

For calendar year 2018, or tax year beginning 01-01-2018, and ending 12-31-2018

Name of foundation THE MICHAEL B WOOD FOUNDATION		A Employer identification number 46-5423511	
Number and street (or P.O. box number if mail is not delivered to street address) 66 QUEEN STREET STE 3101		Room/suite	B Telephone number (see instructions) (808) 721-2488
City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96813		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶\$ 282,573	J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	575,000			
	2 Check ☐ if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances _____				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	575,000	0		
	13 Compensation of officers, directors, trustees, etc	10,000	0		10,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,308	0		2,308
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	118	0		118
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,581	0		581
	24 Total operating and administrative expenses. Add lines 13 through 23	14,007	0		13,007
	25 Contributions, gifts, grants paid	539,085			539,085
	26 Total expenses and disbursements. Add lines 24 and 25	553,092	0		552,092
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	21,908			
	b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	260,665	282,573	282,573		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	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)	260,665	282,573	282,573			
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	0	0			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ ☒ and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds	0	0			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0			
	29	Retained earnings, accumulated income, endowment, or other funds	260,665	282,573			
30	Total net assets or fund balances (see instructions)	260,665	282,573				
31	Total liabilities and net assets/fund balances (see instructions) .	260,665	282,573				

Part III Analysis of Changes in Net Assets or Fund Balances			
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	260,665
2	Enter amount from Part I, line 27a	2	21,908
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	282,573
5	Decreases not included in line 2 (itemize) ▶ _____	5	0
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	282,573

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day , yr)	(d) Date sold (mo , day , yr)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	803,260	193,091	4 160007
2016	273,855	120,822	2 266599
2015	213,720	18,031	11 852920
2014	2,500	1,790	1 396648
2013			

2 Total of line 1, column (d)	2	19 676174
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	4 919044
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	337,073
5 Multiply line 4 by line 3	5	1,658,077
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6	7	1,658,077
8 Enter qualifying distributions from Part XII, line 4	8	552,092

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

Part VI 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 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 ☐ and enter 1% of Part I, line 27b	1	0
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	0
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	0
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ Refunded ▶	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
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 ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
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? <i>If "No," attach explanation</i> .	8b	Yes
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 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

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 meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>HTTPS://WWW.MWOODFOUNDATION.ORG/</u>	13	Yes	
14	The books are in care of ▶ <u>JENNIFER G WOOD</u> Telephone no ▶ <u>(808) 387-5236</u>			

Located at **▶** 641 ULUMAIIKA ST HONOLULU HI ZIP+4 **▶** 96816

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 ▶ <u>15</u>			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ 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)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. ☐	1b		
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 2018?	1c		No
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))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? ☐ Yes ☒ No			
	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		
c	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____, 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 ☒ No			
b	If "Yes," did it have excess business holdings in 2018 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 foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

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 4945(e))?	☐ Yes ☒ No		
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	☐ Yes ☒ No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	☐ Yes ☐ No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No	7b	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☒ No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
JOANNE Y WOOD 66 QUEEN STREET STE 3101 HONOLULU, HI 96813	DIRECTOR 2 00	0	0	0
MICHAEL B WOOD 66 QUEEN STREET STE 3101 HONOLULU, HI 96813	DIRECTOR, PRESIDENT 8 00	0	0	0
GREGORY M WOOD 66 QUEEN STREET STE 3101 HONOLULU, HI 96813	DIRECTOR, TREASURER 2 00	0	0	0
JENNIFER G WOOD 66 QUEEN STREET STE 3101 HONOLULU, HI 96813	DIRECTOR, SECRETARY 6 00	10,000	0	0
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ►		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ►	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	342,206
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	342,206
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	342,206
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	5,133
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	337,073
6	Minimum investment return. Enter 5% of line 5.	6	16,854

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	16,854
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	16,854
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	16,854
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	16,854

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	552,092
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		
a	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	552,092
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	552,092

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				16,854
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				2,436
c From 2015.				212,818
d From 2016.				267,814
e From 2017.				793,605
f Total of lines 3a through e.	1,276,673			
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>552,092</u>				
a Applied to 2017, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2018 distributable amount.				16,854
e Remaining amount distributed out of corpus	535,238			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,811,911			
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 2017 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,811,911			
10 Analysis of line 9				
a Excess from 2014.				2,436
b Excess from 2015.				212,818
c Excess from 2016.				267,814
d Excess from 2017.				793,605
e Excess from 2018.				535,238

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
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 alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

MICHAEL B WOOD

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

MICHAEL B WOOD
66 QUEEN STREET STE 3101
HONOLULU, HI 96813
(808) 721-2488

b The form in which applications should be submitted and information and materials they should include

