Department of the Treasury

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.

OMB No 1545-0047 --2019

	riteri	al veve	LE CONTROL POR TO WWW.IFS.gov/Formssupp To	y instructions			n. I IVE Com	to rabile inspection
			dar year 2019 or tax year beginning		<u>, 2019, a</u>	nd ending		, 20
	Name	e of four		TANI			identification number	ır
			he S. and E. Mukai Foundation				267975	
	Numl		street (or PO box number if mail is not delivered to street address)		Room/sur	1 .	e number (see instructi	ons)
			729 Elepaio St		ــــ بــــــــــــــــــــــــــــــــ		732–5116	
	City		state or province, country, and ZIP or foreign postal code			C If exempt	on application is pend	ing, check here ▶ [
			ionolulu, HI 96816				`	
	G (Check		n of a former	oublic cha	arity D 1. Foreign	organizations, check	nere ▶ 🗍
			Final return Amended				organizations meeting	
		<u> </u>	Address change Name cha			100	nere and attach compu	
			type of organization: X Section 501(c)(3) exempt p in 4947(a)(1) nonexempt chantable trust				foundation status was 07(b)(1)(A), check here	
			narket value of all assets at J Accounting method			<u> </u>		
			f year (from Part II, col. (c), Other (specify)	i. 🔼 Casii	T ÀCCIO	I L LI LI LOCA	ndation is in a 60-mont tion 507(b)(1)(B), chect	
	Ì	line 16	(Specify) \$\infty \\$ 336,497	e on cash bas				
			Analysis of Revenue and Expenses (The total of					(d) Disbursements
0			amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue expenses r		b) Net investment income	(c) Adjusted net income	for charitable purposes
· 5 ,			the amounts in column (a) (see instructions).)	books		II COITIE	i come	(cash basis only)
SCANNED MAY		1	Contributions, gifts, grants, etc., received (attach schedule)	500	00			
U		2	Check ▶ ☐ if the foundation is not required to attach Sch. B					
S	ŀ	3	Interest on savings and temporary cash investments					
Q		4	Dividends and interest from securities					
ź		5a	Gross rents	14.5	50	14550		
Z		ь	Net rental income or (loss) Strit 2 4165					
	ne	6a	Net yain or (loss) from sale of assets not on line 10	anneoning the company of the				
-	en	b	Gross sales price for all assets on line 6a					
≥	Revenue	7	Capital gain net income (from Part IV, line 2)			-N.100 N. A. 180 N.		
→ '	•	8	Net short-term capital gain		<i>,</i>	(in a linear in a linear in a		
0 6		9	Income modifications	G 2016				
		10a	Gross sales less returns and allowances					
202		b	Less: Cost of goods sold					
:2		11	Other income (attach schedule)	<u> </u>	250-3			
		12	Total. Add lines 1 through 11	6433	50	14550	 	
		13	Compensation of officers, directors, trustees, etc.	1		(10)0		
	Expenses	14	Other employee salaries and wages					
	Ü	15	Pension plans, employee benefits					
$\overline{2}$	ά	16a	Legal fees (attach schedule)			SECENT	ED	
<u>დ</u> უ	ш	ь	Accounting fees (attach schedule)			KECEIV	0	
Received In Batching Ogden	ative	I	Other professional fees (attach, schedule)				18	
ng (v	tra	17	Interest		920	NOV 09	2020	
විද්	Jis	18	Taxes (attach schedule) (see instructions)	1	180	150	80	
<u> </u>	Ē	19	Depreciation (attach schedule) and depletionStmt 3	43	4	432		
	Ā	20	Occupancy			OGDEN	01	
DEC	ğ	21	Travel, conferences, and meetings		<u> </u>			
\Box	ā	22	Printing and publications	130		9953		1000
3 0 2020	Operating and Administr	23	Total operating and administrative expenses.	100		7130		1500
25	rat	24	Add lines 13 through 23	134	73	10,385	-	1500
120	ಕ್ಷ	25	Contributions, gifts, grants paid	1291				12912
	<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	263	85	103.85		14412
		27	Subtract line 26 from line 12:]				
		a	•	3816	5			
		b	Net investment income (if negative, enter -0-)			4165		
		C	Adjusted net income (if negative, enter -0-)				1	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X



