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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
J WATUMULL FUND

A Employer identification number
51-0205431

Number and street (or P.O. box number if mail is not delivered to street address)
PO BOX 3708-TRUST

Room/suite

B Telephone number (see instructions)
(808) 525-5881

City or town, state or province, country, and ZIP or foreign postal code
HONOLULU, HI 96811

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)* ▶$ 13,098,201

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)				
	2 Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3 Interest on savings and temporary cash investments	8,722	8,722		
	4 Dividends and interest from securities	298,279	298,279		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	358,097			
	b Gross sales price for all assets on line 6a 969,439				
	7 Capital gain net income (from Part IV, line 2)		358,097		
	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)	154,132	153,923		
	12 **Total.** Add lines 1 through 11	819,230	819,021		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	7,749			
	c Other professional fees (attach schedule)	48,723	48,723		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	16,318	818		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	7			
	24 **Total operating and administrative expenses.** Add lines 13 through 23	72,797	49,541		0
	25 Contributions, gifts, grants paid	455,000			455,000
	26 **Total expenses and disbursements.** Add lines 24 and 25	527,797	49,541		455,000
	27 Subtract line 26 from line 12:				
	a **Excess of revenue over expenses and disbursements**	291,433			
	b **Net investment income** (if negative, enter -0-)		769,480		
	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 (a) Book Value	End of year (b) Book Value	End of year (c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	508,407	683,203	683,203
	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)	6,937,171	6,427,834	8,366,920
	c Investments—corporate bonds (attach schedule)	1,784,012	2,268,763	2,299,513
	11 Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	732,112	875,744	921,912
	14 Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶			
	15 Other assets (describe ▶)	829,062	826,653	826,653
	16 **Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	10,790,764	11,082,197	13,098,201
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	
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			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	10,790,764	11,082,197	
	29 **Total net assets or fund balances** (see instructions)	10,790,764	11,082,197	
	30 **Total liabilities and net assets/fund balances** (see instructions)	10,790,764	11,082,197	

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	10,790,764
2	Enter amount from Part I, line 27a	2	291,433
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	11,082,197
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	11,082,197

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	See Additional Data Table			
b				
c				
d				
e				

	(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	See Additional Data Table			
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	See Additional Data Table			
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	358,097
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	274,037

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	624,406	12,255,093	0.050951
2017	518,317	11,768,543	0.044043
2016	538,763	10,424,804	0.051681
2015	504,782	10,926,353	0.046199
2014	514,297	11,072,407	0.046449

2	**Total** of line 1, column (d)	2	0.239323
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	0.047865
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	12,292,266
5	Multiply line 4 by line 3	5	588,369
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	7,695
7	Add lines 5 and 6	7	596,064
8	Enter qualifying distributions from Part XII, line 4	8	455,000

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	15,390
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	
3	Add lines 1 and 2	3	15,390
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	15,390
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a: 9,691		
b	Exempt foreign organizations—tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	9,691
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	5,699
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. ▶ $ _____ **(2)** On foundation managers. ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *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 ▶ N/A

14 The books are in care of ▶ FIRST HAWAIIAN BANK Telephone no. ▶ (808) 525-5881

Located at ▶ P O BOX 3708 HONOLULU HI ZIP+4 ▶ 96811

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		
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
GULAB WATUMULL 1010 WILDER AVENUE HONOLULU, HI 96822	PRESIDENT 000.00	0	0	0
JAIDEV WATUMULL 4616 AUKAI STREET HONOLULU, HI 96816	VICE PRES. 000.00	0	0	0
VIKRAM WATUMULL 4131 PAPU CIRCLE HONOLULU, HI 96816	TREASURER 000.00	0	0	0
JYOTI WATUMULL 1217 N KING STREET HONOLULU, HI 96817	SECRETARY 000.00	0	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 ▶

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. ▶		

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 N/A	
2	
All other program-related investments. See instructions. **3**	
Total. Add lines 1 through 3 ▶	

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	11,149,482
b	Average of monthly cash balances	1b	503,320
c	Fair market value of all other assets (see instructions)	1c	826,656
d	**Total** (add lines 1a, b, and c)	1d	12,479,458
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	12,479,458
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	187,192
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,292,266
6	**Minimum investment return.** Enter 5% of line 5	6	614,613

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	614,613
2a	Tax on investment income for 2019 from Part VI, line 5	2a	15,390		
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b			
c	Add lines 2a and 2b			2c	15,390
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	599,223
4	Recoveries of amounts treated as qualifying distributions			4	
5	Add lines 3 and 4			5	599,223
6	Deduction from distributable amount (see instructions)			6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1			7	599,223

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	455,000
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	455,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	455,000

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				599,223
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20___ , 20___ , 20___				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018. 8,242				
f **Total** of lines 3a through e.	8,242			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ 455,000				
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 required—see instructions).				
d Applied to 2019 distributable amount.				455,000
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019.	8,242			8,242
(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				
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 —see instructions				
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				135,981
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 applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a				
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. . . .				

