid Employees, and Contractors | , | | | | |
| 1 List all officers, directors, trustees, and foundation managers and tr | neir compensation. | | | _ | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to | (e) Ex | pense |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Exp account allowa | t, other |
| | to position | cinter o j | compensation | unovic | 11003 |
| | | | ļ | | |
| SEE STATEMENT 14 | | 558,400. | 12,717. | | 0. |
| | | 330,4001 | 12,717 | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Į. | | | |
| | | | | | |
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| | | | | | |
| | | į i | | | |
| | | . "11015" | L | L | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) Contributions to | (a) Eve | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Exp account | , other |
| | devoted to position | | compensation | allowa | inces |
| | EXECUTIVE SEC | 1 | | | _ |
| STREET, SUITE 770, HONOLULU, HI | 40.00 | 76,000. | 6,521. | | 0. |
| | |] | | | |
| | <u> </u> | <u> </u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | - | |
| | | [| | | |
| Total number of other employees paid over \$50,000 | | | • | | 0 |
| | | | Form | 990-PF | (2017) |

| Form 990-PF (2017) THE CLARENCE T.C. CHING FOUNDATION | | <u>99-6014</u> | 634 Page 7 |
|--|---|----------------|----------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Hig | jhly | |
| 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 | (b) Type o | of service | (c) Compensation |
| CAMBRIDGE ASSOCIATES LLC | | | |
| 125 HIGH STREET, BOSTON, MA 02110 | INVESTMENT | ADVISORY | 126,050. |
| | | | |
| | | | |
| | | | |
| | | | _ |
| | | | |
| | <u> </u> | | |
| | 4 | | |
| | J | | |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | | | 0 |
| | | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc | eal information such as th eed. etc. | e | Expenses |
| 1 N/A | , | | |
| 1 | | | |
| | | | |
| 2 | | | |
| | | | |
| | | | |
| 3 | | | |
| | | | |
| | | | |
| 4 | | | |
| | | | |
| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lir | nes 1 and 2 | | Amount |
| 1 N/A | 100 1 0110 2. | | 7 inodin |
| ΙΚ/Δ | | | |
| | | | |
| 2 | | | |
| | | | |
| | | | |
| All other program-related investments. See instructions. | | | |
| 3 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 0. |
| Total. Add lines 1 through 3 | | | rm 990-PF (2017) |
| | | FU | 1111 200 1 1 (2017) |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | dations | s, see instructions) |
|----|---|------------|--------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | 1 | |
| a | Average monthly fair market value of securities | 1a | 109,419,404. |
| b | Average of monthly cash balances | 1b | 109,419,404. 550,689. |
| C | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 109,970,093. |
| е | 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 | 109,970,093. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 1,649,551. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 108,320,542. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 5,416,027. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | d certair |] |
| | foreign organizations, check here 🕨 🔃 and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 5,416,027. |
| 2a | Tax on investment income for 2017 from Part VI, line 5 2a 56,878. | | |
| b | Income tax for 2017. (This does not include the tax from Part VI.) | | |
| C | Add lines 2a and 2b | 2c | 56,878. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 5,359,149. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 5,359,149. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 5,359,149. |
| P | art 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 | 5,804,144. |
| 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 out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| 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 | 5,804,144. |
| 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 | 5 | 56,878. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 5,747,266. |
| | Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation of | ualifies f | 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 Destributable amount for 2017 from Part XI, | , | , | | |
| line 7 | | | | 5,359,149. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | , |
| a Enter amount for 2016 only | | | 1,385,518. | |
| b Total for prior years: | | 2 | | |
| Excess distributions carryover, if any, to 2017: | | 0. | | |
| I | | | | |
| a From 2012 | | | | |
| b From 2013 c From 2014 | | | | ; |
| d From 2015 | | | | , |
| e From 2016 | | | | i e |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2017 from | | | | |
| Part XII, line 4: ► \$ 5,804,144. | | | | |
| a Applied to 2016, but not more than line 2a | | | 1,385,518. | Ę |
| b Applied to undistributed income of prior | | | | 3 |
| years (Election required - see instructions) | | 0. | | i |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2017 distributable amount | | | | 4,418,626. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess di stributions 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. | | |
| 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 | | | | 940,523. |
| 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. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 | | | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | | | |
| d Excess from 2016 | | | | |
| e Excess from 2017 | | | <u></u> | Form 990-PF (2017) |

