

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

			dar year 2017 or tax year beginning 7/3	1/2017			ending	7/30/2018	
		ne of fou		7172017		,		identification number	
		•	FOUNDATION						
•			street (or PO box number if mail is not delivered to street address)		Room/s	suite		94-3348242	
	PO	BOX 7	796				B Telephone	number (see instruction	is)
	City	or town,	state or province, country, and ZIP or foreign postal code						
	<u>H0</u>	NOLU	_U HI	9680				(808) 599-544	<u>4</u>
	For	eign coui	ntry name Foreign province/state/county	Foreig	n postal	code	C If exempti	on application is pendin	g, check here 🕨 🗌
	_	<u> </u>		_					
	G	Check	all that apply		ıblıc ch	arity	D 1. Foreigi	n organizations, check h	ere ► L
			Final return Amended ret				•	n organizations meeting	
		<u> </u>	Address change Name chang					here and attach comput	_
	Н		type of organization X Section 501(c)(3) exempt pri		1	1 <i>P</i> 0		oundation status was te 7(b)(1)(A), check here	minated under ►
	<u> Ш</u>		n 4947(a)(1) nonexempt charitable trust U Other taxa						
	1		arket value of all assets at J Accounting method	X Cash	∐ Ac	crual	F If the foun	dation is in a 60-month	termination
			year (from Part II, col (c), Other (specify)				under sec	tion 507(b)(1)(B), check	here •
		line 16	<u> </u>	on cash basis)				
	Li.	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue		(b) Net	t investment	(c) Adjusted net	(d) Disbursements for charitable
			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses p books	er		come	income	purposes
									(cash basis only)
າ		1	Contributions, gifts, grants, etc., received (attach schedule)						, , , , , , , , , , , , , , , , , , ,
홋		2	Check ► X if the foundation is not required to attach Sch B Interest on savings and temporary cash investments						
Ч		4	Dividends and interest from securities	24	1,736	-	24,736		
		5a	Gross rents		1,700		27,700		
		b	Net rental income or (loss)	· -					*
ഇ	<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10		-2				
502	Revenue	b	Gross sales price for all assets on line 6a 10,029						
7-4	eve	7	Capital gain net income (from Part IV, line 2)	ENED					i
MAR 1 1	ď	8	Net short-term capital gain	EIVED					
ي		9	Income modifications						
₹		10a	Gross sales less returns and allowances	0 0 2018	Ö			···········	
		b	Less Cost of goods sold	• • • • • • • • • • • • • • • • • • • •	- S				
Ш		C	Gross profit or (loss) (attach schedule) Other income (attach schedule)	ווו אווו					
\leq		11 12	Other income (attach schedule) Total. Add lines 1 through 11		1,734		24,736	0	
SCANNED		13	Compensation of officers, directors, trustees, etc		+,734		24,730		
တ္တ	nses	14	Other employee salaries and wages						
••	en	15	Pension plans, employee benefits						
	χĎ	16a	Legal fees (attach schedule)					~~··	
	m (ь	Accounting fees (attach schedule)						
	į×	С	Other professional fees (attach schedule)		241				
	ral	17	Interest						_
	ist	18	Taxes (attach schedule) (see instructions)		221				
	nin	19	Depreciation (attach schedule) and depletion						
	dr	20	Occupancy						
	d b	21	Travel, conferences, and meetings						
	an	22	Printing and publications		∤-				
	g	23	Other expenses (attach schedule)						
	Operating and Administrative Expe	24	Total operating and administrative expenses.		462		^	o	_
	era	25	Add lines 13 through 23 Contributions gifts grants paid	1.	1,000		0		41,000
	d	25 26	Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25	·					
	<u> </u>	27	Subtract line 26 from line 12	4	1,462		0	0	41,000
		a a	Excess of revenue over expenses and disbursements		5,728		i		
		b	Net investment income (if negative, enter -0-)				24,736		
		1	Adjusted net income (if negative, enter -0-)				, , ,	0	

