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Form **990-PF**
Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

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 ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ 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)* ▶$ 219,354

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)	600,000			
	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				
	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	600,000	0		
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	4,500	0		4,500
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)				
	b	Accounting fees (attach schedule)	2,936	0		2,936
	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				
	22	Printing and publications				
	23	Other expenses (attach schedule)	1,021	0		1,021
	24	**Total operating and administrative expenses.** Add lines 13 through 23	8,457	0		8,457
	25	Contributions, gifts, grants paid	654,762			654,762
	26	**Total expenses and disbursements.** Add lines 24 and 25	663,219	0		663,219
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-63,219			
	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	282,573	219,354	219,354
	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)	282,573	219,354	219,354
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 FASB ASC 958, check here ▶ ☐ and complete lines 24, 25, 29 and 30.**			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	282,573	219,354	
	29 **Total net assets or fund balances** (see instructions)	282,573	219,354	
	30 **Total liabilities and net assets/fund balances** (see instructions)	282,573	219,354	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	282,573
2	Enter amount from Part I, line 27a	2	-63,219
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	219,354
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 29	6	219,354

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))
2018	552,092	337,073	1.637900
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

2	**Total** of line 1, column (d)	2	21.314074
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	4.262815
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	375,685
5	Multiply line 4 by line 3	5	1,601,476
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	1,601,476
8	Enter qualifying distributions from Part XII, line 4	8	663,219

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	2019 estimated tax payments and 2018 overpayment credited to 2019 — 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 2020 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)	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ 0 **(2)** On foundation managers. ▶ $ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	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? *If "Yes," attach a conformed copy of the changes*	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? *If "Yes," attach the statement required by General Instruction T.*	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? *If "Yes," complete Part II, col. (c), and Part XV.*	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? *If "No," attach explanation* .	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	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?	13	Yes	

Website address ▶ HTTPS://WWW.MWOODFOUNDATION.ORG/

14 The books are in care of ▶ JENNIFER G WOOD Telephone no. ▶ (808) 387-5236

Located at ▶ 641 ULUMAIKA 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 . . . ▶ 15

16	At any time during calendar year 2019, 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		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):			
	(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		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?	☐ 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 2019 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 2019.)*	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 2019?	4b		No

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

			Yes	No
5a	During the year did the foundation pay or incur any amount to:			
	(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?	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		No
	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		
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
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 8.00	4,500	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	381,406
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	381,406
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	381,406
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	5,721
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	375,685
6	**Minimum investment return.** Enter 5% of line 5	6	18,784

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	18,784
2a	Tax on investment income for 2019 from Part VI, line 5	2a		
b	Income tax for 2019. (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	18,784
4	Recoveries of amounts treated as qualifying distributions		4	0
5	Add lines 3 and 4		5	18,784
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	18,784

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	663,219
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	663,219
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	663,219

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				18,784
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.			0	
b Total for prior years: 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019:				
a From 2014. 2,436				
b From 2015. 212,818				
c From 2016. 267,814				
d From 2017. 793,605				
e From 2018. 535,238				
f **Total** of lines 3a through e.	1,811,911			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 663,219				
a Applied to 2018, 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 2019 distributable amount.				18,784
e Remaining amount distributed out of corpus	644,435			
5 Excess distributions carryover applied to 2019.	0			0
(If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,456,346			
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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7 (see instructions) . . .	2,436			
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a	2,453,910			
10 Analysis of line 9:				
a Excess from 2015. . . . 212,818				
b Excess from 2016. . . . 267,814				
c Excess from 2017. . . . 793,605				
d Excess from 2018. . . . 535,238				
e Excess from 2019. . . . 644,435				

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 2019, 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)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
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 Name and address (home or business)	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
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				654,762
b *Approved for future payment*				
Total . . . . . ▶ **3b**				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e). .		0		0	0
13 **Total.** Add line 12, columns (b), (d), and (e).				13	0

(See worksheet in line 13 instructions to verify calculations.)

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

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

Part XVII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimbursement arrangements	1b(4)		No
(5) Loans or loan guarantees	1b(5)		No
(6) Performance of services or membership or fundraising solicitations	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		No

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

******	2020-11-14	******
Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below (see instr.) ☑ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
ALAN ML YEE				P00130314
Firm's name ▶ KMH LLP				Firm's EIN ▶42-1539623
Firm's address ▶ 1003 BISHOP STREET SUITE 2400 HONOLULU, HI 96813				Phone no. (808) 526-2255