| For | | RENCE T.C. (| | | 99-601 | .4634 Page 10 |
|----------|---|---------------------------|------------------------------|---------------------------|---|------------------|
| | art XIV Private Operating Fo | | | A, question 9) | N/A | |
| 1 | a If the foundation has received a ruling or | | | | | |
| | foundation, and the ruling is effective for | | = | · · ▶└─ | 1 10 10 1 10 10 | |
| | b Check box to indicate whether the found | | g foundation described ii | | 4942(j)(3) or 494 | 2())(5) |
| 2 | a Enter the lesser of the adjusted net | Tax year (a) 2017 | (b) 2016 | Prior 3 years (c) 2015 | (d) 2014 | (a) Total |
| | income from Part I or the minimum | (a) 2017 | (1) 2010 | (6) 2013 | (0) 2014 | (e) Total |
| | investment return from Part X for | | | | | |
| | each year listed | | | | | |
| | b 85% of line 2a | | ļ | | / | |
| | e Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | | | 4 | |
| | 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 | | | | | |
| 3 | Complete 3a, b, or c for the afternative test relied upon: | | | / | | |
| | a "Assets" alternative test - enter: | | / | 1 | | |
| | (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: | <u></u> | / | | | |
| | (1) Total support other than gross | | / | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments on | / | ľ | | | |
| | securities loans (section 512(a)(5)), or royalties) | | | | | |
| | | / | | | + | |
| | (2) Support from general public and 5 or more exempt | | } | 1 | 1 | |
| | organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) (3) Largest amount of support from | / | | | | |
| | an exempt organization | (. | | | | |
| | (4) Gross investment income | | | | + | |
| P | Part XV Supplementary Info | rmation (Complet | te this part only i | f the foundation | had \$5.000 or more | in assets |
| <u> </u> | at any time during the | | | | | |
| 1 | | | · | | | |
| ' | a List any managers of the foundation who | | than 2% of the total conti | ributions received by the | foundation before the close | of any tax |
| | year (but only if they have contributed m | | | ibuliono robolivou by the | Todification bolding the disco- | or arry tax |
| N | ONE | | | | | |
| ==- | b List any managers of the foundation who | o own 10% or more of the | e stock of a corporation (| or an equally large portu | on of the ownership of a part | nership or |
| | other entity) of which the foundation has | | | er an equany large per a | on or the entherening of a part | |
| N | ONE | | | | | |
| 2 | | on Grant Gift Loan | Scholarship etc. Pro | ngrams: | | |
| _ | | | | | not accept unsolicited reques | ts for funds. If |
| | the foundation makes gifts, grants, etc., | | | | | |
| | a The name, address, and telephone numb | | | | | |
| ç | SEE STATEMENT 15 | | | | | |
| = | b The form in which applications should b | e submitted and informat | ion and materials they sh | ould include. | | |
| | ··· | | | | | |
| | c Any submission deadlines: | | | | | |
| | d Any restrictions or limitations on awards | s, such as by geographica | il areas, charitable fields, | kinds of institutions, or | other factors: | |
| | | | | | | |
| _ | | | | | | 5 000 DE (00.47) |

| 3 Grants and Contributions Paid | d During the Yea | r or Approved for Future | 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 bi | usiness) | or substantial contributor | recipient | | |
| a Paid during the year | | | | | |
| | | | } | | |
| | 1 | | | | |
| ALOHA HARVEST | | | 501(C)(3) | GENERAL PROGRAM | |
| 3599 WAIALAE AVENUE#23 | | | | SUPPORT | |
| HONOLULU, HI 96816 | | | - | | 25,000. |
| | ļ | | Ì | | |
| | İ | | - | | |
| ALOHA MEDICAL MISSION | { | | 501(C)(3) | CAPITAL IMPROVEMENTS | |
| 810 N. VINEYARD BLVD., | | | | | |
| HONOLULU, HI 96817 | | | | | 25,000. |
| | | | | | |
| | | | | | |
| AMERICAN CANCER | | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 2370 NUUANU AVENUE, | | | İ | | |
| HONOLULU, HI 96817 | | | | - - | 350,000. |
| | } | | | | |
| | | | | | |
| CATHOLIC CHARITIES HAWAII | · · | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 1822 KEEAUMOKU STREET | | | 1 | | |
| HONOLULU, HI 96822 | | | 1 | | 500,000. |
| | | | | | |
| | | | Ì | | |
| CHILD & FAMILY SERVICE | Ì | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 91-1841 FORT WEAVER RD | | | | | |
| EWA BEACH, HI 96706 | | | | | 25,000. |
| Total | SEE CON | TINUATION SHEE | T(S) | > 3a | 5,299,666. |
| b Approved for future payment | 1 | | 1 | | |
| | | | | | |
| | } | | Ł | | |
| CHILD & FAMILY SERVICE | | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 91-1841 FORT WEAVER RD. EWA BEACH, HI 96706 |] | | | | 75,000. |
| HWA BIRCH, III SOVO | - | | | + | |
| | | | | | |
| | 1 | | | | |
| DIAMOND HEAD THEATRE | ſ | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 520 MAKAPUU AVENUE HONOLULU, HI 96816 | | | | | 500,000. |
| 110H0H0H0, M1 30010 | | | | + | 300,000. |
| | | | 1 | | |
| | | | | | |
| HALE RIPA | j | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 615 PIIKOI STREET, STE 203 | 1 | | 1 | | 1 000 000 |
| HONOLULU, HI 96814 | SEE CONT | INUATION SHEE | TT(S) | ▶ 3b | 1,000,000. |
| Total | - True - CAN 1 | | ~ \ • / | <u></u> 30 | m 990-PF (2017 |

