DLN: 93491111012130

2019

OMB No 1545-0052

**Return of Private Foundation** 

Form 990-PF

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

or	caler	ndar year 2019, or tax year beginning 01-01-20	)19 , aı	nd ending 12-31-	·2019						
		indation AND DIANE MATSUURA FOUNDATION		A Employer id	entification numbe	er					
KL	MINETIT	AND DIANE MATSOCIA FOUNDATION		26-4584711	26-4584711  B Telephone number (see instructions)						
		street (or P O box number if mail is not delivered to street address)	Room/suite	<b>B</b> Telephone nu							
8	O3 AINA	APO ST		(808) 428-1242	,	,					
		n, state or province, country, and ZIP or foreign postal code		, ,							
HON	OLULU,	HI 968251048		C If exemption	application is pendin	ig, check here					
G Cł	neck al	l that apply $\Box$ Initial return $\Box$ Initial return of a	former public charity	<b>D 1.</b> Foreign or	ganızatıons, check he	ere					
		$\square$ Final return $\square$ Amended return			rganizations meeting						
		$\square$ Address change $\square$ Name change			k here and attach co	· -					
<b>I</b> Ch	neck ty	$ \nabla$ pe of organization $ \nabla$ Section 501(c)(3) exempt private	foundation		undation status was f on 507(b)(1)(A), chec						
	Section	n 4947(a)(1) nonexempt charitable trust	e private foundation								
		ket value of all assets at end  J Accounting method	☑ Cash ☐ Accru		ation is in a 60-mont						
		rom Part II, col (c), ▶\$ 3,199,383		under sectio	n 507(b)(1)(B), chec	ck nere					
		(Part I, column (d) must	be on cash basis )								
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and	(b) Not more than and	(-) (1	(d) Disbursements					
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes					
			) Docks			(cash basis only)					
	1	Contributions, gifts, grants, etc , received (attach schedule)									
	2	Check ▶ ☑ If the foundation is <b>not</b> required to attach									
		Sch B			<u> </u>						
	3	Interest on savings and temporary cash investments									
	4	Dividends and interest from securities	75,817								
	5a	Gross rents	20,647	20,647							
ө	b	Net rental income or (loss) 9,937  Net gain or (loss) from sale of assets not on line 10	69,342								
Ξ	6a	- , ,									
Revenue	р 7	Gross sales price for all assets on line 6a 1,463,182 Capital gain net income (from Part IV, line 2)		69,342							
~	8	Net short-term capital gain		05,542							
	9	Income modifications									
	10a	Gross sales less returns and allowances									
	ь	Less Cost of goods sold									
	С	Gross profit or (loss) (attach schedule)									
	11	Other income (attach schedule)									
	12	Total. Add lines 1 through 11	165,806	165,806							
	13	Compensation of officers, directors, trustees, etc	0	0							
	14	Other employee salaries and wages									
<b>S</b>	15	Pension plans, employee benefits									
Š	16a	Legal fees (attach schedule)									
<u>×</u>	ь	Accounting fees (attach schedule)	2,385	1,908		47					
Operating and Administrative Expenses	С	Other professional fees (attach schedule)	21,370	0							
⋛	17	Interest	241	241							
Stra	18	Taxes (attach schedule) (see instructions)	1,136	0		1					
ੂ	19	Depreciation (attach schedule) and depletion	19,693	19,693							
Ę	20	Occupancy									
ם ס	21	Travel, conferences, and meetings									
E	22	Printing and publications									
Ē	23	Other expenses (attach schedule)	10,995	10,710		!					
rat	24	Total operating and administrative expenses.									
<u>g</u>		Add lines 13 through 23	55,820			47					
_	25	Contributions, gifts, grants paid	147,802			147,80.					
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	203,622	32,552		148,27					
	27	Subtract line 26 from line 12	203,022	32,352		140,27					
	a	Excess of revenue over expenses and									
		disbursements	-37,816								
	b	Net investment income (if negative, enter -0-)		133,254							
	C	Adjusted net income (If negative, enter -0-)		C-1 N - 11255		000 75 (25)					

2,763,191

3,800

3,800

2,759,391

2,759,391

2.763.191

(چە

2.800.134

1,900

1,900

2,798,234

2,798,234

2,800,134

1

2

3

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6

2,759,391

2,798,234

2,798,234

Form 990-PF (2019)

-37,816

76,659

3.199.383

14

15

16

17 18

19 20

21

22

23

24

25

28

30

Part III

2

3

Liabilities

**Fund Balances** 

ō 26

Assets 27

Net 29 Land, buildings, and equipment basis

instructions Also, see page 1, item I)

and complete lines 24, 25, 29 and 30.