POI	m 990-Pi	(2017) TONTEET CONDATION		54-0	Page Z
Pá	art II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End o	f year (c) Fair Market Value
_	1	Cash—non-interest-bearing	(a) Book value	(b) Book value	(c) I all Warket value
	2	Savings and temporary cash investments	36,169	29,906	29,906
	3			20,000	
	١				
	4				
	7	-			
	5	Less allowance for doubtful accounts Grants receivable	-		
	l				
1	6	Receivables due from officers, directors, trustees, and other			
	<u>_</u>	disqualified persons (attach schedule) (see instructions)	ļ-		· · · · · · · · · · · · · · · · · · ·
	7	Other notes and loans receivable (attach schedule)			
	_	Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
⋖	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	375,231	344,156	747,997
	С	Investments—corporate bonds (attach schedule)	104,311	124,921	125,605
	11	Investments—land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
	'	instructions Also, see page 1, item i)	515,711	498,983	903,508
	17	Accounts payable and accrued expenses		·	
	18	Grants payable	***		
<u>e</u>	19	Deferred revenue	******		
abilities	20	Loans from officers, directors, trustees, and other disqualified persons			
a	21	Mortgages and other notes payable (attach schedule)			
	22				
	23	Other liabilities (describe Total liabilities (add lines 17 through 22)	0	0	
	20		 		
ŝ		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
ဋ	24	Unrestricted			
<u> </u>	1		-		
ã	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
.≅		Foundations that do not follow SFAS 117, check here			
Ĕ		and complete lines 27 through 31.	545 744		
S	27	Capital stock, trust principal, or current funds	515,711		
ë	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
188	29	Retained earnings, accumulated income, endowment, or other funds		498,983	
يد	30	Total net assets or fund balances (see instructions)	515,711	498,983	
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	515,711	498,983	
_	rt III	Analysis of Changes in Net Assets or Fund Balances		- :-	-
1		net assets or fund balances at beginning of year—Part II, column (a)), line 30 (must agree w		_
		of-year figure reported on prior year's return)		1	515,711
		amount from Part I, line 27a		2	-16,728
3	Other	r increases not included in line 2 (itemize)		3	
4	Add I	ines 1, 2, and 3		4	498,983
5		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5)-Par	t II, column (b), line 30	6	498,983

498,983

Part	V Capital Gains an	d Losses for Tax on Investn	nent Incon	ne				
,	a) List and describe the k	ind(s) of property sold (for example, real est use, or common stock, 200 shs MLC Co)	ate,		(b) How acquired P—Purchase D—Donation		Date acquired to , day, yr)	(d) Date sold (mo , day, yr)
1a								
b						 		· · · · · · · · · · · · · · · · · · ·
<u>c</u>		····						
d		,	-		,, ,	-		
е_					<u></u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			n or (loss) (f) minus (g))
<u>a</u>						ļ		
<u> </u>								
<u>c</u>								
<u>d</u>					<u> </u>			
е			h. the formal	-4	42/24/60	_		
	Complete only for assets si	howing gain in column (h) and owned				1		l (h) gain minus
	(ı) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69			sofcol (ı) (j), ıfany			t less than -0-) or rom col (h))
		300/12/01/00						
<u>a</u> b					 	 		
<u>_</u>						 		
d								
<u>u</u>								
	*	(If gain	also enter ir	Par	t Line 7		•	
2	Capital gain net income or	r (net canital loss) 1	, enter -0- in		· ·	2		0
3	Net short-term capital gair	n or (loss) as defined in sections 1			.,			
•		, line 8, column (c) See instruction			r-0- in 1			
	Part I, line 8	,, (-,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		}	3		0
Part		der Section 4940(e) for Redu	ced Tax o	n N	et Investment	Inco	me	
Was t		ve this part blank section 4942 tax on the distributal ualify under section 4940(e) Do n				e perio	od?	Yes X No
1		ount in each column for each year,				no anv	entries	
'	(a)		300 110 113	uucu		ig arry	CHUICS	(d)
0-1	Base period years	(b) Adjusted qualifying distributions	. Net v	alue o	(c) If noncharitable-use as	ssets		stribution ratio
Cai	endar year (or tax year beginning in 2016		0,753		80	6,277	(coi (b)	divided by col (c)) 0 050545
	2015		9,167			8,680	· · · · · ·	0 050299
	2014		0,822			2,182		0 050262
	2013		5,000			4,715		0 045877
	2012		4,000			7,073		0 033009
			<u> </u>			,		
2	Total of line 1, column (d)				•		2	0 229992
3		for the 5-year base period—divide	the total on	line	2 by 5 0, or by	ı		
	the number of years the fo	oundation has been in existence if	less than 5	year	s		3	0 045998
4	Enter the net value of non	charitable-use assets for 2017 fro	m Part X, lın	ne 5			4	793,285
5	Multiply line 4 by line 3						5	36,490
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)					6	247
7	Add lines 5 and 6						7	36,737
8	Enter qualifying distribution If line 8 is equal to or great	ins from Part XII, line 4 iter than line 7, check the box in P	art VI, line 1	b, ar	nd complete that	part us	8 sing a 1% tax	41,000 k rate See the
	Part VI instructions							