Part XVI-A Analysis of Income-Producing Activities

Form 990-PF (2017)

| | | | | | |
|---|--------------------|-----------------------|--|-------------------------------|-----------------------|
| Enter gross amounts unless otherwise indicated. | (a) Business | (b) Amount | (C) Exclu- Sion | (d) | (e) Related or exempt |
| 1 Program Service revenue: a b | code | Amount | code | Amount | function income |
| | - | | | | |
| · | | | +-+ | | |
| d | | | + | | |
| · | | | ++ | | |
| To a read contracts from any more to compare | | | + | | |
| g Fees and contracts from government agencies | } | | ┼─┼ | | |
| 2 Membership dues and assessments | | | + | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | ļ | | + | | |
| 4 Dividends and interest from securities | ļļ- | | 14 | 767,732. | |
| 5 Net rental income or (loss) from real estate: | <u> </u> | | | | |
| a Debt-financed property | | | \bot | | |
| b Not debt-financed property | | | | | <u> </u> |
| 6 Net rental income or (loss) from personal | } | |]] | | |
| property | | | | _ | |
| 7 Other investment income | | | 14 | 555,846. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 3,547,130. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | 1 1 | | |
| 11 Other revenue: | | | 1 1 | | |
| | | | | | |
| ab | | | † † | | |
| | | | | | |
| <u> </u> | | | + | | |
| d | | | ┼─┼ | | |
| e | | | + | 4 970 700 | |
| 12 Subtotal. Add columns (b), (d), and (e) | LL | 0. | <u> </u> | 4,870,708. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 4,870,708. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | | | | | |
| Line No. Explain below how each activity for which inco | | | A contribu | ted importantly to the accomp | olishment of |
| the foundation's exempt purposes (other than l | by providing tunds | s for such purposes). | | | |
| NOT APPLICABLE | | | _ | | |
| | | | _ | | |
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723621 01-03-18

| | | Exempt Organi | zations | | | | | | | |
|-----------|-----------------|--|---|--|--|---|--|--------------|------------|--------|
| 1 | Did the org | anization directly or indire | ectly engage in any o | of the following | with any other organizatio | n described in sectio | n 501(c) | | Yes | No |
| ٠, | | | | | to political organizations? | | | | | |
| я | Transfers f | rom the reporting founda | tion to a noncharitat | le exempt or a | anization of: | | | | | 1 |
| _ | (1) Cash | | | | | | | 1a(1) | | X |
| | (2) Other | assets | | | | | | 1a(2) | | X |
| b | Other trans | | | | | | | | | |
| • | | of assets to a noncharitat | le exempt organizat | ЮП | | | | 1b(1) | | X |
| | • • | ases of assets from a non | | | | | | 1b(2) | | Х |
| | · · | of facilities, equipment, of | | J | | | | 1b(3) | | X |
| | ` ' | ursement arrangements | | | | | | 1b(4) | | х |
| | ` ' | or loan guarantees | | | | | | 1b(5) | | X |
| | | mance of services or mei | mhershin or fundrais | una solicitatioi | าร | | | 1b(6) | | X |
| c | \ -, | facilities, equipment, mai | • | • | | | | 10 | | X |
| - | - | | | | dule. Column (b) should alv | ways show the fair m | arket value of the goods, of | | ets | |
| u | | - | | | d less than fair market value | | | | 0.0, | |
| | |) the value of the goods, (| | | a food there fall that hot valu | v uy u uuu | | | | |
| /a \ ı | | (b) Amount involved | | | exempt organization | (d) Description | of transfers, transactions, and sh | arıno erri | angemer | nts |
| 14/- | | (2) / | (4) | N/A | | (1,7) | | | • | |
| | | | | / | | - | | | | |
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| _ | | | | | | | | | | |
| | | | | | | | | | | |
| 2a | | • | | • | or more tax-exempt organi | zations described | ГT | FT v | Г | ٦.,, |
| | | 501(c) (other than sectio | | ction 52/7 | | | <u> </u> | Yes | L | _ No |
| <u>b</u> | _If "Yes," co | mplete the following sch | | | // Torre of accompanies | | -1 December of relationsh | up. | | |
| === | | (a) Name of org | | | (b) Type of organization | | c) Description of relationsh | пр | | |
| <u>KU</u> | KUI G | ARDENS CORP | DRATION | | 501(C)(4) | SEE STAT | TEMENT 16 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | <u> </u> | 1 | | | | |
| ۵. | Under and be | penalties of perjury, I declare t illef. it is true, correct, and com | hat I have examined this plete. Declaration of pre | return, including parer (other than | accompanying schedules and st taxpayer) is based on all informa | tatements, and to the bes ition of which preparer ha | s any knowledge May | the IRS | discuss | this |
| | | 2. 4. (A | | , | × 8/1/18 | | l ' | wn below | | |
| п | ere D | Colley Of | us | | <u> </u> | DIRECT | OR | Yes | ; <u> </u> | 그 No |
| _ | Sıgr | ature of officer or trustee | | | Date | Title | A CLEAN | | | |
| | | Print/Type preparer's na | ıme | Preparer's s | ignature 0 | Date | Check if PTIN | | | |
| _ | | | | 12. | DATIL. | 1/2,1.0 | self- employed | | | |
| | aid | KIM A.T. J | | m | N CYING | 1191118 | | 940 | | |
| | reparer | Firm's name ► ACC | UITY LLP | | U | | Firm's EIN ► 20-53 | 3258 | 89 | |
| U: | se Only | | - <u></u> | | | | | | | |
| | | Firm's address ▶ 99 | | | | | 1 | | | |
| | _ | НО | NOLULU, H | I 9681 | 3 | | Phone no. 808-53 | | | |
| | | · | | | | | Fo | rm 99 | 0-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