WRITTEN REQUESTS VIA U S MAIL

c Any submission deadlines

NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NONE

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

- ## Part XVII

Part XVII

Part XVII

Part XVII

Part XVII

Part XVII

(see instr)? ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Part XVII

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ACHIEVE TAHOEPO BOX 8339 TRUCKEE, CA 96162	NONE	PC	TO PROVIDE AFFORDABLE INCLUSIVE PHYSICAL AND RECREATIONAL ACTIVITIES THAT BUILD HEALTH AND CONFIDENCE	500
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST HONOLULU, HI 96819	NONE	PC	TO SUPPORT PROGRAMS TO REDIRECT AT RISK YOUTH AWAY FROM LIVES OF VIOLENCE	3,750
ALOHA UNITED WAY 200 N VINEYARD BLVD SUITE 700 HONOLULU, HI 96817	NONE	PC	TO FUND PROGRAMS THAT IMPROVE LIVES AND STRENGTHEN THE COMMUNITY IN HAWAII	1,200
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE 17TH FLOOR CHICAGO, IL 606017633	NONE	PC	TO ELIMINATE ALZHEIMER'S DISEASE THROUGH THE ADVANCEMENT OF RESEARCH, PROVIDE & ENHANCE CARE & SUPPORT FOR ALL AFFECTED & REDUCE THE RISK OF DEMENTIA THROUGH PROMOTION OF BRAIN HEALTH	1,000
ALZHEIMERS DISEASE RESEARCH 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	NONE	PC	TO SUPPORT RESEARCH TO END ALZHEIMER'S DISEASE	1,000
AMERICAN CANCER SOCIETY PO BOX 30560 HONOLULU, HI 968200560	NONE	PC	TO ELIMINATE CANCER THROUGH RESEARCH	1,000
Total ► 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AMERICAN DIABETES ASSOCIATION 2451 CRYSTAL DRIVE SUITE 900 ARLINGTON, VA 222024803	NONE	PC	TO PREVENT AND CURE DIABETES AND TO IMPROVE THE LIVES OF ALL PEOPLE AFFECTED BY DIABETES	500
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PC	TO BUILD HEALTHIER LIVES, FREE OF CARDIOVASCULAR DISEASES	1,000
AMERICAN RED CROSSPO BOX 37839 BOONE, IA 500370839	NONE	PC	TO PROVIDE COMPASSIONATE CARE TO THOSE IN NEED	1,500
Total ► 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ASSISTANCE DOGS HAWAII PO BOX 18003 MAKAWAO, HI 96768	NONE	PC	TO PROVIDE CHILDREN AND ADULTS WITH DISABILITIES PROFESSIONALLY TRAINED DOGS TO ENHANCE THEIR QUALITY OF LIFE	3,550
BIG BROTHERS BIG SISTERS 418 KUWILI STREET SUITE 106 HONOLULU, HI 96817	NONE	PC	TO PROVIDE SUPPORT TO CHILDREN FACING ADVERSITY WITH STRONG RELATIONSHIPS	2,500
BISHOP MUSEUM1525 BERNICE STREET HONOLULU, HI 96817	NONE	PC	TO BE A GATHERING PLACE AND EDUCATIONAL CENTER THAT ACTIVELY ENGAGES PEOPLE IN THE PRESENTATION, EXPLORATION, AND PRESERVATION OF HAWAI'I'S CULTURAL HERITAGE AND NATURAL HISTORY	1,000
Total ► 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
BOYS & GIRLS CLUB 345 QUEEN STREET SUITE 900 HONOLULU, HI 96813	NONE	PC	TO ENABLE ALL YOUNG PEOPLE TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS	1,500
CHARITY WATCHPO BOX 578460 CHICAGO, IL 60657	NONE	PC	TO PROMOTE CHARITY, TRANSPARENCY AND ACCOUNTABILITY	50
ELITE PARKING FOUNDATION 900 FORT STREET MALL STE 1045 HONOLULU, HI 96813	NONE	PC	TO PROVIDE EDUCATIONAL AND FINANCIAL SUPPORT TO THOSE IN NEED	1,000
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HAWAII CHILDREN CANCER FOUNDATION 1814 LIIHA STREET HONOLULU, HI 96817	NONE	PC	TO SUPPORT CHILDREN AND THEIR FAMILIES IN HAWAII WHO HAVE CANCER	500
HAWAII FOODBANK2611 KILIHOU ST HONOLULU, HI 96819	NONE	PC	TO GATHER AND DISTRIBUTE FOOD THROUGH CHARITABLE AGENCIES IN NEED	1,000
HAWAII SPEED AND QUICKNESS 7168 MAKAA STREET HONOLULU, HI 96825	NONE	PC	TO PROVIDE ANY CHILD ACCESS TO EXCEPTIONAL SPORTS TRAINING AND MENTORING TO MAXIMIZE PERSONAL SUCCESS AND HEALTHY LIVING IN LIFE REGARDLESS OF GEOGRAPHIC, FINANCIAL, OR DEMOGRAPHIC CIRCUMSTANCE	2,000
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HAWAII THEATRE CENTER 1130 BETHEL ST HONOLULU, HI 96813	NONE	PC	TO SUPPORT THE HAWAII THEATRE CENTER	500