94-3348242

Parţ \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)			
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		247	
	here ► X and enter 1% of Part I, line 27b			-
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of			
_	Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 2		0	
2	Tax and a social of (action a social to the land tax and tax a		247	
3	100 100 100 100 100 100 100 100 100 100		247	
4 5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 5.		247	
6	Credits/Payments		- ''	
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a			1
b	Exempt foreign organizations—tax withheld at source 6b			I
C	Tax paid with application for extension of time to file (Form 8868) 6c			٠,
d	Backup withholding erroneously withheld 6d			
7	Total credits and payments Add lines 6a through 6d		0	
8	Enter any penalty for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		247	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ► Refunded ► 11		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		Yes	No
	participate or intervene in 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 definition	1b		Χ,
	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			
С	Did the foundation file Form 1120-POL for this year?	1c		<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			.
	(1) On the foundation ►\$ (2) On foundation managers ►\$.
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			.
_	on foundation managers > \$	<u> </u>		<u>ا</u>
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			. 1
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3		×
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		$\frac{\hat{x}}{x}$
4a b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
3	If "Yes," attach the statement required by General Instruction T	<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1		[
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	L		1
	conflict with the state law 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, col (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			
	CA			
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 calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If			
	"Yes," complete Part XIV	9	<u> </u>	<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	<u></u>	X

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11	Yes	No 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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► NONE			
14	The books are in care of ▶ JEROME BERLINGER Telephone no ▶ 808 599	5444		
	Located at ▶ PO BOX 796 HONOLULU HI ZIP+4 ▶ 96808			 -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year		1	▶ □
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Χ
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the			
	name of the foreign country			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	,		
	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?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	:		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			'
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			_
	were not corrected before the first day of the tax year beginning in 2017?	1c		Х
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 before 2017?			
	If "Yes," list the years 20, 20, 20, 20		;	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			_
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			,
_	► 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 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 of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	3b	N/A	
4-	foundation had excess business holdings in 2017)	4a	19/74	Х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	"		├^
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		×