Name of the organization

Employer identification number

| | TH | E CLARENCE T.C. CHING FOUNDATION | 99-6014634 | | | | |
|------------------|--|---|--|--|--|--|--|
| Organiza | anization type (check one) | | | | | | |
| Filers of: | | Section: | | | | | |
| Form 990 | or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 990 | .PF | X 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| Note: On | ly a section 501(c) | s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule | e See instructions | | | | |
| General I | Rule | | | | | | |
| | - | n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's | | | | | |
| Special F | Rules | | | | | | |
| | sections 509(a)(1) any one contributo | n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support t and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amou , line 1 Complete Parts I and II. | or 16b, and that received from | | | | |
| | year, total contribu | n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a rtions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals Complete Parts I, II, and III | | | | | |
| | year, contributions is checked, enter t purpose. Don't co | In described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section section for religious, charitable, etc., purposes, but no such contributions totaled mannere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year | ore than \$1,000 If this box s, charitable, etc , | | | | |
| but it mu | religious, charitable, etc., contributions totaling \$5,000 or more during the year wtion: 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), at the 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 tify 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

THE CLARENCE T.C. CHING FOUNDATION

99-6014634

| Part I | Contributors (see instructions). Use duplicate copies of Part I if add | itional space is needed. | |
|------------|--|--------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | KUKUI GARDENS C/O 1001 BISHOP STREET, STE. 770 HONOLULU, HI 96813 | \$\$ | 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 |
| | | | 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 |
| | | \$ | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization THE CLARENCE T.C. CHING FOUNDATION 99-6014634

| Part II | Noncash Property (see instructions) Use duplicate copies of Part II i | f additional space is needed | |
|------------------------------|---|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | - - - - \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | _ | |

723453 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

| Name of org | anization | | Employer identification number | | | | | |
|---------------------------|--|---|---|--|--|--|--|--|
| THE CI | LARENCE T.C. CHING FOUN | DATION | 99-6014634 | | | | | |
| Part III | Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition | tributions to organizations described in columns (a) through (e) and the follow is, charitable, etc., contributions of \$1,000 or I | in section 501(c)(7), (8), or (10) that total more than \$1,000 for | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | ft | | | | | |
| , | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| ļ | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | (e) Transfer of gift | | | | | | | |
| ļ | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| (a) No. | | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | | | |
| | | | | | | | | |
| | | (e) Transfer of gift | | | | | | |
| } | Transferee's name, address, a | and ZIP + 4 | Relationship of transferor to transferee | | | | | |
| | | | | | | | | |