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVENUE HONOLULU, HI 96826	NONE	PC	TO RAISE PUBLIC AWARENESS ABOUT THE PROPER CARE, FEEDING AND HUMANE TREATMENT OF ANIMALS	1,500
HISTORIC HAWAII FOUNDATION (NETWORK FOR GOOD) PO BOX 1658 HONOLULU, HI 968061658	NONE	PF	TO ENCOURAGE THE PRESERVATION OF HISTORIC BUILDINGS AND SITES IN HAWAII	500
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HUNAKAI PARK ASSOCIATION 613 ULUMAIIKA STREET HONOLULU, HI 96816	NONE	PC	TO MAINTAIN HUNAKAI PARK FOR THE PUBLIC ENJOYMENT	2,000
JUDICIAL WATCH425 3RD STREET SW WASHINGTON, DC 20024	NONE	PC	TO PROMOTE INTEGRITY, TRANSPARENCY AND ACCOUNTABILITY IN GOVERNMENT AND FIDELITY TO THE RULE OF LAW THROUGH PUBLIC ADVOCACY, LITIGATION AND MONITORING AND INVESTIGATING FEDERAL, STATE AND LOCAL GOVERNMENT ENTITIES AND OFFICIALS, AMONG OTHER ACTIVITIES	1,000
KALIIHI UKA SCHOOL2411 KALIIHI ST HONOLULU, HI 96819	NONE	PC	TO SUPPORT THE SCHOOL MISSION TO EDUCATE THE CHILDREN OF HAWAII	500
Total ► 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KIDS HURT TOO HAWAII 245 NORTH KUKUI STREET SUITE 203 HONOLULU, HI 96817	NONE	PC	TO COMFORT GRIEVING CHILDREN AND FAMILIES, PREVENT ABUSE AND NEGLECT, AND CONNECT FAMILIES IN A SAFE AND HEALING PLACE	500
KOKO CRATER STABLES 3853 POKAPAHU PLACE HONOLULU, HI 96816	NONE	PC	TO SUPPORT PROGRAMS FOR THE PRESERVATION OF KOKO CRATER STABLES	500
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	NONE	PC	TO CARRY OUT THE PURPOSES OF AND BENEFIT THE LAKESIDE ASSOCIATION	4,000
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAKE-A-WISHPO BOX 1877 HONOLULU, HI 96805	NONE	PC	TO BRING HOPE, STRENGTH, AND JOY TO HAWAII CHILDREN WHO ARE BATTLING LIFE- THREATENING CONDITIONS	2,000
MANOA VALLEY THEATER 2833 E MANOA ROAD HONOLULU, HI 96822	NONE	PC	TO ENTERTAIN AND ENRICH HAWAII'S AUDIENCES AND ARTISTS THROUGH THE PRODUCTION AND PROMOTION OF LIVE THEATRE	2,500
MID-PACIFIC INSTITUTE 2445 KAALA STREET HONOLULU, HI 96822	NONE	PC	TO NURTURE AND CHALLENGE STUDENTS TO DEVELOP INTELLECTUAL, EMOTIONAL, ARTISTIC, SPIRITUAL AND PHYSICAL STRENGTHS TO BECOME COMPASSIONATE AND RESPONSIBLE LIFELONG LEARNERS AND GLOBAL CITIZENS	173,035
Total ► 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NATIONAL PARK CONSERVATION CENTER 777 6TH STREET NW SUITE 700 WASHINGTON, DC 200013723	NONE	PC	TO PROTECT AND ENHANCE AMERICA'S NATIONAL PARK SYSTEM FOR PRESENT AND FUTURE GENERATIONS	500
NATIONAL WORLD WAR II MUSEUM 945 MAGAZINE ST NEW ORLEANS, LA 70130	NONE	PC	TO SUPPORT THE NATIONAL WWII MUSEUM TO TELL THE STORY FOR FUTURE GENERATIONS	500
PACIFIC AVIATION MUSEUM PEARL HARBOR 319 LEXINGTON BOULEVARD HONOLULU, HI 96818	NONE	PC	TO DEVELOP AND MAINTAIN AN INTERNATIONALLY RECOGNIZED AVIATION MUSEUM ON HISTORIC FORD ISLAND THAT IS DEDICATED TO EDUCATING YOUNG AND OLD ALIKE, HONORING AVIATORS AND THEIR SUPPORT PERSONNEL WHO DEFENDED FREEDOM IN THE PACIFIC REGION, AND PRESERVING AVIATION ARTIFACTS	500
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
PARTNERS IN DEVELOPMENT 2040 BACHELOT STREET HONOLULU, HI 96817	NONE	PC	TO EQUIP FAMILIES AND COMMUNITIES FOR SUCCESS, USING NATIVE HAWAIIAN VALUES AND TRADITIONS	500
PBS HAWAII 315 SAND ISLAND ACCESS ROAD HONOLULU, HI 96819	NONE	PC	TO BE HAWAII'S HOME OF TOP CHILDREN'S PROGRAMMING, PBS NEWS HOUR, FRONTLINE, AND A SUITE OF LOCALLY PRODUCED SHOWS THAT EXPLORE THE PEOPLE, PLACES AND ISSUES UNIQUE TO HAWAII	1,000
READ ALOUD AMERICA 1314 SOUTH KING STREET SUITE 1056 HONOLULU, HI 96814	NONE	PC	TO PROMOTE LITERACY AND ENCOURAGE A LOVE OF READING IN ADULTS AND CHILDREN	500
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