Net assets with donor restrictions . . .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Net assets without donor restrictions . . .

Other assets (describe > \_

Other liabilities (describe -\_

Grants payable

Less accumulated depreciation (attach schedule) ▶

Foundations that follow FASB ASC 958, check here

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . .

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

**Analysis of Changes in Net Assets or Fund Balances** 

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Paid-in or capital surplus, or land, bldg, and equipment fund

Total assets (to be completed by all filers—see the

	the kind(s) of property sold (e g , house, or common stock, 200 shs		(b) How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )		
1 a PUBLICLY TRADED SECURI	TIES		Р				
<b>b</b> CAPITAL GAIN DIVIDENDS			Р				
c PUBLICLY TRADED SECURI	TIES		Р				
d							
e							
	(f)		(g)	(	h)		
<b>(e)</b> Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain or (loss) (e) plus (f) minus (g)			
a 1,159,	190		1,093,840		65,350		
b 3,	992				3,992		
<b>c</b> 300,	000		300,000				
d			, , , , , , , , , , , , , , , , , , , ,				
	h		13/31/60				
Complete only for assets s	howing gain in column (h) and ow	i			( <b>l)</b> h) gain minus		
(i)	<b>(j)</b> Adjusted basis		(k) sofcol(ı)		less than -0-) <b>or</b>		
F M V as of 12/31/69	as of 12/31/69		l (j), if any		om col (h))		
a	· ·		377		65,350		
b					3,992		
c					0,225		
d							
e							
· -	r (net capital loss)  In or (loss) as defined in sections :  I, line 8, column (c) (see instructi		'	3	69,342		
-	ider Section 4940(e) for Revalue foundations subject to the sec						
f "Yes," the foundation does not	ve this part blank section 4942 tax on the distributal qualify under section 4940(e) Do unt in each column for each year,	not complete this part	<u>'</u>		es 🔽 No		
(a)	(b)	(c)		(d)			
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitab	ole-use assets	Distribution rat (col (b) divided by o			
2018	143,110		2,987,255	(cor (b) divided by c	0 047907		
2017	93,209		2,708,731		0 034411		
2016	78.690		2,599,484		0 030271		
2015	80,184		1,730,381		0 046339		
2014	77,754		1,066,492		0 072906		
2 Total of line 1, column (d)	· · · · · · · · · · · · · · · · · · ·				0 231834		
	or the 5-year base period—divide				0 231034		
	ation has been in existence if less	,	3		0 046367		
	haritable-use assets for 2019 fron		4		3,118,623		
<b>5</b> Multiply line 4 by line 3			5		144,601		
	t income (1% of Part I, line 27b)		6		1,333		
			7		145,934		
	ns from Part XII, line 4 ,		8		148,279		
	ter than line 7, check the box in Pa			g a 1% tax rate Se	<u> </u>		