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).)

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:

MR GULAB WATUMULL
307 LEWERS ST 600
HONOLULU, HI 96815
(808) 971-8800

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

NONE

c Any submission deadlines:

APPLICATIONS ACCEPTED ANYTIME.

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**				455,000
b *Approved for future payment*				
Total . . . . . ▶ **3b**				

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			14	8,722	
4 Dividends and interest from securities			14	298,279	
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			14	153,923	
8 Gain or (loss) from sales of assets other than inventory			18	358,097	
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a U S TREASURY TAX REFUND			1	209	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				819,230	
13 **Total.** Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)				13	819,230

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.

******	2020-11-06	******
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
GEORGE F ROBERTS		2020-11-11		P00629928
Firm's name ▶ GEORGE F ROBERTS CPA LLC				Firm's EIN ▶26-2420024
Firm's address ▶ P O BOX 1406 HONOLULU, HI 96807				Phone no. (808) 540-0022

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 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.)
ISHARES EUROPE	P		2019-04-16
ISHARES CURRENCY HEDGED MSCI EAFE	P		
ISHARES JAPAN	P		2019-04-18
ISHARES CORE S&P 500 ETF	P		2019-07-21
ISHARES CORE S&P MID-CAP	P		2019-04-22
ISHARES MSCI EAFE ETF	P		2019-11-27
ISHARES MSCI EMG MKTS	P		2019-04-22
ISHARES CORE S&P 500 ETF	P		2019-11-27
BNY MELLON MANAGED ACCT (SEE SCHD	P		
ISHARES CORE S&P MID-CAP ETF	P		2019-11-27

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
67,242		57,078	10,164
4,998		4,963	35
69,527		57,662	11,865
14,857		13,757	1,100
61,465		36,530	24,935
87,060		79,548	7,512
11,303		10,646	657
90,387		75,098	15,289
273,803			273,803
30,244		27,232	3,012

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			10,164
			35
			11,865
			1,100
			24,935
			7,512
			657
			15,289
			273,803
			3,012

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 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.)
VANGUARD SHORT-TERM TIPS	P		
ISHARES CORE S&P SMALL-CAP ETF	P		2019-11-27
ISHARES CURRENCY HEDGED MSCI EAFE	P		
NUVEEN REAL ASSET INCOME FUND	P		2019-11-27
ISHARES CORE S&P SMALL-CAP ETF	P		
BLACKROCK GLOBAL ALLOCATION FUND INC	P		
JP MORGAN STRATEGIC INCOME OPPS	P		
NUVEEN REAL ASSET INCOME FUND	P		
BLACKSTONE ALTERNATIVE MULT-STRATEGY	P		
ISHARES CORE S&P 500 ETF	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
5,020		5,092	-72
15,074		13,752	1,322
19,962		19,821	141
78,248		75,267	2,981
1,963		1,879	84
13,000		14,062	-1,062
8,000		8,090	-90
18,000		18,768	-768
14,000		14,082	-82
70,098		67,898	2,200

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-72
			1,322
			141
			2,981
			84
			-1,062
			-90
			-768
			-82
			2,200

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, **(a)** 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.)
VANGUARD FTSE EMG MKTS	P		
ISHARES MSCI EAFE ETF	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(e) Gross sales price	Depreciation allowed **(f)** (or allowable)	Cost or other basis **(g)** plus expense of sale	Gain or (loss) **(h)** (e) plus (f) minus (g)
4,981		5,173	-192
4,984		4,944	40

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** **(l)** Losses (from col.(h))
(i) F.M.V. as of 12/31/69	Adjusted basis **(j)** as of 12/31/69	Excess of col. (i) **(k)** over col. (j), if any	
			-192
			40

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*				
ALEA BRIDGE123 MANGO ST WAHIAWA, HI 96786	NONE		GENERAL	1,000
RYSE42-470 KALANIANAOLE HWY KAILUA, HI 96734	NONE		GENERAL	1,000
REHAB FOUNDATION 226 NORTH KUAKINI ST HONOLULU, HI 96817	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
SALVATION ARMYP O BOX 620 HONOLULU, HI 96809	NONE		GENERAL	2,000
WEST HAWAII DANCE THEATER 74-5626 ALAPA ST HONOLULU, HI 96740	NONE		GENERAL	1,000
ANERA1111 145ST NW STE 400 WASHINGTON, DC 20005	NONE		GENERAL	500
Total . . . . . ▶ **3a**				455,000