REHAB FOUNDATION 226 NORTH KUAKINI STREET HONOLULU, HI 96817	NONE	PC	TO SUPPORT THE PURCHASE OF VITAL MEDICAL EQUIPMENT, PROVIDE SCHOLARSHIPS AND CLINICAL EDUCATION, ENHANCE PATIENT CARE PROGRAMS AND CAPITAL IMPROVEMENT PROJECTS ALL DIRECTLY IMPACTING THE CARE OF PATIENTS AND THEIR FAMILIES	500
RIVER OF LIFE MISSIONPO BOX 37939 HONOLULU, HI 96837	NONE	PC	TO RESTORE BROKEN LIVES THROUGH RESCUE, REHABILITATION, AND REINTEGRATION	500
SHRINERS HOSPITALS FOR CHILDREN 1310 PUNAHOU STREET HONOLULU, HI 96826	NONE	PC	TO DELIVER EXPERT SPECIALIZED CARE TO THOUSANDS OF CHILDREN FROM HAWAII AND THE PACIFIC BASIN	1,500
Total ► 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SPECIAL OLYMPICSPO BOX 3295 HONOLULU, HI 96801	NONE	PC	TO PROVIDE YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION FOR CHILDREN AND ADULTS WITH DISABILITIES	500
SPIKE AND SERVE 2685 KALAKAUA AVENUE HONOLULU, HI 96815	NONE	PC	TO POSITIVELY SHAPE THE LIVES OF CHILDREN AND ADULTS THROUGH THE SPORT OF VOLLEYBALL	1,000
ST JOSEPH INDIAN SCHOOLPO BOX 326 CHAMBERLAIN, SD 57326	NONE	PC	TO EDUCATE NATIVE AMERICAN CHILDREN AND THEIR FAMILIES FOR LIFE	1,000
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
STANFORD MEDICINE 300 PASTEUR DRIVE MC 5555 STANFORD, CA 943056105	NONE	PC	TO PROVIDE PATIENT CARE SERVICES, SUPPORT, BENEFIT AND FURTHER THE CHARITABLE, AND SCIENTIFIC AND EDUCATIONAL PURPOSES OF THE UNIVERSITY AND THE UNIVERSITY'S SCHOOL OF MEDICINE	1,000
STATE OF HAWAII DEPARTMENT OF HUMAN SERVICES 1010 RICHARDS STREET ROOM 216 HONOLULU, HI 96813	NONE	GOV	TO SUPPORT THE OPERATIONAL COSTS OF HO'OMALU, WHICH IS AN EMERGENCY SHELTER FOR CHILDREN WHO HAVE BEEN REMOVED FROM THEIR HOMES	300,000
SUSAN G KOMAN HAWAII 3555 HARDING ST SUITE 2D HONOLULU, HI 96816	NONE	PC	TO PROVIDE FUNDING FOR BREAST HEALTH SERVICES, BREAST CANCER EDUCATION AND OUTREACH IN HAWAII	500
Total ► 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE CAL ALUMNI ASSOCIATION FUND 1 ALUMNI HOUSE BERKELEY, CA 947207520	NONE	PC	TO ACTIVELY AND EFFECTIVELY INFORM, INVOLVE, AND INSPIRE ALL ALUMNI TO STAY CONNECTED TO THE UNIVERSITY AND TO EACH OTHER BY PROVIDING SUPPORT FOR ESSENTIAL SERVICES AND SCHOLARSHIPS TO UNDERGRADUATE CAL STUDENTS	1,500
THE FOOD BASKET40 HOLOMUA ST HILO, HI 96720	NONE	PC	TO PROVIDE FOOD FOR THOSE IN HAWAII COUNTY	500
THE HAWAII ISLAND HUMANE SOCIETY 74-5225 QUEEN KAAHUMANU HWY KAILUAKONA, HI 96740	NONE	PC	TO PROVIDE SUPPORT FOR ANIMALS DISPLACED BY VOLCANIC ACTIVITY	500
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE HUMANE SOCIETY OF THE UNITED STATES 1255 23RD STREET NW SUITE 450 WASHINGTON, DC 20037	NONE		TO CELEBRATE ANIMALS AND CONFRONT CRUELTY	500
THE INSTITUTE FOR HUMAN SERVICES INC 546 KAAAHU STREET HONOLULU, HI 96817	NONE	PC	TO HELP PROVIDE PEOPLE WITH THE RESOURCES THEY NEED TO REBUILD THEIR LIVES AND OBTAIN PERMANENT HOUSING	1,500
THE SALVATION ARMYPO BOX 30040 HONOLULU, HI 96820	NONE	PC	TO PREACH THE GOSPEL OF JESUS CHRIST AND TO MEET HUMAN NEEDS IN HIS NAME WITHOUT DISCRIMINATION	2,000
Total ▶ 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE STREET BACHMAN HALL 105 HONOLULU, HI 968222388	NONE	PC	TO UNITE DONORS' PASSIONS WITH THE UNIVERSITY OF HAWAII'S ASPIRATIONS BY RAISING PHILANTHROPIC SUPPORT AND MANAGING PRIVATE INVESTMENTS TO BENEFIT UH, THE PEOPLE OF HAWAII AND OUR FUTURE GENERATIONS	5,000
WAIKIKI COMMUNITY CENTER 310 PAOAKALANI AVENUE HONOLULU, HI 96815	NONE	PC	TO PROVIDE CRUCIAL MUTLIGENERATIONAL SERVICES TO BETTER THE LIVES OF ALL WAIKIKI RESIDENTS	1,000
WAIKIKI HEALTH277 OHUA AVENUE HONOLULU, HI 96815	NONE	PC	TO PROVIDE QUALITY, ACCESSIBLE AND AFFORDABLE MEDICAL AND SOCIAL SERVICES	1,000
Total ► 3a				539,085