	1 3 3 0 - FT (2 0 1 3 )										age (
Pa	_		Activities for Which	Form 4720 May Be	Required (	continue	ed)				
5a	During the year did the foundation	•	•							Yes	No
	(1) Carry on propaganda, or otherv			, , , , , , , , , , , , , , , , , , , ,		Yes	<b>✓</b>	No			
	(2) Influence the outcome of any s		•	*							
	on, directly or indirectly, any voter registration drive?										
	(3) Provide a grant to an individual	for t	avel, study, or other simi	ılar purposes?		Yes	<b>✓</b>	No			
	(4) Provide a grant to an organization	on ot	her than a charitable, etc	, organization described	i						
	ın section 4945(d)(4)(A)? See ii	nstrud	tions			Yes	<b>✓</b>	No			
	(5) Provide for any purpose other t	han r	an religious, charitable, scientific, literary, or								
	educational purposes, or for the	prev	ention of cruelty to childr	en or animals?		Yes	<b>✓</b>	No			
b	If any answer is "Yes" to $5a(1)-(5)$ ,	dıd a	<b>iny</b> of the transactions fa	ıl to qualıfy under the ex	ceptions descr						
	Regulations section 53 4945 or in a	curre	nt notice regarding disas	ter assistance? See instr	uctions				5b		
	Organizations relying on a current r	otice	regarding disaster assist	ance check here		▶	П				
С	If the answer is "Yes" to question 5	a(4),	does the foundation claim	n exemption from the			_				
	tax because it maintained expendition	ıre re	sponsibility for the grant?			Yes	П	No			
	If "Yes," attach the statement requi	red b	y Regulations section 53 -	4945-5(d)			_				
<b>6</b> a	Did the foundation, during the year,	, rece	ive any funds, directly or	indirectly, to pay premit	ıms on						
	a personal benefit contract?					Yes	<b>✓</b>	No.			
b	Did the foundation, during the year,	, pay	premiums, directly or ind	irectly, on a personal be	nefit contract?			NO	6b		No
	If "Yes" to 6b, file Form 8870										
7a	At any time during the tax year, wa	s the	foundation a party to a p	rohibited tax shelter trai	nsaction?	□ <b>v</b> aa		No			
b	If "Yes", did the foundation receive	any p	roceeds or have any net	income attributable to th	ne transaction?	⊔ Yes		NO	7b		
8	Is the foundation subject to the sec	tion 4	960 tax on payment(s) o	f more than \$1,000,000	ın remuneratio	on or					
	excess parachute payment during th	he ye	ar <sup>?</sup>			□ <b>v</b>					
	Information About 0					<u> Yes</u> ıhlv Pai		No L	/ees		
Pa	and Contractors	Jc	crs, Directors, Trust	ces, roundation ric	magers, mg	, <b>y</b> . a.	u	.p.o,	,,		
1	List all officers, directors, truste	oc fo	undation managers an	d their compensation	See instruct	ione					
	List an officers, unectors, truste		<b>b)</b> Title, and average	(c) Compensation (If	(d) Contr		0	· .			
	(a) Name and address	<b>'</b>	hours per week	not paid, enter	employee ber					se acci	
			devoted to position	-0-)	deferred co	mpensati	ion	- 0	.iici ai	lowalic	.63
	ETH MATSUURA	PRES 1 00	IDENT	0			이				(
	NNAPO ST DLULU, HI 968251048	00									
	E MATSUURA	VICE	PRESIDENT	0			0				
	AINAPO ST	1 00					Ĭ				
	DLULU, HI 968251048										
EIGH	HANNE COLBERT		ETARY	0			이				(
	AINAPO ST	1 00									
	DLULU, HI 968251048	TDEA	CURER								
	N MATSUURA NINAPO ST	1 00	SURER	0			이				,
	DLULU, HI 968251048										
2	Compensation of five highest-pa	id en	ployees (other than th	nose included on line 1	-see instruc	tions). I	f non	ie, er	iter "l	NONE.	"
			(b) Title, and average		(d) Contr						
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation		e benefit I deferred				se acco owance	
	more than \$50,000		devoted to position			nsation	1	Oti	iei aii	Owanic	25
NON	E				·						
r _ •	I mumahan af akhan amadan a		0.000								
ota	I number of other employees paid ov	er \$5	0,000								
								Forr	n <b>99</b> (	D-PF (	2019

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustee and Contractors (continued)	s, Foundation Managers, Highly Paid E	imployees,
3 Five highest-paid independent contractors for professional serv	vices (see instructions). If none, enter "NO	NE".
(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 organizations and other beneficiaries served, conferences convened, research papers pro	relevant statistical information such as the number of oduced, etc	Expenses
${f 1}$ SUPPORT OF VARIOUS 501(C)(3) ORGANIZATIONS FOR 2019, FIFTY-F THE FOUNDATION	OUR ORGANIZATIONS WERE SUPPORTED BY	147,802
2		
3		·
4		
Part IX-B Summary of Program-Related Investments (se		
Describe the two largest program-related investments made by the foundation during	· · · · · · · · · · · · · · · · · · ·	Amount
Describe the two largest program-related investments made by the foundation during  1	g the tax year on lines I and 2	Amount
		_
2		
All other program-related investments See instructions  3		
		]
Total. Add lines 1 through 3		
		Form <b>990-PF</b> (2019)

3a 3h

4

5

148.279

1.333

146.946

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Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

**b** Total for prior years

a From 2014. . . . . **b** From 2015. . . . c From 2016. . . d From 2017. . . . . e From 2018. . . . .

Excess distributions carryover, if any, to 2019

f Total of lines 3a through e. . . . . . . . 4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 148,279 a Applied to 2018, but not more than line 2a

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election 

**5** Excess distributions carryover applied to 2019

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2019 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

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) . . . . . . . . 8 Excess distributions carryover from 2014 not

9 Excess distributions carryover to 2020.

10 Analysis of line 9 a Excess from 2015. . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . . . .

indicated below:

**d** Applied to 2019 distributable amount. . . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

127,159

27,439

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0

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art	XIII	

PF (20	019)		
П	Undistributed Income (see instruc	tions)	_
		(a	)

F (20	019)	
H	Undistributed Income (see instructions)	

tions)		
	(a) Corpus	

0

0

(b)

Years prior to 2018

(c)

2018

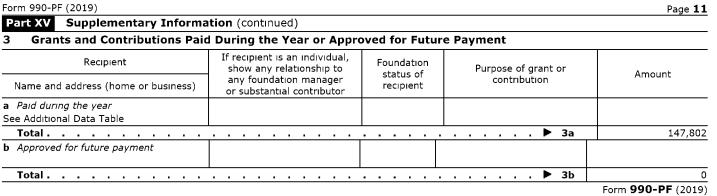
21.120

21,120

Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019 a Enter amount for 2018 only. . . . . .