Form 990-PF (2019) Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) (a) Book Value (b) Book Value (c) Fair Market Value 6310 44907 44907 Savings and temporary cash investments 2 3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶ Pledges receivable ► Less: allowance for doubtful accounts ▶ Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶ 8 Prepaid expenses and deferred charges 10a Investments-U.S. and state government obligations (attach schedule) 39590 investments—corporate stock (attach schedule) . Stmt 5 . 20688 20688 Investments—corporate bonds (attach schedule) Investments – land, buildings, and equipment basis ► 143370 11 63526 Less: accumulated depreciation (attach schedule) ► 79844 67162 252.000 Stmt 6 Investments-mortgage loans 12 Investments—other (attach schedule) . 13 14 Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) ▶ Other assets (describe ▶ ____ Total assets (to be completed by all filers-see the 336497 129121 94160 Accounts payable and accrued expenses 17 18 19 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) . . . 21 Other liabilities (describe ► Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here Assets or Fund Balances and complete lines 24, 25, 29, and 30. 24 Net assets without 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 Paid-in or capital surplus, or land, bldg., and equipment fund 28 Retained earnings, accumulated income, endowment, or other funds 93 883 Total net assets or fund balances (see instructions) . . . 29 Total liabilities and net assets/fund balances (see 30 129 121 instructions) Analysis of Changes in Net Assets or Fund Balances Part III 1 Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with 2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) ▶ ___ 3 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► Book/Tax Depreciation Difference 5 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 . 6

Part	V Capital Gains and	Losses for Tax on Investn	nent Income			
		nd(s) of property sold (for example, real ease, 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						
b						
_ c		·				
<u>d</u>						
е				<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis inse of sale		in or (loss) (f) minus (g))
a						
_b					<u> </u>	
С						
<u>d</u>						
_ө		<u>:</u>	<u> </u>			·
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69.	(I) Gams (Co	il. (h) gain minus
	(i) FMV as of 12/31/69	(i) Adjusted basis as of 12/31/69		s of col (i) (i), if any	∞l (k), but no	ot less than -0-) or from col. (h))
a						
b						
c						
d						
е						
2	Capital gain net income o		also enter in Pa , enter -0- in Pa		2	
3	Net short-term capital gai	in or (loss) as defined in sections	•			
J		i, line 8, column (c). See instru			j	
					3	
Part		ler Section 4940(e) for Redu			Income	
		ivate foundations subject to the				
(1010	ptional use by domestic pri	ivate louridations subject to the	section 4940(a)	tax on het invest	intent income.)	
If sect	ion 4940(d)(2) applies, leav	re this part blank.				
		•				
		section 4942 tax on the distribu			pase period?	☐ Yes 🖾 No
		qualify under section 4940(e). Do				
1		ount in each column for each ye	ar; see the instri	uctions before m	aking any entries.	,
	(a) Base penod years	(b) Adjusted qualifying distribution	Not unit o on	(c) f nonchantable-use a	Dis	(d) stribution ratio
Cale	ndar year (or tax year beginning in	<u>'</u>	s Net value o		ssets (∞l. (b)	divided by col. (c))
	2018	14328		281.900	·	050827
	2017	11,019		281478		039147
	2016	14 202		27/921		.052228
	2015	12.742		296 334		.042999
	2014	15.200		278 646		.034530
					<u> </u>	
2	Total of line 1, column (d)) <i></i> . <i></i>			. 2	.239751
3	Average distribution ratio	ofor the 5-year base period—divolution oundation has been in existence	vide the total on		r by	.047950
	·		·			
4	Enter the net value of non	nchantable-use assets for 2019 f	rom Part X, line	5	4	287 198
5	Multiply line 4 by line 3				. 5	13,771
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6	42
7	Add lines 5 and 6				. 7	13,813
8	Enter qualifying distribution	ons from Part XII, line 4			. 8	14412
9		ater than line 7, check the box in				
	Fart Vimstructions.					Form 990-PF (201
						1701111 22 0-1 7 17 (20)