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*				
THERAPEUTIC HORSEMANSHIP OF HAWAII 41-1032 KALANIANAOLE HWY WAIMANALO, HI 96795	NONE		GENERAL	1,000
BOYS TO MEN MENTORING PROGRAM 3322 SWEETWATER SPRINGS B SPRING VALLEY, CA 91977	NONE		GENERAL	500
CHILD AND FAMILY SERVICE 91-1841 FORT WEAVER RD EWA BEACH, HI 96706	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
AKANSHKA FUNDP O BOX 2038 NEW YORK, NY 10113	NONE		GENERAL	500
HAWAII INTERNATIONAL CHILD 200 N VINEYARD BLVD 330 HONOLULU, HI 96817	NONE		GENERAL	1,000
HEALTHY MOTHERS HEALTHY BABIES 310 PAOKALANI AVE 202A HONOLULU, HI 96815	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
CENTRAL UNION CHURCH 1660 S BERETANIA ST HONOLULU, HI 96826	NONE		GENERAL	1,000
CARE USA465 CALIFORNIA ST STE 475 SAN FRANCISCO, CA 94104	NONE		GENERAL	1,000
SECOND CHANCE140 COMMONS PKWY ANDERSON, SC 29625	NONE		GENERAL	500
Total . . . . . ▶ **3a**				455,000

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*				
CONCUSSION LEGACY361 NEWBURY ST BOSTON, MA 02115	NONE		GENERAL	500
NVDAGP O BOX 441 CHICO, CA 95927	NONE		GENERAL	500
WOMEN'S FUND OF HAWAII P O BOX 438 HONOLULU, HI 96809	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
CALIFORNIA FIRE FOUNDATION 1780 CREEKSIDE OAKS DR SACRAMENTO, CA 95833	NONE		GENERAL	500
INTERNATIONAL VILLAGE CLINIC P O BOX 386243 BLOOMINGTON, MN 55438	NONE		GENERAL	1,000
IPASP O BOX 9900 CHAPEL HILL, NC 27515	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
JA WORLDWIDE745 ATLANTIC AVE BOSTON, MA 02111	NONE		GENERAL	2,000
SOWJANYA CHALLA 6190 COLLEGE STATION DR WILLIAMSBURG, KY 40769	NONE		EDUCATION	1,000
PURPLE MAIA 98-820 MOANALUA RD 15-54 AIEA, HI 96701	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 BAPTIST ACADEMY 420 WYLLIE ST HONOLULU, HI 96817	NONE		GENERAL	1,000
HAWAII LIONS FOUNDATION P O BOX 834 HONOLULU, HI 96808	NONE		GENERAL	1,000
AMERICAN DIABETES ASSOCIATION 900 FORT ST MALL STE 940 HONOLULU, HI 96816	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
CHAMBER MUSIC HAWAII P O BOX 61939 HONOLULU, HI 96839	NONE		GENERAL	1,000
SANDEEP SALA8432 MAGNOLIA AVE RIVERSIDE, CA 92504	NONE		EDUCATION	1,000
ONCE A MONTH CHURCH 66-437 KAMEHAMEHA HWY 21 HALEIWA, HI 96712	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
MENTAL HEALTH AMERICA OF HAWAII 1124 FORT ST MALL STE 205 HONOLULU, HI 96813	NONE		GENERAL	1,000
THE NATURE CONSERVANCY 923 NUUANU AVE HONOLULU, HI 96813	NONE		GENERAL	2,000
IRAIVAN TEMPLE FUND 107 KAHOLALELE ROAD KAPAA, HI 96746	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
HONOLULU BIENNIAL FOUNDATION 1111 NUUANU AVE STE 210-2 HONOLULU, HI 96817	NONE		GENERAL	2,000
YMCA OF HONOLULU-METROPOLITAN 1441 PALI HWY HONOLULU, HI 96813	NONE		GENERAL	2,000
HALE KIPA615 PIIKOI ST STE 203 HONOLULU, HI 96814	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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 FOSTER YOUTH COALITION 245 N KUKUI ST STE 202 HONOLULU, HI 96817	NONE		GENERAL	2,000
HEART START HAWAII FOUNDATION 1585 KAPIOLANI BLVD 1040 HONOLULU, HI 96814	NONE		GENERAL	2,000
SURFRIDERS SPIRIT SESSIONS P O BOX 1677 KAILUA, HI 96734	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
GOVERNOR ARIYOSHI FOUNDATION 1001 BISHOP ST STE 1700 HONOLULU, HI 96813	NONE		GENERAL	1,000
PALOLO CHINESE HOME2459 10TH AVE HONOLULU, HI 96816	NONE		GENERAL	2,000
PALAMA SETTLEMENT 810 NORTH VINEYARD BLVD HONOLULU, HI 96817	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
FAMILY PROMISE OF HAWAII 245 N KUKUI ST STE 101 HONOLULU, HI 96817	NONE		GENERAL	2,000
FRIENDS OF IOLANI PALACE P O BOX 2259 HONOLULU, HI 96804	NONE		GENERAL	1,000
HAWAII MEALS ON WHEELS P O BOX 61194 HONOLULU, HI 96839	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 FOODBANK2611 KILHAU ST HONOLULU, HI 96819	NONE		GENERAL	2,000
HAWAII FOODBANK2611 KILHAU ST HONOLULU, HI 96819	NONE		GENERAL	5,000
OHANA KOMPUTER1516 AVON WAY HONOLULU, HI 96822	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
HOSPICE HAWAII860 IWILEI ROAD HONOLULU, HI 96817	NONE		GENERAL	2,000
INSTITUTE FOR HUMAN SERVICES 546 KAAAHI STREET HONOLULU, HI 96817	NONE		GENERAL	5,000
KIDS HURT TOO HAWAIIP O BOX 11260 HONOLULU, HI 96828	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
PUNAHOU SCHOOL1601 PUNAHOU ST HONOLULU, HI 96822	NONE		GENERAL	10,000
RONALD MCDONALD HOUSE CHARITIES P O BOX 61777 HONOLULU, HI 96839	NONE		GENERAL	2,000
HAWAII AUTISM FOUNDATION P O BOX 2775 HONOLULU, HI 96803	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
PUBLIC SCHOOLS OF HAWAII FOUNDATION P O BOX 4148 HONOLULU, HI 96812	NONE		GENERAL	1,000
HABITAT FOR HUMANITY 922 AUSTIN LN C-1 HONOLULU, HI 96817	NONE		GENERAL	1,000
MADHUR KOHLI2700 BAY AREA BLVD HOUSTON, TX 77058	NONE		EDUCATION	1,000
Total . . . . . ▶ **3a**				455,000