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

factors NONE



Enter gross amounts unless otherwise indicated		Unrelated bu	isiness income	Excluded by section	(e) Related or exempt		
_	n service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	function income (See instructions )	
	and contracts from government agencies						
	rship dues and assessments						
3 Interes investm	t on savings and temporary cash nents						
	nds and interest from securities			14	75,817		
<b>5</b> Net ren	ital income or (loss) from real estate						
	financed property						
	ebt-financed property			16	9,937		
	ntal income or (loss) from personal property						
	nvestment income						
invento	• •			18	69,342		
	ome or (loss) from special events			10	09,542		
	profit or (loss) from sales of inventory						
	revenue a						
	al Add columns (b), (d), and (e).		0		155,096		
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13	3	155,096	
Part XV	-B Relationship of Activities to the	ne Accomplish	ment of Exemi	pt Purposes			
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's exposure instructions (						

•	
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
•	Exempt Organizations

Part	XVII	Exempt Organi	zations					•				
<ol> <li>Did</li> </ol>	the org	janization directly or in than section 501(c)(3)	directly enga						ion 501		Yes	No
<b>a</b> Tran	nsfers f	rom the reporting foun	dation to a r	oncharitable ex	empt organizatio	n of						
(1)	Cash.								. <u>1</u> a	(1)		No
(2)	Other	assets							. <u>1</u> a	(2)		No
<b>b</b> Oth	er trans	sactions										
		of assets to a nonchari	•	-						(1)		No
		ases of assets from a n								(2)		No
		l of facilities, equipmer	•							(3)		No
		oursement arrangemen								(4)		No
		or loan guarantees. mance of services or m								(5) (6)		No No
		facilities, equipment, n								.c		No
	-	ver to any of the above		•								
of th	ne good	ls, other assets, or ser	vices given b	y the reporting	foundation If th	e foundatio	n receive	d less than fair mai	rket value	-		
ın a	ny tran	saction or sharing arra	ngement, sh	ow in column (c	d) the value of th	ne goods, o	ther asse	ts, or services rece	ıved			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	( <b>d)</b> Des	cription of	transfers, transactions	s, and sharing	arra	ngemen	its
		` '	. ,		. 5			·	,			
<b>2a</b> Is th	ne foun	dation directly or indire	ctly affiliate	d with, or relate	d to, one or mor	e tax-exem	npt organ	zations		_		
		n section 501(c) (other	•						es 🗹 N	0		
		omplete the following so		( /( //								
	,	(a) Name of organization		(1	<b>b)</b> Type of organiza	tion		(c) Description	n of relationsh	ıp		
							1					
							-					
							-			—		
	Unde	er penalties of perjury,	I declare the	at I have evamin	and this return in	scluding ac	company	ng schedules and s	tatements	and.	to the	hest
	of my	y knowledge and belief	, it is true, c									
c:	which	n preparer has any kno	wledge		ı							
Sign		****			2020-04-08	,	*****		May the I return	≀S d⊪	scuss th	115
Here									with the p	repar	rer shov	vn
	/ s	Signature of officer or to	rustee		Date	, ,	Tıtle		below (see instr	, L	7 v	7 a
		1		T				T	(see instr	)   •	」Yes ∟	- No
		Print/Type preparer's	name	Preparer's Sign	nature	Date			PTIN			
								Check if self-	PO	031	.554	
		DANIEL S MILLER	CPA			2020	-04-08	employed ▶ 📙				
Paid												
Prep		Firm's name ► AND	ERSON ZURI	MUEHLEN & CO	PC				Firm's EIN ▶81-0385940			
Use (	JUIA	Firm's address ▶ PC	BOX 20435							—		
		I IIII J addie 35 F FC	. 50/ 20755						Phone no /	one no (406) 245-5136		
		BI	LLINGS, MT	591040435					. Hone no (	,55	, <b>-</b> +J	1100
		L										

Form 990PF Part XV Line 1a - 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).

than \$5,000).