| FORM 990-PF | GAIN OR | (LOSS) FROM | SALE | OF ASS | SETS | Sī | PATEMENT 1 |
|--|--------------------------|-------------------------------|-----------------------|--------------------------|--------------|----------------------------|------------------------------|
| (A) DESCRIPTION OF PROP | ERTY | | | | NER JIRED | DATE ACQUIRED | DATE SOLI |
| PUBLICLY TRADED SEC | URITIES | | | PURCH | ASED | VARIOUS | VARIOUS |
| (B) GROSS SALES PRIC | (C) COST E OTHER E | OR EX | (D) SENSE SALE | | (E) | C. GAI | (F) IN OR LOSS |
| 28,663,7 | 85. 25,1 | 16,655. | | 0. | | 0. | 3,547,130 |
| (A) DESCRIPTION OF PROP | ERTY | | | | NER JIRED | DATE ACQUIRED | DATE SOLI |
| REDEMPTION OF TITAN | PARTNERS, I | P INTEREST | | PURCH | IASED | VARIOUS | VARIOUS |
| (B) GROSS SALES PRIC | (C) COST E OTHER F | OR EX | (D) SPENSE SALE | | (E) | C. GAI | (F) IN OR LOSS |
| 3,512,4 | 61. 3,5 | 12,461. | | 0. | | 0. | 0 |
| CAPITAL GAINS DIVID TOTAL TO FORM 990-P | | | | | | | 3,547,130 |
| FORM 990-PF | DIVIDENDS | AND INTERE | ST FR | OM SECU | JRITIE! | 5 S1 | PATEMENT 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | | (A) EVENUE R BOOKS | | (B) INVEST- I INCOME | (C) ADJUSTED NET INCOM |
| DIVIDEND INCOME INTEREST INCOME | 754,560. 13,172. | |).). | 754,560 13,172 | | 754,560. 13,172. | |
| | | | | | | | |

| FORM 990-PF | OTHER | INCOME | | STATEMENT 3 |
|---|------------------------------|--|-----------------------------------|-------------------------------|
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| 1607 CAPITAL PARTNERS MAKAIRA INVESTORS TITAN PARTNERS EMERGING MARKETS INVESTABLE F OTHER INCOME TWO SIGMA HARVEST GQG PARTNERS INTL EQUITY FUNI PEAK ROCK CAPITAL CREDIT FUNI |) | 532,612. 0. 0. 0. 459. 0. 14. 22,761. | 0. 0. 0. | |
| TOTAL TO FORM 990-PF, PART I, | LINE 11 = | 555,846. | 2,869,653. | |
| FORM 990-PF DESCRIPTION | (A) EXPENSES PER BOOKS | | (C) ADJUSTED | |
| LEGAL FEES | -6,884 | | | 2,228. |
| TO FM 990-PF, PG 1, LN 16A = | -6,884 | 2,228 | • | 2,228. |
| FORM 990-PF | ACCOUNT | ING FEES | | STATEMENT 5 |
| DECCRIDATON | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| DESCRIPTION | | | | |
| ACCOUNTING SERVICES | 60,420 | 33,802 | | 22,513 |

17,195.

19,905.

52,408.

256.

0.

| FORM 990-PF C | THER PROFES | SIONAL FEES | S | TATEMENT 6 |
|--|---|---|-------------------------------|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OTHER PROFESSIONAL FEES | 1,571. | 0. | | 1,571. |
| TO FORM 990-PF, PG 1, LN 16C | 1,571. | 0. | | 1,571. |
| FORM 990-PF | TAX | ES | S | TATEMENT 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FEDERAL EXCISE TAX FOREIGN TAXES | 40,000. 8,039. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 = | 48,039. | 33,890. | | 0. |
| FORM 990-PF | OTHER E | XPENSES | S | TATEMENT 8 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| OFFICE SUPPLIES FOUNDATION INSURANCE SCHWAB FEES AUTO EXPENSE EDUCATION AND TRAINING COMPUTER SERVICE INVESTMENT EXPENSE CAMBRIDGE- FEES CAMBRIDGE- EXPENSES ENTERTAINMENT & MEALS MISCELLANEOUS | 4,150. 8,830. 12,565. 8,845. 750. 3,501. 241,678. 166,500. 1,616. 1,769. 2,010. | 4,415. 12,565. 4,423. 375. 1,751. 241,678. 166,500. 1,616. 885. | | 2,189. 4,415. 0. 4,423. 375. 1,751. 0. 0. 914. 985. |
| INSPIRED IN HI CONTEST - | 17 105 | • | | 17 105 |

17,195.

19,905.

489,570.

256.

0.

0.

0.

38.

273,803.

711,129.