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*				
CATHOLIC CHARITIES HAWAII 1822 KEEAUMOKU STREET HONOLULU, HI 96822	NONE		GENERAL	5,000
JYOTI KUMARI30 CAMPUS RD ANNANDALEONHUDSON, NY 12504	NONE		EDUCATION	1,000
WAIKIKI COMMUNITY CENTER 310 PAOKALANI AVE HONOLULU, HI 96815	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
CHAMINADE UNIVERSITY 3140 WAIALAE AVE HONOLULU, HI 96816	NONE		GENERAL	10,000
AVINASH RAJU BHUPATHIRAJU P O BOX 800 WARRENSBURG, MO 64093	NONE		EDUCATION	1,000
HAWAII PUBLIC RADIO 738 KAHEKA ST STE 101 HONOLULU, HI 96814	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
ALL INDIA MISSIONP O BOX 3136 OLATHE, KS 66063	NONE		GENERAL	1,000
CHILDREN'S ACTION NETWORK 850 RICHARDS ST STE 201 HONOLULU, HI 96813	NONE		GENERAL	1,000
FRIENDS OF THE CHILDRENS JUSTICE CT 3019 PALI HWY HONOLULU, HI 96817	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
GRASSROOT INSTITUTE OF HAWAII 1050 BISHOP ST 508 HONOLULU, HI 96813	NONE		GENERAL	2,000
HAWAII SYMPHONY ORCHESTRA 3610 WAIALAE AVENUE HONOLULU, HI 96816	NONE		GENERAL	1,000
HUGS3636 KILAUEA AVE HONOLULU, HI 96816	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
KOKUA KALIHI VALLEY 2239 NORTH SCHOOL ST HONOLULU, HI 96819	NONE		GENERAL	1,000
KUKUI CHILDREN'S FOUNDATION 245 NORTH KUKUI ST HONOLULU, HI 96817	NONE		GENERAL	1,000
MOANALUA GARDEN'S FOUNDATION 1414 DILINGHAM BLVD STE 2 HONOLULU, HI 96817	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
OHANA ARTSP O BOX 894755 MILILANI, HI 96789	NONE		GENERAL	1,000
PACIFIC BUDDHIST ACADEMY 1710 PALI HWY HONOLULU, HI 96813	NONE		GENERAL	1,000
PATCH560 N NIMITZ HWY STE 218 HONOLULU, HI 96817	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 ARTS ALLIANCE 1040 RICHARDS ST 301 HONOLULU, HI 96813	NONE		GENERAL	500
SHALINI SAHOO1000 HILLTOP CIRCLE BALTIMORE, MD 21250	NONE		EDUCATION	1,000
SPECIAL OLYMPICSP O BOX 3295 HONOLULU, HI 96801	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 KOMEN BREAST CANCER FDN P O BOX 23204 HONOLULU, HI 96823	NONE		GENERAL	2,000
ALOHA MEDICAL MISSION 810 NORTH VINEYARD BLVD HONOLULU, HI 96817	NONE		GENERAL	1,000
BOY SCOUTS OF AMERICA 42 PUIWA ROAD HONOLULU, HI 96817	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
DOMESTIC VIOLENCE ACTION CENTER P O BOX 3198 HONOLULU, HI 96801	NONE		GENERAL	1,000
EASTER SEALS HAWAII 710 GREEN STREET HONOLULU, HI 96813	NONE		GENERAL	1,000
FRIENDS OF HONOLULU CITY LIGHTS P O BOX 8877 HONOLULU, HI 96830	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 FOOD BASKET40 HOLOMUA ST HILO, HI 96720	NONE		GENERAL	1,000
MONA FOUNDATION 14150 NE 20TH ST F1-527 BELLEVUE, WA 98007	NONE		GENERAL	1,000
AIO FOUNDATION 1000 BISHOP ST STE 202 HONOLULU, HI 96813	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
KAPIOLANI HEALTH FOUNDATION 55 MERCHANT ST 24TH FLOOR HONOLULU, HI 96813	NONE		GENERAL	2,000
HISTORIC HAWAII FOUNDATION 680 IWILEI ROAD STE 690 HONOLULU, HI 96813	NONE		GENERAL	1,000