KENNETH MATSUURA

DIANE MATSUURA

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
AFARI1121A N 95TH ST SEATTLE, WA 98103	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

ALOHA UNITED WAY 200 N VINEYARD BLVD STE 700 HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

HONOLULU, HI 96817				
AMERICAN CANCER SOCIETY 2370 NUUANA AVE HONOLULU. HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100

147,802

1101102020,111 30017				
AMERICAN CANCER SOCIETY 2370 NUUANA AVE HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	10

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

a Paid during the year				
AMERICAN HEART ASSOCIATION 677 ALA MOANA BLVD 600 HONOLULU, HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	200
AMERICAN LUNG ASSOCIATION	NONE	501(C)(3)	DHTI ANTHRODIC DURDOSES	50

recipient

HONOLULU, HI 96813				
AMERICAN LUNG ASSOCIATION PO BOX 30730 HONOLULU, HI 96820	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
DIC DROTHERS DIC SISTERS	NONE	E01/C)/3)	DUTE ANTI-IDODIC DUDDOCEC	3 500

AMERICAN LUNG ASSOCIATION PO BOX 30730 HONOLULU, HI 96820	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
BIG BROTHERS BIG SISTERS 418 KUWILI ST 106 HONOLULLI HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,500

PO BOX 30730 HONOLULU, HI 96820				
BIG BROTHERS BIG SISTERS 418 KUWILI ST 106 HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,500

BIG BROTHERS BIG SISTERS 418 KUWILI ST 106 HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,500
Total			<b>&gt;</b> 3a	147,802

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
BISHOP MUSEUM1525 BERNICE ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000

HONOLULU, HI 96817	NONE	302(0)(3)	THE WITHOUT OF TOWN ODES	•
CAMP MEKOKIKOPO BO 1529 HONOKAA, HI 96727	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2

CAMP MEKOKIKOPO BO 1529 HONOKAA, HI 96727	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,000
CENTRAL MIDDLE SCHOOL	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100

HONOKAA, HI 96/2/				
CENTRAL MIDDLE SCHOOL 1302 QUEEN EMMA ST HONOLULU, HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100

CENTRAL MIDDLE SCHOOL 1302 QUEEN EMMA ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	10
HONOLULU, HI 96813				

Total		▶ 3a	147.802
1302 QUEEN EMMA ST	. ,, ,		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
CHRISTIAN CENTURY 104 S MICHIGAN AVE STE 1100 CHICAGO IL 60603	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100

CHICAGO, IL 60603				
CSPI1220 L ST NW STE 300 WASHINGTON, DC 20005	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
DIAMOND HEAD THEATER	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	5,750

WASHINGTON, DC 20005	110112	301(0)(0)	THIE WITHKOTTO FOR OBES	
DIAMOND HEAD THEATER 250 MAKAPUU AVE HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	5,750

147,802

·				
DIAMOND HEAD THEATER 250 MAKAPUU AVE HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	

Total .

DIAMOND READ TREATER	INONE	1 201(C)(3)	FUTTAILLUKOLIC LOKLOSES	
250 MAKAPUU AVE				
HONOLULU, HI 96817				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

NASHVILLE, TN 37202

Total .

,	or substantial contributor			
a Paid during the year				
EASTER SEALS710 GREEN ST HONOLULU, HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
FAMILY PROMISE OF HAWAII 245 N KUKUI ST HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

recipient

500

FAMILY PROMISE OF HAWAII 245 N KUKUI ST HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
FELLOWSHIP OF UNITED METHODISTS IN MUSIC AND WORSHIP ARTS	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	5

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

	or substantial continuator			
a Paid during the year				
HAAS SCHOOL OF BUSINESS	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000

2220 PIEDMONT AVE BERKELEY, CA 94720				
HABITAT FOR HUMANITY922 AUSTIN LN	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	200

HABITAT FOR HUMANITY922 AUSTIN LN HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	200
HALE KIDA615 DIIKOI ST 103	NONE	501(C)(3)	DHTI ANTHRODIC DURDOSES	500

HONOLULU, HI 96817		` ` ` ` `		
HALE KIPA615 PIIKOI ST 103 HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

HALE KIPA615 PIIKOI ST 103 HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

TALE KIPAGIS PIIKOI ST 103	INONE	DUI(C)(3)	PHILANTHRUPIC PURPUSES	] 50
IONOLULU, HI 96817				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
HARRIS UNITED METHODIST CHURCH 20 S VINEYARD BLVD HONOLULU, HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	41,400

recipient

HONOLULU, HI 96813				
HAWAII CHILDREN'S ACTION NETWORK 850 RICHARD ST STE 201 HONOLULU, HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	

HAWAII CHILDREN'S ACTION NETWORK 850 RICHARD ST STE 201 HONOLULU, HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	200
HAWAII OPERA THEATER 848 S BERETANIA ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,500

	HONOLULU, HI 96813				
,	HAWAII OPERA THEATER 848 S BERETANIA ST HONOLULU, HI 96814	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,500