PARTNERSHIP K-1'S

INSPIRED IN HI CONTEST -

PORTFOLIO DEDUCTIONS FROM

TO FORM 990-PF, PG 1, LN 23

EXPENSE

AWARD TRAVEL

| FORM 990-PF OTHER INCREASES I | N NET ASSETS O | R FUND BALANCES | STATEMENT 9 |
|---|------------------|---------------------------|---------------------------|
| DESCRIPTION | | | AMOUNT |
| UNREALIZED GAINS REPORTED ON BO | OKS NOT INCLUD | ED ON PAGE 1 | 12,398,368. |
| TOTAL TO FORM 990-PF, PART III, | LINE 3 | | 12,398,368. |
| FORM 990-PF | CORPORATE STO | СК | STATEMENT 10 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| CHARLES SCHWAB (ATTACHMENT B) - | STOCKS STOCKS | 3,567,937. 1,662,811. | 3,567,937. 1,662,811. |
| CHARLES SCHWAB (ATTACHMENT C) - CHARLES SCHWAB (ATTACHMENT D) - | STOCKS STOCKS | 12,132,586. 2,618,919. | 12,132,586. 2,618,919. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10B | 19,982,253. | 19,982,253. |
| | | | |
| FORM 990-PF | CORPORATE BON | DS | STATEMENT 11 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| CHARLES SCHWAB (ATTACHMENT C) - | BONDS | 18,340,894. | 18,340,894. |
| TOTAL TO FORM 990-PF, PART II, | LINE 10C | 18,340,894. | 18,340,894. |

| FORM 990-PF | OTHER INVESTMENTS | | STATEMENT 12 |
|-----------------------------------|---------------------|---------------------------|---------------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| CHARLES SCHWAB (ATTACHMENT A) - | FMV | | |
| CASH AND MONEY MARKET FUNDS | | 187,507. | 187,507. |
| CHARLES SCHWAB (ATTACHMENT B) - | FMV | 22 465 | |
| CASH AND MONEY MARKET FUNDS | | 20,467. | 20,467 |
| CHARLES SCHWAB (ATTACHMENT C) - | FMV | 0.000 | |
| CASH AND MONEY MARKET FUNDS | | 8,200. | 8,200. |
| INVESTABLE EMERGING MARKETS COU | NTRY FMV | E 250 691 | 5 252 654 |
| FUND | D 71.67 | 5,359,671. | 5,359,671. |
| FORESTER DIVERSIFIED LTD CLASS | | 5,606,282. | 5,606,282. |
| 1607 CAPITAL PARTNERS INTERNATION | ONAL FMV | 16 066 105 | 16 066 105 |
| EQUITY MAKAIRA INVESTORS LP | PM7 | 16,066,185. 4,673,103. | 16,066,185. |
| TWO SIGMA | FMV FMV | 11,593,004. | 4,673,103. 11,593,004. |
| CEVIAN CAPITAL | FMV | 4,602,478. | 4,602,478. |
| ALPHADYNE | FMV | 3,471,906. | 3,471,906. |
| HARVEST MLP | FMV | 2,106,895. | 2,106,895. |
| AVIVA INVESTORS | FMV | 5,224,434. | 5,224,434. |
| GOG PARTNERS INTL | FMV | 10,465,383. | 10,465,383. |
| PEAK ROCK CAPITAL | FMV | 1,747. | 1,747. |
| CHARLES SCHWAB (ATTACHMENT D) - | FMV | -,, | -, |
| CASH AND MONEY MARKET FUNDS | | 522,965. | 522,965. |
| FIRST HAWAIIAN BANK TCD | FMV | 2,003,076. | 2,003,076. |
| TOTAL TO FORM 990-PF, PART II, | LINE 13 | 71,913,303. | 71,913,303. |
| FORM 990-PF | OTHER LIABILITIES | | STATEMENT 13 |
| DESCRIPTION | | BOY AMOUNT | EOY AMOUNT |
| PAYROLL TAXES WITHHELD AND ACCR | UED | 3,259. | 2,775. |
| TOTAL TO FORM 990-PF, PART II, | LINE 22 | 3,259. | 2,775. |
| · | - | | |

| FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS | | | | | STATEMENT 14 | |
|--|------------------|--------------------------|-------------------|---------------------------------|--------------------|--|
| NAME AND ADDRESS | | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT | |
| RAYMOND J. TAM 1001 BISHOP STREET HONOLULU, HI 96813 | | TRUSTEE 8.00 | 96,000. | 0. | 0. | |
| JOHN K. TSUI 1001 BISHOP STREET HONOLULU, HI 96813 | | TRUSTEE 8.00 | 106,000. | 0. | 0. | |
| CATHERINE H.Q. CHI 1001 BISHOP STREET HONOLULU, HI 96813 | S, SUITE 770 | TRUSTEE 8.00 | 32,400. | 0. | 0. | |
| KENNETH T. OKAMOTO 1001 BISHOP STREET HONOLULU, HI 96813 | , SUITE 770 | TRUSTEE 8.00 | 96,000. | 0. | 0. | |
| ROBERT T. FUJIOKA 1001 BISHOP STREET HONOLULU, HI 96813 | | TRUSTEE 8.00 | 96,000. | 0. | 0. | |
| TERTIA FREAS 1001 BISHOP STREET HONOLULU, HI 96813 | | EXECUTIVE DIRE | | 12,717. | 0. | |
| TOTALS INCLUDED ON | N 990-PF, PAGE 6 | , PART VIII | 558,400. | 12,717. | 0. | |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 15