ALEA BRIDGE123 MANGO ST WAHIAWA, HI 96786	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
ONCE A MONTH CHURCH 66-437 KAMEHAMEHA HWY 21 HALEIWA, HI 96712	NONE		GENERAL	1,000
WIDE HORIZONS FOR CHILDREN 375 TOTTEN POND ROAD STE WALTHAM, MA 02451	NONE		GENERAL	1,000
LYMAN MUSEUM276 HAILI STREET HILO, HI 96720	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
HAWAIIAN MISSION HOUSES 553 S KING ST HONOLULU, HI 96813	NONE		GENERAL	1,000
HISTORIC HAWAII FOUNDATION 680 IWILEI ROAD STE 690 HONOLULU, HI 96817	NONE		GENERAL	1,000
MADD HAWAII745 FORT ST STE 303 HONOLULU, HI 96813	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 TROPICAL BOTANICAL GARDEN 3530 PAPALINA RD KALAHEO, HI 96741	NONE		GENERAL	1,000
PACIFIC AVIATION MUSEUM PEARL HARBO 319 LEXINGTON BLVD HONOLULU, HI 96818	NONE		GENERAL	1,000
PACIFIC AVIATION MUSEUM PEARL HARBO 319 LEXINGTON BLVD HONOLULU, HI 96818	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 PRASAD PROJECT 465 BRICKMAN ROAD HURLEYVILLE, NY 12747	NONE		GENERAL	1,000
BOYS& GIRLS CLUB OF HAWAII 1523 KALAKAUA AVE STE 202 HONOLULU, HI 96826	NONE		GENERAL	2,000
EKAL VIDYALAYA FOUNDATION 1712 HIGHWAY 6 SOUTH STE HOUSTON, TX 77077	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
SEMESTER AT SEA 2243 CENTRE AVE STE 300 FORT COLLINS, CO 80523	NONE		GENERAL	2,000
SHARE & CARE FOUNDATION 676 WINTERS AVE PARAMUS, NJ 07652	NONE		GENERAL	1,000
THE BELLA PROJECT7219 KUAHONO ST HONOLULU, HI 96825	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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 MIRACLE FOUNDATION 1506 WEST 6TH STREET AUSTIN, TX 78703	NONE		GENERAL	2,000
THE MIRACLE FOUNDATION 1506 WEST 6TH STREET AUSTIN, TX 78703	NONE		GENERAL	20,000
AFTER-SCHOOL ALL-STARS HAWAII 4747 KILAUEA AVE STE 210 HONOLULU, HI 96816	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
DIAMOND HEAD THEATRE 520 MAKAPUU AVE HONOLULU, HI 96816	NONE		GENERAL	2,000
FAMILY PROGRAMS HAWAII 250 VINEYARD ST HONOLULU, HI 96813	NONE		GENERAL	2,000
FRIENDS OF THE PALACE THEATRE 38 HAILI ST HILO, HI 96720	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
MERWIN CONSERVANCYP O BOX 809 HAIKU, HI 96708	NONE		GENERAL	500
SANKARA NETHRALYA OM TRUST 9710 TRAVILLE GATEWAY DR ROCKVILLE, MD 20850	NONE		GENERAL	2,000
ALLIANCE OF GLOBAL SINDHI ASSOCIATI 1999 JAMESTOWN LN ELGIN, IL 60123	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
HONOLULU THEATRE FOR YOUTH 1149 BETHEL ST STE 700 HONOLULU, HI 96813	NONE		GENERAL	5,000
QUEEN'S MEDICAL CENTERP O BOX 861 HONOLULU, HI 96808	NONE		GENERAL	1,000
AMERICAN RED CROSS HI CHAPTER 4155 DIAMOND HEAD RD HONOLULU, HI 96816	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
KAHALA SENIOR LIVING COMMUNITY INC 4389 MALIA ST HONOLULU, HI 96821	NONE		GENERAL	2,000
VARIOUS STUDENTS 6190 COLLEGE STATION DR WILLIAMSBURG, KY 40769	NONE		EDUCATION	1,000
MANOA VALLEY THEATRE 2833 EAST MANOA RD HONOLULU, HI 96822	NONE		GENERAL	2,500
Total . . . . . ▶ **3a**				455,000