1101101010111 90013				
HAWAII OPERA THEATER 848 S BERETANIA ST HONOLULU, HI 96814	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
HAWAII PUBLIC RADIO 738 KAHEKA ST STE 101	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500
HONOLULU, HI 96814				

HONOLULU, HI 96814				
HAWAII SYMPHONY ORCHESTRA 3610 WAIALAE AVE	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	6,000

HAWAII SYMPHONY ORCHESTRA 3610 WAIALAE AVE HONOLULU, HI 96816	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	6,000
HOLT INTERNATIONAL DO BOY 2880	NONE	501(C)(3)	BUTI ANTURODIC DI IRROCES	25,000

HONOLULU, HI 96816				
HOLT INTERNATIONALPO BOX 2880	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	25,000

HONOLOLO, HI 90810				
HOLT INTERNATIONALPO BOX 2880 EUGENE, OR 97402	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	25,000

Total .

147,802

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

147,802

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
HONOLULU JAPANESE CHAMBER OF COMMERCE 2454 S BERETANIA ST 201 HONOLULU, HI 96826	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,500
HONOLULU MUSEUM OF ART	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000

HONOLULU, HI 96826				
HONOLULU MUSEUM OF ART 900 S BERETANIA ST HONOLULU, HI 96814	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,

900 S BERETANIA ST HONOLULU, HI 96814	NONE	501(C)(3)	PHILANTHROPIC PURPUSES	1,000
HUGS3636 KILAUEA VE HONOLULU, HT. 96816	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	3,500

HONOLULU, HI 96814				
HUGS3636 KILAUEA VE HONOLULU, HI 96816	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	3,500

				1
HUGS3636 KILAUEA VE HONOLULU, HI 96816	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	3

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

	or substantial contributor			
a Paid during the year				
HUI ALOHA KIHOLO	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

71-2000 QUEEN KAAHUMANU HWY KAILUAKONA, HI 96740				
HUOA94-587 UKEE ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000

HUOA94-587 UKEE ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000
WAIPAHU, HI 96817				
IHS546 KAAAHI ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	250

WAIPAHU, HI 96817				
IHS546 KAAAHI ST HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	250

IHS546 KAAAHI ST HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2
--	------	-----------	------------------------	---

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

				1
a Paid during the year				
IMBK FOUNDATION803 AINAPO ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

HONOLULU, HI 96825				
INTERFAITH ALLIANCEPO BOX 98143 WASHINGTON, DC 200908143	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50

WASHINGTON, DC 200908143	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
KAULUWELA ELEMENTARY SCHOOL 1486 AALA ST HONOLULU HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	6,000

WASHINGTON, DC 200908143				
KAULUWELA ELEMENTARY SCHOOL 1486 AALA ST HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	6,000

Total			▶ 3a	147,802
KAULUWELA ELEMENTARY SCHOOL 1486 AALA ST HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	6,000
LIZALILLIMELA ELEMENTARY COLOGI	LNONE	LEO1/C\/3\	I DUTLANTURADIC DURDACEC	6 000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year				
KOKUA KALIHI VALLEY 2239 N SCHOOL ST HONOLULU, HI 96819	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	12,000
KUAKINI FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	250

recipient

KUAKINI FOUNDATION 347 N KUAKINI ST HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
KUMU KAHUA THEATER	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	

347 N KUAKINI ST HONOLULU, HI 96817				
KUMU KAHUA THEATER 46 MERCHANT ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

1101102020,111 30017				
KUMU KAHUA THEATER 46 MERCHANT ST HONOLULU, HI 96815	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
NA LEO LANI CHORUS 99-540 OHEKANI PL AIEA, HI 96701	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

AIEA, HI 96701				
PARKINSONS RESEARCH FOUNDATION 5969 CALLERIDGE BLVD STE 100 SARASOTA, FL 34232	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50

PARKINSONS RESEARCH FOUNDATION 5969 CALLERIDGE BLVD STE 100 SARASOTA, FL 34232	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
PBS HAWAII2350 DOLE ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

SARASOTA, FL 34232				
PBS HAWAII2350 DOLE ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

· ·				
PBS HAWAII2350 DOLE ST HONOLULU, HI 96822	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

147,802

	(C)(3)	NONE	PBS HAWAII2350 DOLE ST
HONOLULU, HI 96822			HONOLULU, HI 96822

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor Daid during the year

a Paid during the year				
RECONCILING MINISTRIES NETWORK 123 W MADISON ST 1450 CHICAGO, IL 60602	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100
DEHAR FOUNDATION 226 N KUAKINI ST	NONE	501(C)(3)	DHTI ANTHRODIC DURDOSES	250

CHICAGO, IL 60602				
REHAB FOUNDATION226 N KUAKINI ST HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	250
SHRINERS HOSPITAL FOR CHILDREN	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50

HONOLULU, HI 96817	NONE	301(0)(3)	THILAWTIKOTIC FOR OSES	230
SHRINERS HOSPITAL FOR CHILDREN 1310 PUNAHOU ST HONOLULU HT 96815	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50

Total .