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WINNER'S CAMPPPO BOX 241018 HONOLULU, HI 96824	NONE	PC	TO EMPOWER TEENAGERS TO REALIZE THEIR POTENTIAL	1,000
YOSEMITE CONSERVANCY 101 MONTGOMERY STREET SAN FRANCISCO, CA 94104	NONE	PC	TO SUPPORT PROJECTS AND PROGRAMS FOR THE PRESERVATION OF YOSEMITE NATIONAL PARK	1,500
Total ▶ 3a				539,085

TY 2018 Accounting Fees Schedule**Name:** THE MICHAEL B WOOD FOUNDATION**EIN:** 46-5423511

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,308	0		2,308

TY 2018 Other Expenses Schedule**Name:** THE MICHAEL B WOOD FOUNDATION**EIN:** 46-5423511**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISC EXPENSES	45	0		45
OFFICE SUPPLIES	536	0		536
OTHER CONTRIBUTIONS	1,000	0		0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to <u>www.irs.gov/Form990</u> for the latest information	OMB No 1545-0047 2018
	Name of the organization THE MICHAEL B WOOD FOUNDATION	Employer identification number 46-5423511

Organization 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	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

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

Name of organization THE MICHAEL B WOOD FOUNDATION	Employer identification number 46-5423511
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Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL B WOOD 66 QUEEN STREET STE 3101 HONOLULU, HI 96813	\$ 575,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
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		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions)

Employer identification number

46-5423511

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE MICHAEL B WOOD FOUNDATION	Employer identification number 46-5423511
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Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively** religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(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, 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, 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, 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, and ZIP 4	Relationship of transferor to transferee	