Total number of other employees paid over \$50,000

orm 9	0-PF (2017) FONTEL FOUNDATION							94-00	40242	Р	age o
Part	VII-B Statements Regarding Activities	for W	hich Form 4	1720 N	lay Be Re	quire	d (contin	ued)			
5a	During the year, did the foundation pay or incur an (1) Carry on propaganda, or otherwise attempt to			section	4945(e))?		Yes	X No		٠.	
	(2) Influence the outcome of any specific public ele- directly or indirectly, any voter registration drive		see section 49	955), or	to carry on	1	Yes	X No	,		
	(3) Provide a grant to an individual for travel, study		er sımılar purp	oses?			Yes	X No	.		
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions	charita	ble, etc , orga	nızatıor	n described	ın	☐ Yes	⊠ No	,		
	(5) Provide for any purpose other than religious, cl purposes, or for the prevention of cruelty to chi			erary, c	or education	nal	Yes	X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the t Regulations section 53 4945 or in a current notice							d in	5b	N/A	*
С	Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the followed because it maintained expenditure responsibility for	oundation	on claim exem				☐ Yes	► X X No	-		
6a	If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any full the statement required by Regulation Did the foundation, during the year, receive any full the statement required by Regulation Did the foundation, during the year, receive any full the statement required by Regulation Did the foundation, during the year, receive any full the statement required by Regulation Did the foundation, during the year, receive any full the statement required by Regulation Did the foundation, during the year, receive any full the statement required by Regulation Did the foundation Did the foundation of the year, receive any full the year, receive any full the year.				oay premiur	ns	□ v	☑ ₩-			
L	on a personal benefit contract? Did the foundation, during the year, pay premiums	directly	, or indirectly	00.3.0	erconal hen	efit cor	∐ Yes	X No	6b		X
b	If "Yes" to 6b, file Form 8870					ient cor	_				
7a	At any time during the tax year, was the foundation a part of "Yes," did the foundation receive any proceeds of					e tranc	∐ Yes	X No	7b	N/A	
b Pari	VIII Information About Officers, Direct							aid Fm			
Fall	and Contractors	013, 11	ustees, i ot	andati	on manaş	,c.o, .		u.u <u>_</u>	.p.o, c	.00,	
1	List all officers, directors, trustees, and founda	tion ma	nagers and t	heir co	mpensatio	n. See	instructi	ons.			
	(a) Name and address	(b) Title	e, and average rs per week led to position	(c) Co (If r	mpensation not paid, iter -0-)	(d) emple	Contribution oyee benefit ferred compe	s to plans	(e) Expe	ense aco allowan	
JERO	ME BERLINGER	CHIEF	EXECUTIVE								
	OX 796 HONOLULU, HI 96808	0.055	1 00		0						
	M SLATE DX 796 HONOLULU, HI 96808	CHIEF	FINANCIAL 1 00		0						
	E BIRKLAND	DIREC									
PO B	OX 796 HONOLULU, HI 96808	ļ	1 00		0						
					···					-	
2	Compensation of five highest-paid employees ("NONE."	other t	han those inc	cluded	on line 1—	see ins	structions	s). If no	ne, ent	er	
	(a) Name and address of each employee paid more than \$50,000)	(b) Title, and a hours per w devoted to po	eek	(c) Comper	sation	(d) Contrib employee plans and compen	benefit deferred	(e) Expe	ense aco allowan	
NONE											
								1			
										<u>.</u>	

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Pa	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E	mployees,
	and Contractors (continued)	
3_	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	<u>VE."</u>
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NOÑ	E	
Tota	number of others receiving over \$50,000 for professional services	
Pa	t IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	N/A	
2		
3		
		<u> </u>
4		
Pa	t IX-B Summary of Program-Related Investments (see instructions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	N/A	
2		
All	other program-related investments. See instructions	
3		

Total. Add lines 1 through 3

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0

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Par,t	Minimum Investment Return (All domestic foundations must complete this part. Fore	eign foundation	ons,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	760,137
b	Average of monthly cash balances	1b	45,228
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	805,365
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	805,365
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see	1 1	
	instructions)	4	12,080
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	793,285
6	Minimum investment return. Enter 5% of line 5	6	39,664
Part 2	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation and certain foreign organizations, check here and do not complete this part)	ations	
1	Minimum investment return from Part X, line 6	1	39,664
2a	1 1	247	-
b	Income tax for 2017 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	247
3	Distributable amount before adjustments Subtract line 2c from line 1	3	39,417
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	39,417
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	39,417
Part			
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	41,000
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		~
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
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	41,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
-	Enter 1% of Part I, line 27b See instructions	5	247
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	40,753
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w	hether the fou	ndation
	qualifies for the section 4940(e) reduction of tax in those years		

FONTEL FOUNDATION

Part	XIII Undistributed Income (see instructions)		···		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7	-			39,417
2	Undistributed income, if any, as of the end of 2017				
- a	Enter amount for 2016 only			40,103	
b	Total for prior years 20, 20, 20				
3	Excess distributions carryover, if any, to 2017				
а	From 2012			,	
b	From 2013			*	1
c	From 2014			-	į
d	From 2015				
e	From 2016 746				
f	Total of lines 3a through e	746			
4	Qualifying distributions for 2017 from Part XII,		· · · · · · · · · · · · · · · · · · ·		i
•	line 4 ▶ \$ 41,000				
а	Applied to 2016, but not more than line 2a			40,103	
	Applied to undistributed income of prior years				
-	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election				
•	required—see instructions)				
d	Applied to 2017 distributable amount				897
e	Remaining amount distributed out of corpus		JAN		
5	Excess distributions carryover applied to 2017	746			746
	(If an amount appears in column (d), the same				
	amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				}
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
b	Prior years' undistributed income Subtract		_		ĺ
	line 4b from line 2b		0		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)	İ			
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see instructions				
е	Undistributed income for 2016 Subtract line				
	4a from line 2a Taxable amount—see				
	Instructions			0	
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2018				37,774
7	Amounts treated as distributions out of corpus				ļ
	to satisfy requirements imposed by section			,	
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.			•	
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2013				
b	Excess from 2014				•
С	Excess from 2015				
d	Excess from 2016				
e	Excess from 2017				