Part '	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	42
	here ► 🕅 and enter 1% of Part I, line 27b	
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-)	
3	Add lines 1 and 2	42
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	42
6	Credits/Payments:	
а	2019 estimated tax payments and 2018 overpayment credited to 2019	
ь	Exempt foreign organizations—tax withheld at source	
C	Tax paid with application for extension of time to file (Form 8868) 6c	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	292
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10	250
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax > 250 Refunded > 11	
	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 X
L	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	
b	instructions for the definition	1b ×
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	
	published or distributed by the foundation in connection with the activities.	
С	Did the foundation file Form 1120-POL for this year?	1c X
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	
0	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 ×
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 X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
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?	5 ×
	If "Yes," attach the statement required by General Instruction T.	
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 ×
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 ×
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ► Hawaii	
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 <i>General Instruction G?</i> If "No," attach explanation	8b ×
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 tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 X
		Om 990-PE (2019)

Part	VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqua person had advisory privileges? If "Yes," attach statement. See instructions		12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica Website address NA	tion?	13	×	
14	The books are in care of ► The S. and E. Mukai Foundation Telephone no. ► 80	18_732	_51	16	
	Located at ► 729 Elepaio St, Honolulu, HI ZIP+4 ► 96			-10-	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	· ·		. 1	
	and enter the amount of tax-exempt interest received or accrued during the year			. 7	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authover a bank, securities, or other financial account in a foreign country?		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name the foreign country ▶	ne of			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year, did the foundation (either directly or indirectly):				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	⊠No			
	<u></u>	⊠No 🖁			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	⊠No ⊠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)?	X No ■			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	⊠ No			
ь		NTN PER	1b		
	Organizations relying on a current notice regarding disaster assistance, check here	▶□			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, 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 properating foundation defined in section 4942()(3) or 4942()(5)):	ivate			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
	6d and 6e) for tax year(s) beginning before 2019?	⊠No N			
ь	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	2b	-1	
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	⊠No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation				
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapthe 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if foundation had excess business holdings in 2019.)	y the se of f the		y	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose		3b 4a		_ _
ь	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardiz charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2	ze its 🥫	4b		X

	VIEW Statements Regarding Activities				,		- (
5a	During the year, did the foundation pay or incur	any am	ount to:						Yes No
	(1) Carry on propaganda, or otherwise attempt	to influe	nce legislatio	n (sect	ion 4945(e)))? .	☐ Yes	⊠ No	
	(2) Influence the outcome of any specific publ		on (see secti	on 495	5); or to ca	arry on,			
	directly or indirectly, any voter registration of	irıve?					☐ Yes	⊠ No	
	(3) Provide a grant to an individual for travel, st	udy, or c	other similar i	ourpose	s?		☐ Yes	⋈ No	
	(4) Provide a grant to an organization other that section 4945(d)(4)(A)? See instructions			-			☐Yes	⊠ No	
	(5) Provide for any purpose other than religious							23.00	
	purposes, or for the prevention of cruelty to						∏Yes	⊠No	
ь	If any answer is "Yes" to 5a(1)-(5), did any of t								
_	in Regulations section 53.4945 or in a current n							. NA	5b
	Organizations relying on a current notice regard		-					▶□	And the district wife
c	If the answer is "Yes" to question 5a(4), does	-							
	because it maintained expenditure responsibilit					NA .	□Yes	□No	
	If "Yes," attach the statement required by Regu								
6a						emiums			
	on a personal benefit contract?						☐ Yes	⊠ No	
b	Did the foundation, during the year, pay premiu	ms, dıre	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b X
	If "Yes" to 6b, file Form 8870.								
7a	At any time during the tax year, was the foundation	n a party	to a prohibite	ed tax s	helter trans	action?	☐ Yes	⊠ No	
b	If "Yes," did the foundation receive any proceed	ds or hav	ve any net ind	come at	tributable :	to the tr	ansactio	n? NA	7b
8	Is the foundation subject to the section 4960 to								
	remuneration or excess parachute payment(s) of							_	
Par	t VIII Information About Officers, Dire	ctors, 1	rustees, F	oundat	tion Man	agers,	Highly F	Paid E	mployees,
	and Contractors								
1	List all officers, directors, trustees, and foun								<u>, </u>
	(a) Name and address	` hou	e, and average rs per week ed to position	(lf n	npensation ot paid, ter -0-)	emplo	Contribution yee benefit erred compe	plans	(e) Expense account, other allowances
					_				,
	See Statement 8	 			0			0	0
		ł		}					l
		-				<u></u>			
								·	
	Composition of five highest paid ampley	and fath	or than the	o incl	udad on li	100 100	ooo inch	- votion	c) If none outcome
2	Compensation of five highest-paid employe	ees (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uction	s). If none, enter
2	• • • • • • • • • • • • • • • • • • • •	ees (oth	(b) Title, and a	verage			(d) Contrib	utions to	
	• • • • • • • • • • • • • • • • • • • •		(b) Title, and a	average veek	uded on li		(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE."		(b) Title, and a	average veek			(d) Contribe	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE."		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,
	"NONE." (a) Name and address of each employee paid more than \$50,0		(b) Title, and a	average veek			(d) Contribe employee plans and	utions to benefit deferred	(e) Expense account,