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

MS. TERTIA FREAS 1001 BISHOP STREET, SUITE 770 HONOLULU, HI 96813

TELEPHONE NUMBER

(808)521-0344

FORM AND CONTENT OF APPLICATIONS

GRANT APPLICATIONS SHOULD PROVIDE ADEQUATE PROOF OF THE ORGANIZATION'S TAX-EXEMPT STATUS, DOCUMENTATION OF ITS PUBLIC SUPPORT AND A DESCRIPTION OF THE PLANNED USE OF THE FUNDS REQUESTED.

ANY SUBMISSION DEADLINES

DEADLINES ARE JAN 31 AND JUL 31; APPLICATIONS ARE REVIEWED AND APPROVED OR DENIED IN MAR AND SEPT.

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION IS A TAX-EXEMPT PRIVATE FOUNDATION WHOSE GENERAL PURPOSE IS CHARITABLE IN NATURE. THE FOUNDATION DOES NOT SPONSOR OR OTHERWISE ENGAGE IN SPECIFIC PROGRAMS AT THIS TIME, AND GENERALLY LIMITS ITS CURRENT ACTIVITIES TO MAKING GRANTS AND DONATIONS TO PUBLIC CHARITIES. IT WILL ENTERTAIN REQUESTS FOR GRANTS ONLY FROM CHARITIES DESCRIBED IN IRC SECTIONS 509(A)(1) AND 170(B)(1)(A).

THE FOUNDATION ALSO SPONSORS AN ANNUAL CONTEST FOR CHILDREN GRADES K TO 12 WHO ARE CURRENT RESIDENTS OF HAWAII. THE CONTEST IS DESIGNED TO EDUCATE AND INSPIRE THE CHILDREN OF HAWAII TO BECOME AWARE OF PROBLEMS FACING THE STATE OF HAWAII AND TO BECOME ENGAGED IN OFFERING CREATIVE SOLUTIONS FOR THESE PROBLEMS. ENTRY FORMS ARE AVAILABLE ON THE FOUNDATION'S WEBSITE.

990-PF

AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS PART XVII, LINE 2, COLUMN (C)

STATEMENT 16

NAME OF AFFILIATED OR RELATED ORGANIZATION

KUKUI GARDENS CORPORATION

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

ALL THE FOUNDATION'S TRUSTEES ALSO SERVED ON THE BOARD OF DIRECTORS OF KUKUI GARDENS CORPORATION. THE FOUNDATION'S EXECUTIVE DIRECTOR WAS THE ASSISTANT SECRETARY OF KUKUI GARDENS CORPORATION. THE CLARENCE T.C. CHING FOUNDATION WAS ALSO THE PRIMARY BENEFICIARY UPON THE DISSOLUTION AND SALE OF KUKUI GARDENS CORPORATION. KUKUI GARDENS CORPORATION DID DISSOLVE ON MARCH 1, 2017. BEFORE DISSOLUTION IT MADE A FINAL CHARITABLE GRANT DISTRIBUTION OF \$386,778 TO THE CLARENCE T.C. CHING FOUNDATION.