Part	90-PF (2017) FONTEL FOUNDATION XIV Private Operating Foundation		ctions and Part \	/II-A guestion 9	94-334	N/A	Page 10
1a						JA//A	
	foundation, and the ruling is effective for		·	▶			
b	Check box to indicate whether the foundation			ribed in section	4942())(3	3) or [4942(j)(5)
2a		Tax year	T	Prior 3 years	7		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(ď) 2014	(e) Total
	investment return from Part X for each year listed	(-,	(-)	, , <u>, , , , , , , , , , , , , , , , , </u>	- /	-	0
h	85% of line 2a				//		0
	Qualifying distributions from Part XII,				/		
С	line 4 for each year listed						0
d	Amounts included in line 2c not used directly for active conduct of exempt activities						0
е	Qualifying distributions made directly						
	for active conduct of exempt activities			/			
	Subtract line 2d from line 2c						0
3	Complete 3a, b, or c for the alternative test relied upon						
а	"Assets" alternative test—enter						
а	(1) Value of all assets						0
	(2) Value of assets qualifying under						
b	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3 of minimum investment return shown in			-		,	0
	Part X, line 6 for each year listed	·	 / 				0
С	"Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)						0
	(3) Largest amount of support from						
	an exempt organization						0
	(4) Gross investment income	0	1	<u> </u>			0
Part				e foundation ha	ad \$5,000 or moi	re in a	ssets at
	any time during the year—		ıs.)				
1	Information Regarding Foundation M					£	4
а	List any managers of the foundation wh before the close of any tax year (but on					founda	tion
				 			
b	List any managers of the foundation who with ownership of a partnership or other entities.	o own 10% or mo ty) of which the fo	re of the stock of a undation has a 10%	corporation (or an 6 or greater interes	equally large portio	n of the	•
2	Information Regarding Contribution,	Grant, Gift. Loan	, Scholarship, etc.	., Programs:			_
	Check here ► X if the foundation on unsolicited requests for funds if the four conditions, complete items 2a, b, c, and	ily makes contribu ndation makes gif	itions to preselected ts, grants, etc , to ii	d charitable organi	zations and does no izations under othe	ot acce _l	pt
а	The name, address, and telephone num	nber or email addr	ess of the person to	o whom application	ns should be addres	ssed	
b	The form in which applications should b	e submitted and i	nformation and mai	terials they should	include		
С	Any submission deadlines						
d	Any restrictions or limitations on awards factors	s, such as by geog	graphical areas, cha	arıtable fields, kınd	s of institutions, or o	other	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During		ed for Fut	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year			DESCRIPCIO FOR THE	F 000
INSTITUTE FOR HUMAN SERVICES		PC	RESOURCES FOR THE HOMELESS	5,000
>>546 KA'AHI ST			HOWELESS	
>>HONOLULU, HI 96817		DC.	COMMUNITY MEDIATION	2,000
MEDIATION CENTER OF THE PACIFIC		PC	COMMUNITY MEDIATION SERVICES	2,000
>>245 KUKUI ST #2085			02111020	
>>HONOLULU, HI 96817 NEW JERSEY INSTIT OF TECHNOLOGY		PC	HASHIMOTO SCHOLARSHIP	5,000
>>323 MARTIN LUTHER KING BLVD		'		0,000
>>NEWARK, NJ 07102				
HAWAII PUBLIC RADIO		PC	PUBLIC RADIO PROGRAMMING	500
>>738 KAHEKA ST		' -		
>>HONOLULU, HI 96814				
ST JUDE HOSPITAL FOR CHILDREN		PC	TREATMENT AND RESEARCH	2,500
>>501 ST JUDE PL			CHILDREN CANCER	
>>MEMPHIS, TN 38105				
HOSPICE HAWAII		PC	HOSPICE SERVICES	5,000
>>860 IWILEI RD		ł		
>>HONOLULU, HI 96817				
AMERICAN DIABETES ASSOC		PC	DIABETES RESEARCH	3,000
>>1701 N BEAUREGARD ST				
>>ALEXANDRIA, VA 22311				
HAWAII HUMANE SOCIETY		PC	ANIMAL CRUELTY PREVENTION	5,000
>>2700 WAIALAE AVE				
>>HONOLULUL, HI 96826				
AMERICAN CANCER SOCIETY		PC	CANCER RESEARCH	5,000
>>PO BOX 22718				
>>OKLAHOMA, OK 73123			LIGHT FOR AND NEIGHBOR	4 000
THE SALVATION ARMY		PC	HOMELESS AND NEIGHBOR PROGRAMS	4,000
>>PO BOX 30040			I ROSKAWO	
>>HONOLULU, HI 96820		PC	ALZHEIMERS RESEACH	500
ALZHEIMERS ASSCOCIATION			ALZMEIWERS RESEACH	300
1050 ALA MOANA BLVD HONOLULU, HI 96814				
Total See Attached Statement	<u> </u>	<u>. </u>	▶ 3a	41,000
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		1	41,000
b Approved for factore payment]	
			1	
	i	I	1	
	1			