Part '	and Contractors (continued)	
_3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	VE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	NONE	
	NOLU	
otal r	number of others receiving over \$50,000 for professional services	0
Part	IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
	NA	
2 -	147	
		•
_		<u> </u>
3 _		
4 -		
		<u> </u>
	IX-B Summary of Program-Related Investments (see instructions)	
	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	NONE	•
		•
2 _		.
		.
ΔΙΙ ΔΙ	ther program-related investments. See instructions	
3	um programmadates unschilento com una uccuono	1
٠ <u>-</u>	NONE	•
.		
Total.	Add lines 1 through 3	
		F 000 DE 10040

Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign fol	ındations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	<u> 28355</u>
b	Average of monthly cash balances	1b	11217
C	Fair market value of all other assets (see instructions)	1c	252,000
d	Total (add lines 1a, b, and c)	1d	291572
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	291572
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1 1	4/0
	instructions)	4	4374
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	287198
6	Minimum investment return. Enter 5% of line 5	6	14360
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► ☐ and do not complete this part.)	ounda	tions
1	Minimum investment return from Part X, line 6	1	14360
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	42
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14318
4	Recoveries of amounts treated as qualifying distributions	4	4
5	Add lines 3 and 4	5	14318
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,	1 1	
	line 1	7	14318
Part	XII Qualifying Distributions (see instructions)	National State	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		. 1410
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	14412
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	14,412
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	1_1	110
_	Enter 1% of Part I, line 27b. See instructions	5	74
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	17370
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	ig whe	ther the foundation

Part	XIII Undistributed Income (see instruction	ons) '		···	
	•	(a) Corpus	(b) Years pnor to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7				14318
2	Undistributed income, if any, as of the end of 2019:			050	
а	Enter amount for 2018 only			12858	
b	Total for prior years: 20, 20, 20		0		
3	Excess distributions carryover, if any, to 2019:				
a b	From 2014				
C	From 2016				
ď	From 2017				
e	From 2018				
f	Total of lines 3a through e	. 0			
4 .	Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ (\frac{1}{4}, \frac{1}{2})			12 8/8	
a	Applied to 2018, but not more than line 2a .			12858	
b	Applied to undistributed income of prior years (Election required—see instructions)		O		
c	required see instructions)	0			
d e	Applied to 2019 distributable amount Remaining amount distributed out of corpus	0			1554
5	Excess distributions carryover applied to 2019	├ ─			
`,	(If an amount appears in column (d), the same amount must be shown in column (a).)	0			. 0
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
, b	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)		1		
	tax has been previously assessed .		0		
d			. ()		
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				12764
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) .	0			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0			
10	Analysis of line 9:				
a h	Excess from 2015				
c	Excess from 2017				
ď	Excess from 2018				
0	Excess from 2019				

b The form in which applications should be submitted and information and materials they should include: Letter Format; Information on tax exempt purpose of the organization.