SHRINERS HOSPITAL FOR CHILDREN 1310 PUNAHOU ST HONOLULU, HI 96815	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
SOJOURNERSPO BOX 70730 WASHINGTON, DC 200770853	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100

SPECIAL OLYMPICS 1500 S BERETANIA ST 208 HONOLULU, HI 96814	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
WASHINGTON, DC 200770853		(-)(-)		

1500 S BERETANIA ST 208 HONOLULU, HI 96814	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	50
STRAUB FOUNDATION 55 MERCHANT ST STE 2600	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

HONOLULU, HI 96814				
STRAUB FOUNDATION 55 MERCHANT ST STE 2600 HONOLULU, HI 96813	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

147,802

STRAUB FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	
55 MERCHANT ST STE 2600				
HONOLULU, HI 96813				

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

Litania and dadress (nome or pasiness)	or substantial contributor			
a Paid during the year				
SUSANNAH WESLEY COMMUNITY CENTER	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

1117 KAILI STREET HONOLULU, HI 96819				
T GEORGE PARIS AND VIOLET SUNNY PARIS FOUNDATION	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

T GEORGE PARIS AND VIOLET SUNNY PARIS FOUNDATION 94-587 UKEE ST WAIPAHU, HI 96797	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	5
THE LEGAL CLINIC CO FIRST LIMC	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1.0

PARIS FOUNDATION 94-587 UKEE ST WAIPAHU, HI 96797				_
THE LEGAL CLINIC CO FIRST UMC	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,0

PARIS FOUNDATION 94-587 UKEE ST WAIPAHU, HI 96797				
THE LEGAL CLINIC CO FIRST UMC 1020 S BERETANIA ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,00

WAII AI10, III 30/3/				<u> </u>
THE LEGAL CLINIC CO FIRST UMC 1020 S BERETANIA ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000
HONOLULU HT 96814				i

147,802

THE LEGAL CLINIC CO FIRST OMC	INONE	[ 501(C)(3)	PHILANTHROPIC PURPOSES	1
1020 S BERETANIA ST				
HONOLULU, HI 96814				

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
UNIVERSITY OF HAWAII FOUNDATION 2444 DOLE ST BACHMAN HALL 105	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	11,500

recipient

HONOLULU, HI 96822				
UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET CHAMPAIGN, IL 618012962	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,000

UNIVERSITY OF ILLINOIS FOUNDATION 1305 WEST GREEN STREET CHAMPAIGN, IL 618012962	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	2,000
WAIKIKI HEALTH CENTER 277 OHUA AVE	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

CHAMPAIGN, IL 618012962				
WAIKIKI HEALTH CENTER 277 OHUA AVE HONOLULU, HI 96815	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	500

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year				
WAIMANALO HEALTH ASSOCIATION 707 RICHARDS ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	1,000

HONOLULU, HI 96813				
YMCA OF HONOLULU1441 PALI HWY HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	10

YMCA OF HONOLULU1441 PALI HWY HONOLULU, HI 96817	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	10,352
YWCA OF OAHU1040 RICHARDS ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100

HONOLULU, HI 96817				
YWCA OF OAHU1040 RICHARDS ST	NONE	501(C)(3)	PHILANTHROPIC PURPOSES	100

YWCA OF OAHU1040 RICHARDS ST NONE 501(C)(3) PHILANTHROPIC PURPOSES HONOLULU, HI 96817	10

WCA OF OAHOTOTO RICHARDS ST	NONE	101(0)(0)	FILLANTINOFIC FORFO3L3	i
HONOLULU, HI 96817				

efile GRAPHIC print - DO NOT F	ROCESS	As Filed D	ata -		D	LN: 93491111012130	
TY 2019 Accounting Fees Schedule							
	Name:	KENNETH	H AND	DIANE MATS	SUURA FOUNDATIO	N	
						•	
	EIN. 20-4304/11						
Category	Am	ount		Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Category		26-4584 ount	Net			for Charitab	

1,908

2,385

ACCOUNTING FEE

ote: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.				
TY 2019 Depreciation Scheduk	e			
Name:	KENNETH AND DIANE MATSUURA FOUNDATION			
EIN:	26-4584711			
Depreciation Schedule				