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ACHIEVE TAHOEPO BOX 8339 TRUCKEE, CA 96162	NONE	PC	TO PROVIDE AFFORDABLE INCLUSIVE PHYSICAL AND RECREATIONAL ACTIVITIES THAT BUILD HEALTH AND CONFIDENCE.	1,000
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.	1,000
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.	2,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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.	972
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.	1,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
ARMED SERVICES YMCA OF THE USA 1040 CENTRAL LOOP WOODBRIDGE, VA 22193	NONE	PC	TO ENHANCE THE LIVES OF MILITARY MEMBERS AND THEIR FAMILIES IN SPIRIT, MIND AND BODY.	500
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.	5,000
BIG BROTHERS BIG SISTERS 418 KUWILI STREET SUITE 106 HONOLULU, HI 96817	NONE	PC	TO PROVIDE SUPPORT TO CHILDREN FACING ADVERSITY WITH STRONG RELATIONSHIPS.	2,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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
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.	2,000
CHARITY WATCHPO BOX 578460 CHICAGO, IL 60657	NONE	PC	TO PROMOTE CHARITY, TRANSPARENCY AND ACCOUNTABILITY.	50
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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
HAWAII CHILDREN CANCER FOUNDATION 1814 LIIIHA STREET HONOLULU, HI 96817	NONE	PC	TO SUPPORT CHILDREN AND THEIR FAMILIES IN HAWAII WHO HAVE CANCER.	1,000
HAWAII FOODBANK2611 KILIHAU ST HONOLULU, HI 96819	NONE	PC	TO GATHER AND DISTRIBUTE FOOD THROUGH CHARITABLE AGENCIES IN NEED.	1,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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.	1,500
HAWAII THEATRE CENTER 1130 BETHEL ST HONOLULU, HI 96813	NONE	PC	TO SUPPORT THE HAWAII THEATRE CENTER.	1,000
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.	1,169
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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
HUMANE SOCIETY OF THE US 1255 23RD STREET NW WASHINGTON, DC 20037	NONE	PC	TO PREVENT AND BRING AN END TO CRUELTY TO ANIMALS.	500
HUNAKAI PARK ASSOCIATION 613 ULUMAIKA STREET HONOLULU, HI 96816	NONE	PC	TO MAINTAIN HUNAKAI PARK FOR THE PUBLIC ENJOYMENT.	2,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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.	3,000
KOKO CRATER STABLES 3853 POKAPAHU PLACE HONOLULU, HI 96816	NONE	PC	TO SUPPORT PROGRAMS FOR THE PRESERVATION OF KOKO CRATER STABLES.	1,000
KUMU KAHUA THEATRE INC 46 MERCHANT STREET HONOLULU, HI 96813	NONE	PC	TO PRODUCE PLAYS WITH RELEVANCE TO HAWAII.	500
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
LAKESIDE CHAUTAUQUA FOUNDATION 236 WALNUT AVENUE LAKESIDE, OH 43440	NONE	PC	TO CARRY OUT THE PURPOSES OF AND BENEFIT THE LAKESIDE ASSOCIATION.	9,500
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.	2,500
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.	2,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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.	176,686
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 PARK FOUNDATION 1110 VERMONT AVENUE NW NO 200 RESTON, VA 20190	NONE	PC	TO GENERATE PRIVATE SUPPORT AND BUILD STRATEGIC PARTNERSHIPS TO PROTECT AND ENHANCE AMERICA'S NATIONAL PARKS.	500
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	NONE	PC	TO UNITE ALL AMERICANS TO ENSURE WILDLIFE THRIVES IN A RAPIDLY CHANGING WORLD.	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 BOULVARD 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**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
PARKINSON'S FOUNDATION INC 200 SE 1ST STREET NO 800 MIAMI, FL 33131	NONE	PC	TO MAKE LIFE BETTER FOR PEOPLE WITH PARKINSON'S DISEASE BY IMPROVING CARE AND ADVANCING RESEARCH TOWARD A CURE.	500
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 NEWSHOUR, FRONTLINE, AND A SUITE OF LOCALLY PRODUCED SHOWS THAT EXPLORE THE PEOPLE, PLACES AND ISSUES UNIQUE TO HAWAII.	1,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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
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.	1,000
RIVER OF LIFE MISSIONPO BOX 37939 HONOLULU, HI 96837	NONE	PC	TO RESTORE BROKEN LIVES THROUGH RESCUE, REHABILITATION, AND REINTEGRATION.	1,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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.	2,000
SPECIAL OLYMPICSPO BOX 3295 HONOLULU, HI 96801	NONE	PC	TO PROVIDE YEAR-ROUND SPORTS TRAINING AND ATHLETIC COMPETITION FOR CHILDREN AND ADULTS WITH DISABILITIES.	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**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
STANFORD HEALTH CARE ADVANTAGE 4120 DUBLIN BLVD SUITE STE 400 DUBLIN, CA 94568	NONE	PC	TO FACILITATE THE PROVISION OF HEALTH CARE TO ELDERLY INDIVIDUALS AND OTHER INDIVIDUALS ELIGIBLE FOR GOVERNMENTAL ASSISTANCE DUE TO SPECIAL DISABILITIES.	1,000
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.	400,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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
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.	2,500
THE INSTITUTE FOR HUMAN SERVICES INC 546 KAAAHI 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
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
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.	2,500
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.	5,385
WAIKIKI HEALTH277 OHUA AVENUE HONOLULU, HI 96815	NONE	PC	TO PROVIDE QUALITY, ACCESSIBLE AND AFFORDABLE MEDICAL AND SOCIAL SERVICES.	1,000
Total . . . . . ▶ **3a**				654,762

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WINNER'S CAMPPO 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.	2,000
Total . . . . . ▶ **3a**				654,762

TY 2019 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	2,936	0		2,936

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491319006160

TY 2019 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	503	0		503
OFFICE SUPPLIES	518	0		518

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491319006160

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

OMB No. 1545-0047

2019

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 33 1/3% 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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(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	$ 600,000	☑ 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.)
-		$	☐ 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.)

Name of organization
THE MICHAEL B WOOD FOUNDATION

Employer identification number
46-5423511

Part II **Noncash Property**

(see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
THE MICHAEL B WOOD FOUNDATION

Employer identification number
46-5423511

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
-	