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*				
PRIYA TRIPATHI1803 B BROADWAY ST PHILADELPHIA, PA 19122	NONE		EDUCATION	1,000
ANUKRUTHI VENUKADASULA P O BOX 3965 ATLANTA, GA 30302	NONE		EDUCATION	1,000
VINAY MENON281 W LANE AVE COLUMBUS, OH 43210	NONE		EDUCATION	1,000
Total . . . . . ▶ **3a**				455,000

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*				
ADITYA KRISHNAP O BOX 19199 ARLINGTON, TX 76019	NONE		EDUCATION	1,000
EAST-WEST CENTER 1601 EAST WEST ROAD HONOLULU, HI 96848	NONE		GENERAL	5,000
GOPINATH DAYALAN55 CAMPANILE DR SAN DIEGO, CA 92182	NONE		EDUCATION	1,000
Total . . . . . ▶ **3a**				455,000

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*				
HONOLULU MUSEUM OF ART 900 S BERTANIA ST HONOLULU, HI 96814	NONE		GENERAL	25,000
MANOA HERITAGE CENTER 2859 MANOA RD HONOLULU, HI 96822	NONE		GENERAL	2,000
IOLANI SCHOOL563 KAMOKU ST HONOLULU, HI 96826	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
JAHANAVI PRIYA2600 CAMPUS ROAD HONOLULU, HI 96822	NONE		EDUCATION	5,000
HARVARD UNIVERSITY51 BRATTLE ST CAMBRIDGE, MA 02138	NONE		GENERAL	1,000
BHARGAV GAJII2700 BAY AREA BLVD HOUSTON, TX 77058	NONE		EDUCATION	1,000
Total . . . . . ▶ **3a**				455,000

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 LITERACY 245 KUKUI ST STE 202 HONOLULU, HI 96817	NONE		GENERAL	1,000
HELPING INDIA TOGETHER 500 GENERAL PATTERSON DR GLENSIDE, PA 19038	NONE		GENERAL	1,000
INDIAN CLASSICAL MUSIC CIRCLE OF HI 12-124 OLIANA DR PAHOA, HI 96778	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
JUNIOR LEAGUE OF HONOLULU 733 BISHOP ST STE 1290 HONOLULU, HI 96813	NONE		GENERAL	2,000
JUNIOR LEAGUE OF HONOLULU 733 BISHOP ST STE 1290 HONOLULU, HI 96805	NONE		GENERAL	1,000
MAKE A WISH HAWAIIP O BOX 1877 HONOLULU, HI 96805	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
MAKE A WISH HAWAIIP O BOX 1877 HONOLULU, HI 96805	NONE		GENERAL	2,000
OAHU CHORAL SOCIETY 4348 WAIALAE AVE 214 HONOLULU, HI 96816	NONE		GENERAL	1,000
SAINT LOUIS SCHOOL 3142 WAIALAE AVE HONOLULU, HI 96816	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
SEVA FOUNDATION1786 FIFTH ST BERKELEY, CA 94710	NONE		GENERAL	3,000
VHPA-SACP O BOX 441505 HOUSTON, TX 77244	NONE		GENERAL	1,000
VHPA-SACP O BOX 441505 HOUSTON, TX 77244	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
WASHINGTON PLACE FOUNDATION 320 S BERETANIA ST HONOLULU, HI 96813	NONE		GENERAL	1,000
BALLET HAWAII 777 S HOTEL ST STE 101 HONOLULU, HI 96813	NONE		GENERAL	1,000
MAUI FARMSP O BOX 1776 MAKAWAO, HI 96768	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA ST B290 HONOLULU, HI 96819	NONE		GENERAL	1,000
HAWAII THEATRE CENTER 1130 BETHEL ST HONOLULU, HI 96813	NONE		GENERAL	2,000
HAWAII YOUTH SYMPHONY ASSOCIATION 1110 UNIVERSITY AVE STE 2 HONOLULU, HI 96826	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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 NATURE CENTER 2131 MAKIKI HEIGHTS DR HONOLULU, HI 96822	NONE		GENERAL	1,000
PBS HAWAII2350 DOLE ST HONOLULU, HI 96822	NONE		GENERAL	1,000
THE PRASAD PROJECT 465 BRICKMAN ROAD HURLEYVILLE, NY 12747	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 INC 1314 SOUTH KING ST STE G- HONOLULU, HI 96814	NONE		GENERAL	1,000
READ TO ME INTERNATIONAL FOUNDATION 126 QUEEN ST 303 HONOLULU, HI 96813	NONE		GENERAL	1,000
PROJECT VISION HAWAII P O BOX 23212 HONOLULU, HI 96823	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
RIVER OF LIFE MISSIONP O BOX 37939 HONOLULU, HI 96837	NONE		GENERAL	2,000
SACRED HEARTS ACADEMY 3253 WAIALAE AVE HONOLULU, HI 96816	NONE		GENERAL	1,000
SHRINERS HOSPITAL FOR CHILDREN 1310 PUNAHOU ST HONOLULU, HI 96826	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
BIG BROTHERS BIG SISTERS HAWAII 418 KUWILI ST HONOLULU, HI 96817	NONE		GENERAL	2,000
ISLAND PACIFIC ACADEMY 909 HAUMEA ST HONOLULU, HI 96707	NONE		GENERAL	10,000
KAUAI UNITED WAYP O BOX 1087 LIHUE, HI 96766	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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*				
KUAKINI FOUNDATION 347 N KUAKINI ST HONOLULU, HI 96817	NONE		GENERAL	2,000
MID-PACIFIC INSTITUTE2445 KAALA ST HONOLULU, HI 96822	NONE		GENERAL	1,000
WATUMULL FAMILY CHILDREN'S FUND 650 BELLEVUE WAY NE APT BELLEVUE, WA 98004	NONE		GENERAL	1,500
Total . . . . . ▶ **3a**				455,000