DLN: 93491111012130

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
CONDO	2018-02-13	541,567	17,232	SL	27 500000000000	19,693	19,693		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491111012130				
TV 2040 Investments Composets Charle Cabadula						

# **TY 2019 Investments Corporate Stock Schedule**

Name: KENNETH AND DIANE MATSUURA FOUNDATION

<b>EIN:</b> 26-4584711							
Investments Corporation Stock Schedule							
Name of Stock	End of Year Book Value	End of Year Fair Market Value					
VERIZON COMMUNICATIONS INC	76,837	122,800					
ROYAL DUTCH SHELL PLC	67,532	71,964					
SPDR GOLD TRUST GOLD SHARES	46,719	42,870					
APPLE INC	64,987	249,603					
WALT DISNEY CO	90,790	144,630					
HAWAIIAN ELEC IND INC	66,850	93,720					
MICROSOFT CORP	19,635	19,635					
OCCIDENTAL PETROLEUM CORP	73,783	51,513					
CHIPOTLE MEX GRILL CL A	6,740	125,567					

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CONDO

Name: KENNETH AND DIANE MATSUURA FOUNDATION

36,925

DLN: 93491111012130

504,642

**EIN:** 26-4584711

Cost/Other **Accumulated Book Value** 

Category / Item

541,567

**End of Year Fair** Basis Depreciation **Market Value** 

effie GRAPHIC	print - DO N	IOI PROCESS	AS FIIED Data	a -	DLN: 93491111012130

## TY 2019 Investments - Other Schedule

Name: KENNETH AND DIANE MATSUURA FOUNDATION

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**EIN**: 26-4584711

JANUS DEV WORLD CL I

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
COL ACORN THERM CL A	AT COST	114,336	116,829
JANUS FLEXIBLE BOND CL A	AT COST	208,817	211,502
FRK MUT QUEST CL A	AT COST	126,785	112,177
DREYFUS CASH MGMT INSTL CL	AT COST	268,420	268,441
US BANK NA MINNEAPOLIS	AT COST	100,001	100,089
SAFRA NATL BANK OF NY	AT COST	200,004	200,000
BMO HARRIS BANK NA CHICAGO	AT COST	100,005	100,150
COLUMBIA INCOME OPPTY INSTL	AT COST	185,000	185,000
	I		

AT COST

125,000

efile GRAPHIC print - DO NOT PROCES	As Filed Data - DLN: 93491111012130				
TY 2019 Other Expenses Schedule					
Nan	ne: KENNETH AND	DIANE MATSUUR	A FOUNDATION		
<b>EIN:</b> 26-4584711					
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCRUAL TO CASH ADJUSTMENT	285	0		0	
MAINTENANCE	2 705	2 705			

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
ACCRUAL TO CASH ADJUSTMENT	285	0		0	
MAINTENANCE	2,705	2,705		0	
MANAGEMENT FEES	2,271	2,271		0	
UTILITIES	375	375		0	

104

2,002

1,029

1,841

209

174

104

2,002

1,029

1,841

209

174

LOCKSMITH

**EXCISE TAX** 

INSURANCE

PROPERTY TAX

LEASING COMMISSIONS

REPAIRS

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491111012130		
TY 2019 Other Increases Schedule					
Name: KENNETH AND DIANE MATSUURA FOUNDATION					
<b>EIN:</b> 26-4584711					
Description		Amount			

BASIS ADJUSTMENT

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DI	LN: 93491111012130	
TY 2019 Other Liabilities Schedule					
Name:	KENNETH AND	DIANE MAT	SUURA FOUNDATIO	N	
EIN:	26-4584711				
Description	n		Beginning of Year - Book Value	End of Year - Book Value	
SECURITY DEPOSIT			1,900	1,900	
DEFERRED SECURITY DEPOSIT INCOME			1,900	0	

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491111012130   TY 2019 Other Professional Fees Schedule					
Name: KENNETH AND DIANE MATSUURA FOUNDATION EIN: 26-4584711					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

21,370

SERVICE FEES

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TY 2019 Substantial Contributors Schedule					
Name: KENNETH AND DIANE MATSUURA FOUNDATION EIN: 26-4584711					
Name		Address			
KENNETH MATSURRA		803 AINAPO ST HONOLULU, HI 968251048			
DIANE MATSURRA		803 AINAPO ST HONOLULU, HI 968251048			

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
Name: KENNETH AND DIANE MATSUURA FOUNDATION EIN: 26-4584711						
TY 2019 Taxes Schedule						
efile GRAPHIC print - DO NOT PROCES	S As Filed Data	-	DL	N: 93491111012130		

1,136

FORM 990-PF