	Analysis of Income-Prod				· · · · · · · · · · · · · · · · · · ·	
⊨nte	ter gross amounts unless otherwise indicated	Unrelated but	siness income	Excluded by secti	on 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	Program service revenue	340,11000 0040				(occ madacuons)
	a					
	b					
	c			-		
	d					
	e					
	t					
_	g Fees and contracts from government agen	cies				
2	•					
3		523000	24,736			
4			24,730			
5	a Debt-financed property	·				<u>,</u>
	b Not debt-financed property		<u>-</u>			
6		property				
7		roperty				
8		nventory				
9		The state of the s				
10	, ,	v			-	
11						
	b					
	C					
	d					
	е					
12	Subtotal Add columns (b), (d), and (e)	,	24,736		0	0
13	Total. Add line 12, columns (b), (d), and (e)			13	24,736
	ee worksheet in line 13 instructions to verify o	alculations)				
	art XVI-B Relationship of Activities	to the Accomplishme	nt of Exempt	Purposes		
Lır	ne No. Explain below how each activity for v	which income is reported in co	lumn (e) of Part	VI-A contributed	importantly to the	
	▼ accomplishment of the foundation's	exempt purposes (other than	by providing tuna:	s for such purpos	es) (See Instruction	ons)
				 		

Firm's address

Form 99	0-PF (2	017) FONTEL	FOUNDATION						94-3346242	Pa	ge <u>13</u>
Part	XVII	Information Exempt Org		sfers to and Trans	actions	and Re	lationships	With No	ncharitable		
1	Did th			ngage in any of the fo	llowing wi	th any oth	ner organizat	ion describ	ed .	Yes	No
	ın sed	ction 501(c) (othe	er than section 501(c))(3) organizations) or	in section	527, rela	ting to politic	al			
		izations?									
а	Trans	fers from the rep	orting foundation to	a noncharitable exem	pt organiz	ation of			<u></u>		
	(1) C	ash							1a(1)	1	X
	(2) 0	ther assets							1a(2)		X
b	Other	transactions							<u> </u>	-0	
			a noncharitable exer						1b(1)		X
				ble exempt organizati	on				1b(2)		X
			equipment, or other	assets					1b(3)	_	X
		eimbursement ar	-						1b(4)		X
		oans or loan gua							1b(5)		X
				p or fundraising solici					1b(6)		X
_				s, other assets, or pa			and charge	ahaw tha far		<u> </u>	_^_
d				liven by the reporting fo							
	value	in any transaction	or sharing arrangeme	ent, show in column (d)	the value	of the good	ds, other asse	ets, or servic	es received		
(a) Line	no	(b) Amount involved	(c) Name of nonc	haritable exempt organizati	on	(d) Des	cription of transfe	ers, transaction	ns, and shanng arra	ngemer	nts
	_			<u></u>							
				.						-	
	-						***				
				<u>-</u>							
										_	
								,			