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*				
WATUMULL FAMILY CHILDREN'S FUND 650 BELLEVUE WAY NE APT BELLEVUE, WA 98004	NONE		GENERAL	10,000
WATUMULL FAMILY CHILDREN'S FUND 650 BELLEVUE WAY NE APT BELLEVUE, WA 98004	NONE		GENERAL	10,000
YMCA OF HONOLULU-METROPOLITAN 1441 PALI HWY HONOLULU, HI 96813	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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 EARLY SCHOOL2510 BINGHAM HONOLULU, HI 96826	NONE		GENERAL	1,000
GOODWILL INDUSTRIES OF HAWAII INC 2610 KILIHAU ST HONOLULU, HI 96819	NONE		GENERAL	10,000
INDIA DEVELOPMENT AND RELIEF FD 5821 MOSSROCK DRIVE NORTH BETHESDA, MD 20852	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
EAST WEST CENTER FOUNDATION 1601 EAST WEST ROAD HONOLULU, HI 96848	NONE		GENERAL	1,000
SEABURY HALL480 OLINDA ROAD MAKAWAO, HI 96768	NONE		GENERAL	1,000
UNIVERSITY OF HAWAII 2530 DOLE ST SAKAMAKI HAL HONOLULU, HI 96822	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
URBAN LAND INSTITUTEP O BOX 1060 HONOLULU, HI 96808	NONE		GENERAL	3,000
HAPA MANAP O BOX 22194 HONOLULU, HI 96823	NONE		GENERAL	1,000
HANAHAUOLI SCHOOL1922 MAKIKI ST HONOLULU, HI 96822	NONE		GENERAL	5,000
Total . . . . . ▶ **3a**				455,000

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*				
PLANNED PARENTHOOD OF HAWAII 839 S BERETANIA ST HONOLULU, HI 96813	NONE		GENERAL	5,000
STRAUB FOUNDATION 55 MERCHANT ST STE 2600 HONOLULU, HI 96813	NONE		GENERAL	10,000
HAWAII INTERNATIONAL FILM FESTIVAL 680 IWILEI ROAD STE 100 HONOLULU, HI 96817	NONE		GENERAL	7,500
Total . . . . . ▶ **3a**				455,000

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*				
INSTITUTE FOR HUMAN SERVICES 546 KAAAHI STREET HONOLULU, HI 96817	NONE		GENERAL	500
HOOLA NA PUAP O BOX 22551 HONOLULU, HI 96823	NONE		GENERAL	50,000
THE GARDEN CLUB OF HONOLULU P O BOX 11840 HONOLULU, HI 96828	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
GIRL SCOUTS OF HAWAII 410 ATKINSON DR HONOLULU, HI 96814	NONE		GENERAL	5,000
SONS OF THE FLAG 8750 N CENTRAL EXPRESSWA DALLAS, TX 75231	NONE		GENERAL	1,000
INSTITUTE FOR HUMAN SERVICES 546 KAAAHI STREET HONOLULU, HI 96817	NONE		GENERAL	5,000
Total . . . . . ▶ **3a**				455,000