| 3 Grants and Contributions Paid During the | If recipient is an individual, | T | 7 | |
|--|---|----------------------|----------------------------------|-----------|
| Recipient Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| • | | | | |
| DAMIEN MEMORIAL SCHOOL | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 1401 HOUGHTAILING STREET | |] | | |
| HONOLULU, HI 96817 | | | | 200,000 |
| The second secon | 1 | E01(G)(3) | DADIMAL TANDOLUMANIM | |
| HABITAT FOR HUMANITY WEST HAWAII | Ì | 501(C)(3) | CAPITAL IMPROVEMENT | |
| P.O. BOX 4619 | ì | | | 20 000 |
| KAILUA-KONA, HI 96740 | | | | 20,000 |
| THE ATTENDED MAYANA | | 501(C)(3) | GENERAL PROGRAM | |
| HOA AINA O MAKAHA 84-766 LAHAINA ST. | | B01(C)(3) | SUPPORT | |
| WAIANAE, HI 96792 | | | BUFFORI | 10,000 |
| MATANAL, AL 90,98 | | | | 10,000 |
| HOLY FAMILY CATHOLIC ACADEMY | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 830 MAIN STREET | , | F***(**, | | |
| HONOLULU, HI 96818 | | | | 30,000 |
| | | - | | |
| HONOLULU HABITAT FOR HUMANITY | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 922 AUSTIN LANE#C1 | | |] | |
| HONOLULU, HI 96817 | | | | 25,000 |
| | | | | |
| HONOLULU MUSEUM OF ART | | 501(C)(3) | GENERAL PROGRAM | |
| 900 S. BERETANIA ST. | | | SUPPORT | |
| HONOLULU, HI 96814 | | | | 30,000 |
| | | | | |
| KAIMUKI CHRISTIAN SCHOOL | Ì | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 1117 KOKO HEAD AVE., | | | | |
| HONOLULU, HI 96816 | | | - | 300,000 |
| | | | | |
| KAMP | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| P. O. BOX 701022 | | } | } | 50,000 |
| KAPOLEI, HI 96709 | | | | 30,000 |
| III TARREY | | E01(0)(2) | CADIMAL IMPROVEDENCE | |
| LE JARDIN | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 917 KALANIANAOLE HIGHWAY KAILUA, HI 96734 | } | | } | 200,000 |
| MARY STAR OF THE SEA EARLY LEARNING | - | 501(C)(3) | CAPITAL IMPROVEMENT | |
| CENTER | } | | | |
| 4470 ALIIKOA STREET, STE 100, | | | | |
| HONOLULU, HI 96821 HONOLULU, HI | | 1 | | |
| 96821 | | <u> </u> | | 50,000 |
| Total from continuation sheets | | | | 4,374,666 |

| Part XV Supplementary Information | | | | |
|---|--|----------------------|---|------------|
| 3 Grants and Contributions Paid During the Ye | | — | | |
| 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 | o o i i i i i i i i i i i i i i i i i i | |
| • | | | | |
| MIDPACIFIC INSTITUTE | | 501(c)(3) | CAPITAL IMPROVEMENT | |
| 2445 KAALA ST., | | | | |
| HONOLULU, HI 96822 | | ļ | | 100,000. |
| | | | | |
| PACIFIC SURVIVOR CENTER | | 501(C)(3) | GENERAL PROGRAM | |
| P. O. BOX 3535 | | | SUPPORT | |
| HONOLULU, HI 96811 | ļ | <u> </u> | <u> </u> | 30,000. |
| | | | | |
| PBS | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 315 SAND ISLAND ACCESS RD., | | | | |
| HONOLULU, HI 96819 | | <u> </u> | | 500,000. |
| | | | | |
| PUNAHOU | | 501(C)(3) | GENERAL PROGRAM | |
| 1601 PUNAHOU ST., | | } | SUPPORT | |
| HONOLULU, HI 96822 | | ļ <u> </u> | | 1,200,000. |
| | | | | |
| REHAB HOSPITAL | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 226 N. KUAKINI ST | | | | |
| HONOLULU, HI 96817 | | | | 500,000. |
| | | | | |
| RONALD MCDONALD HOUSE | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| P.O.BOX 61777 | | | | |
| HONOLULU, HI 96839-1777 | | <u> </u> | | 25,000. |
| | | | | |
| SACRED HEARTS ACADEMY | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 3253 WAIALAE AVE | | | | |
| HONOLULU, HI 96816 | <u> </u> | | | 666,666. |
| | | } | | |
| ST THERESA CHURCH | | 501(C)(3) | GENERAL PROGRAM | |
| 25 WEST LIPOA STREET | | | SUPPORT | |
| KIHEI, HI 96753 | | | | 20,000. |
| | | | | |
| ST. FRANCIS HEALTHCARE | 1 | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 2228 LILIHA ST, STE 205. | | | | |
| HONOLULU, HI 96817 | | | | 400,000. |
| | | | | |
| UNIVERSITY OF HAWAII FOUNDATION | | 501(C)(3) | GENERAL PROGRAM | |
| 2444 DOLE STREET, ST. BANCHMAN HALL | | | SUPPORT | |
| 1505 HONOLULU, HI 96822 | <u> </u> | <u> </u> | _L | 18,000. |

| Grants and Contributions Approved for Futu | re Payment (Continuation) | | | |
|--|--|----------------------|--|------------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Native and address (notice of pusitiess) | or substantial contributor | recipient | | |
| • | | | | |
| OLY FAMILY CATHOLIC ACADEMY | | 501(C)(3) | CAPITAL IMPROVEMENT | |
| 30 MAIN STREET | | | | |
| ONOLULU, HI 96818 | | | ļ | 30,00 |
| | | | | <u>-</u> - |
| | | | | |
| T THERESA CHURCH | | 501(C)(3) | GENERAL PROGRAM | |
| 5 WEST LIPOA STREET | | | SUPPORT | |
| IHEI, HI 96753 | | | | 20,00 |
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