	-		-								
	+		-								
	ls the	foundation direc	tly or indirectly affilia	ited with, or related to	one or n	nore tax-e	xempt organ	uzations			
				ction 501(c)(3)) or in s					Yes	X N	lo
b	If "Ye	s," complete the	following schedule								
		(a) Name of organ	nization	(b) Type of or	ganization			(c) Description	on of relationship		
				<u> </u>			<u> </u>				
	Undo	nenalises of nonuny Lidon	lare that I have examined this re	eturn, including accompanying sci	hedules and st	atements and	to the best of my kr	lowledge and bel	ief, it is true		
Cimm	correc	t, and complete Declarate	ion of preparer (other than taxpa	yer) is based on all information o	of which prepare	er has any kno	wledge	omeoge and bei		this solu	
Sign		0-4	Book = 21	11-30-19	_ 1	XEC			May the IRS discuss with the preparer she		
Here	Sign	nature of officer or trus	stee The	Date	Title	XC-	-11		See instructions	Yes	☐ No
	1 2,8,	Print/Type preparer		Preparer's signature			Date		PTIN		
Paid									k if mployed		
Prepa		Firm's name						Fırm's EIN ▶			
Use C	nly	Firm's address						Phone no			

Phone no

Continuation of Part XV, Li Recipient(s) paid during the year	ine 3a (990-PF) -	Gran	ts and Con	tributions Paid	During the	Year
Name						
UNIV OF ARK FOUNDATION						
Street						
535 RESEACH CENTER BLVD	***	State	Zip Code	Foreign Coun	trv	
City FAYETTEVILLE		AR	72701	l oreign count	y	
Relationship	Foundation Status	7	1.2/0.	<u>_</u>		
	PC					
Purpose of grant/contribution					Amount	500
EDUCATIONAL PROGRAMS						300
Name						
AARP FOUNDATION Street	_ _				<u> </u>	
PO BOX 93207						
City		State	Zip Code	Foreign Coun	try	
LONG BEACH		CA	90809			
Relationship	Foundation Status					
D	PC	_			Amount	
Purpose of grant/contribution PROGRAMS FOR THE ELDERLY					Amount	500
	********			· · · · · · · · · · · · · · · · · · ·		
Name STRAUB FOUNDATION						
Street				, ,		
1100 WARD AVE						
City		State	Zip Code	Foreign Coun	try	
HONOLULU		HI	96814			
Relationship	Foundation Status					
Purpose of grant/contribution	IPC				Amount	
PROVIDE HEALTH CARE SERVICES						500
Name					·····	
MARCH OF DIMES						
Street						
1580 MAKALOA ST STE 1200			_		<u> </u>	
City		State	Zip Code	Foreign Coun	try	
HONOLULU Relationship	Foundation Status	HI	96814			
Relationship	PC PC					
Purpose of grant/contribution					Amount	
IMPROVE BABIES HEALTH						2,000
Name						
Street						
City		State	Zip Code	Foreign Coun	trv	
City		State	Zip Code	i oreign ooun	y	
Relationship	Foundation Status					
·					_	
Purpose of grant/contribution					Amount	
Name						
<u> </u>						
Street						
City		State	Zip Code	Foreign Coun	try	
			<u> </u>			
Relationship	Foundation Status					
Purpose of grant/contribution		-	_		Amount	
. c.poo oi gianicontinuation					1	

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

_		0	-5			.s	ç	-5
Net Gam	or Loss					Net Gain	orLoss	
Š	10 01						Adjustments	
isis, Expenses,	d Adjustments	0	10,031				Depreciation	
Cost or Other Basis, Expenses,	Deprecation and Adjustments				Expense of Sale	and Cost of	Improvements	
sz.	S	0	10,029	•		Valuation	Method	
Gross	Sales					Cost or	Other Basis	10,031
Totals		Capital Gams/Losses	Other sales			Gross Sales	Price	10,029
		ප				Date	Sold	3/13/2018
						Date	Acquired	12/13/2013
						Acquisition	Method	d
				Check "X" if	Purchaser	ısa	Business	
							Purchaser	
					Check X	to include	in Part IV	
	Amount	0	0				CUSIP#	
		Long Term CG Distributions	Short Term CG Distributions				Description	1 BOSTON SCI NOTE DUE 10/1