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*				
NAVY HALE KEIKI153 BOUGANVILLE DR HONOLULU, HI 96818	NONE		GENERAL	1,000
ST ANN CHURCH AND SCHOOL 46-129 HAIKU RD KANEOHE, HI 96744	NONE		GENERAL	1,000
HANA ARTSP O BOX 686 HANA, HI 96713	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
YWCA OF HONOLULU 1040 RICHARDS ST HONOLULU, HI 96813	NONE		GENERAL	2,000
KARTHIK MEDURI 6190 COLLEGE STATION DR WILLIAMSBURG, KY 40769	NONE		EDUCATION	1,000
ALZHEIMER'S ASSOCIATION 1130 N NIMITZ HWY STE A-2 HONOLULU, HI 96817	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
MARYKNOLL SCHOOL 1526 ALEXANDER ST HONOLULU, HI 96822	NONE		GENERAL	1,000
LA PIETRA SCHOOL2933 PONI MOI RD HONOLULU, HI 96815	NONE		GENERAL	1,000
FRIENDS OF YOUTH OUTREACH 42-470 KALANIANAOLE HWY HONOLULU, HI 96734	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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 ARTS LAB 4348 WAIALAE AVE 741 HONOLULU, HI 96816	NONE		GENERAL	1,000
HAWAII CHILDREN'S DISCOVERY CENTER 111 OHE ST HONOLULU, HI 96813	NONE		GENERAL	2,000
PACT1485 LINAPUNI ST STE 105 HONOLULU, HI 96819	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
HINDU AMERICAN FOUNDATION 910 SEVENTEENTH ST NW STE WASHINGTON, DC 20006	NONE		GENERAL	1,000
HAWAII CHILDREN'S CANCER FOUNDATION 1814 LILIHA ST HONOLULU, HI 96817	NONE		GENERAL	1,000
CREATIVE ARTS EXPERIENCE 1142 BETHEL ST HONOLULU, HI 96813	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
LYON ARBORETUM3860 MANOA RD HONOLULU, HI 96822	NONE		GENERAL	1,000
LANAKILA PACIFIC FOUNDATION 1809 BACHELOT ST HONOLULU, HI 96817	NONE		GENERAL	1,000
DORIS TODD CHRISTIAN ACADEMY 519 BALDWIN AVE PAIA, HI 96779	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
HOMES OF HOPE INDIA - US 1413 HAWTHORNE RD PAUL WI WILMINGTON, NC 28403	NONE		GENERAL	1,000
RYSE42-470 KALANIANAOLE HWY HONOLULU, HI 96734	NONE		GENERAL	5,000
BOYS AND GIRLS CLUB 1000 BISHOP ST STE 505 HONOLULU, HI 96813	NONE		GENERAL	2,000
Total . . . . . ▶ **3a**				455,000

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 JUSTICE FOUNDATION 810 RICHARDS ST 645 HONOLULU, HI 96813	NONE		GENERAL	1,000
OHIO STATE UNIVERSITY 281 W LANE AVE COLUMBUS, OH 43210	NONE		GENERAL	1,000
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 06825	NONE		GENERAL	1,000
Total . . . . . ▶ **3a**				455,000

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*				
SRIVIDYA SEKARP O BOX 19199 ARLINGTON, TX 76019	NONE		EDUCATION	1,000
WAIKIKI HEALTH CENTER P O BOX 11662 HONOLULU, HI 96828	NONE		GENERAL	2,000
VINATHI PERURIP O BOX 5190 KENT, OH 44242	NONE		EDUCATION	1,000
Total . . . . . ▶ **3a**				455,000

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*				
VIBIN SHALOM SIMONP O BOX 19199 ARLINGTON, TX 76019	NONE		EDUCATION	1,000
CHETAN SMNATH PATILP O BOX 5190 KENT, OH 44242	NONE		EDUCATION	1,000
RUSHAAD DASTUR3141 CHESTNUT ST PHILADELPHIA, PA 19104	NONE		EDUCATION	1,000
Total . . . . . ▶ **3a**				455,000

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*				
WAIALUA COMMUNITY ASSOCIATION 66-434 KAMEHAMEHA HWY HONOLULU, HI 96712	NONE		GENERAL	1,000
SEX ABUSE TREATEMENT CENTER 55 MERCHANT ST 22ND FLOOR HONOLULU, HI 96813	NONE		GENERAL	3,000
MOHITA MINOCHA2700 BAY AREA BLVD HOUSTON, TX 77058	NONE		EDUCATION	1,000
Total . . . . . ▶ **3a**				455,000

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*				
LESS AMOUNT RETURNEDP O BOX 3708 HONOLULU, HI 96811	NONE		GENERAL	-20,500
Total . . . . . ▶ **3a**				455,000

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TY 2019 Accounting Fees Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAX SERVICE FEES	7,749			

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TY 2019 Investments Corporate Bonds Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
SCHEDULE INV ATTACHED	2,268,763	2,299,513

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TY 2019 Investments Corporate Stock Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SCHEDULE INV ATTACHED	6,427,834	8,366,920

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TY 2019 Investments - Other Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS & ALT INVESTMENTS	AT COST	875,744	921,912

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TY 2019 Other Assets Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Other Assets Schedule

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
LIFE INSURANCE POLICY	811,478	811,478	811,478
DIVIDENDS RECEIVABLE	17,584	15,175	15,175

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TY 2019 Other Expenses Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
DCCA FILING FEE	7			

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TY 2019 Other Income Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ALLSTATE LIFE - ANNUITY INC	153,632	153,632	
SECURITIES LITIGATION	291	291	
U S TREASURY TAX REFUND	209		

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TY 2019 Other Professional Fees Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FHB INVESTMENT MANAGEMENT FEES	7,895	7,895		
BNY MELLON INV MGMT FEES	23,465	23,465		
FIDELITY INVESTMENT MGMT FEES	17,363	17,363		

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TY 2019 Taxes Schedule

Name: J WATUMULL FUND

EIN: 51-0205431

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE PAYMENT	15,500			
FOREIGN TAX W/H DIVS (FIDELITY)	818	818		