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

		241	0	C	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	NATIONAL REG AGENT	241			0

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

	221	0	0	0
	Revenue and Expenses	Net Investment	Adjusted	Disbursements for Charitable
Description	per Books	Income	Net Income	Purposes
1 FED EXCISE TAX	221			

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

		375,231	344,156	747,997	747,997
	Num Shares/	Book Value	Book Value	FMV	FMV
Description	Face Value	Beg of Year	End of Year	Beg. of Year	End of Year
AMERIPRISE 2317 3846 9 001		375,231	344,156	747,997	747,997

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

			104,311	124,921	117,357	125,605
	Interest	Maturity	Book Value	Book Value	FMV	FMV
Description	Rate	Date	Beg of Year	End of Year	Beg. of Year	End of Year
RYDER SYSTEMS	2.45%		20,027	20,004	20,133	19,992
TYCO ELECTRONICS GRP	2.38%	12/17/2018	10,021	10,005	10,062	9,984
ALTERA CORP SR NOTE	2.50%	ı	20,013	20,002	20,325	20,008
BOSTON SCIENTIFIC CORP		10/1/2018	10,066	0	10,096	0
MUTUAL FUNDS			44,184	74,910	56,741	75,621

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

									•	•	
									n	0	
	Check "X"							Avg Hrs			Expense
Name	if Business	Street	Cıty	State	Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	Account
ERLINGER		PO BOX 796	HONOLULU	<u>;</u> 도	90896		띪	100	0		
					•		EXECUTIVE				
							OFFICER				
LATE		PO BOX 796	HONOLULU	<u>로</u>	90898		絽	100	0		
							FINANCIAL				
							OFFICER				
SKLAND		PO BOX 796	HONOLULU	<u></u>	80898		DIRECTOR	1.00	0		
	Name JEROME BERLINGER MIRIAM SLATE JOYCE BIRKLAND		Check "X" if Business PO BOX 796 PO BOX 796 PO BOX 796	Check "X" Street PO BOX 796 HONOLU PO BOX 796 HONOLU PO BOX 796 HONOLU	Check "X" Street Crly PO BOX 796 HONOLULU PO BOX 796 HONOLULU	Check "X" Street Crty State PO BOX 796 HONOLULU HI PO BOX 796 HONOLULU HI PO BOX 796 HONOLULU HI	Check "X" Street City State Zip Code	Check "X" Street Crity State Zip Code Foreign Country PO BOX 796 HONOLULU HI 96808 ; PO BOX 796 HONOLULU HI 96808 ; PO BOX 796 HONOLULU HI 96808 ;	Check "X" If Business Street Crty State Zip Code Foreign Country Title If Business PO BOX 796 HONOLULU HI 96808 1 CHIEF EXECUTIVE CHIEF EXECUTIVE OFFICER CHIEF FINANCIAL CHIEF FINANCIAL CHIEF FINANCIAL CHIEF FINANCIAL CHIEF FINANCIAL CHIEF FINANCIAL OFFICER OFFICER <td>Check "X" Street City State Zp Code Foreign Country Title Per Week f Business PO BOX 796 HONOLULU HI 96808 CHIEF 1 00 PO BOX 796 HONOLULU HI 96808 CHIEF 1 00 PO BOX 796 HONOLULU HI 96808 CHIEF 1 00 PO BOX 796 HONOLULU HI 96808 CHIEF 1 00</td> <td>Check "X" figuress Street City State Zip Code Foreign Country Title Per Week Compensation CHIEF 100 DFIICER DIRECTOR 1:00 DIRECTOR </td>	Check "X" Street City State Zp Code Foreign Country Title Per Week f Business PO BOX 796 HONOLULU HI 96808 CHIEF 1 00 PO BOX 796 HONOLULU HI 96808 CHIEF 1 00 PO BOX 796 HONOLULU HI 96808 CHIEF 1 00 PO BOX 796 HONOLULU HI 96808 CHIEF 1 00	Check "X" figuress Street City State Zip Code Foreign Country Title Per Week Compensation CHIEF 100 DFIICER DIRECTOR 1:00 DIRECTOR