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

729 Elepaio St. Honolulu, HI 96816;

c Any submission deadlines: NONE

NONE

factors:

Tel - 808-732-5116

	Supplementary Information (conti Grants and Contributions Paid During t	nued)		D	
3_		ne Year or Approve	ea for Fut	ture Payment	 -
	Recipient	If recipient is an individual, show any relationship to any foundation manager		Purpose of grant or contribution	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a			ļ		12 012
	See Statement 9				12,912
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	Total	· · · · ·		▶ 3a	12,912
b	Approved for future payment			T	
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			-		
	Total			▶ 3b	

Ente	r areas amounts uplace athenuses indicated	Linguisted by	siness income	Evaludad by costs	on 512, 513, or 514	γ
	r gross amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1	Program service revenue:					(See instructions.)
	a					
	b					
	c					
	d					
	е					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments			†·		
3	Interest on savings and temporary cash investments			1 -	 	-
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:	0.404	14794 (NAZSA)	CONTRACTOR		5 5 5 5 5 5 5 5 5 5 5 5 5 5
•	a Debt-financed property	All Control of the Co	za zada je izvetska iza jako iza dan	Transport Contract Co	with and a first fixed and a fixed and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	b Not debt-financed property			16	4165	
6	Net rental income or (loss) from personal property			1-10		
7	Other investment income	 		 		
8	Gain or (loss) from sales of assets other than inventory	 		 		
9	Net income or (loss) from special events			 		<u> </u>
						
10	Gross profit or (loss) from sales of inventory	ļ				
11		ļ		 		
	ь					 -
	·	<u> </u>		ļ		ļ. <u> </u>
	d			 		
	ė	The contract of the contract of the		Matter State and Control of the Control	1117	
	Subtotal. Add columns (b), (d), and (e)				.4165	1
				· · · · · ·	13	4165
_	worksheet in line 13 instructions to verify calculation		ant of Evamo	t Burnage		
_	Relationship of Activities to the A					
	e No. Explain below how each activity for which accomplishment of the foundation's exempt pu	ncome is report rposes (other that	n by providing fur	e) of Part AVI nds for such purp	-A contributed i oses), (See instru	mportantly to the
						- a - a - a - a - a - a - a - a - a - a
	V accomplishment of the teacher of security pa					
	NA					

Part	XVII	Informatio Organizati		nsfers to and Trans	actions and F	Relationships W	fith Noncha	ritable Ex	empt
1 a	in s orga Tran	section 501(c) (canizations? Instantions the reposition of the rep	other than section	engage in any of the f 501(c)(3) organizatio o a noncharitable exer	ns) or in sect	ion 527, relating		Yes	S No
	(1)	Cash						1a(1)	_X_
	(2)	Other assets .						1a(2)	X
b	Oth	er transactions:							
				empt organization .				1b(1)	<u> </u>
				able exempt organizat				1b(2)	IX.
	(3)	Rental of facilities	, equipment, or othe	er assets				1b(3)	X
	(4) i	Reimbursement a	rrangements					1b(4)	_X_
								1b(5)	X.
				hip or fundraising solic			· · · ·	1b(6)	X
				sts, other assets, or p				1c	<u> </u>
ď				s," complete the follo					
				ices given by the repo					
	-			gement, show in colum					
(a) Lin	e no	(b) Amount involved	(c) Name of nonc	hantable exempt organization	n (a) Desc	emption of transfers, tran	isactions, and sha	aring arrange	ments
		NA NA	ļ 						
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			f		 -				
			 						
	des	cribed in section (affiliated with, or related to the section 501(c)(3)) or in section 501(c)(3)) or in section 501(c)(3)) or in section 501(c)(3)) or in section 501(c)(3)	•	•	-	☐ Yes	∑ No
		(a) Name of organ	ization	(b) Type of orga	anzation	(c) De	scription of relation	onship	
		NA							
Sign Here	con	red and complete Dec	laration of penarer (other the	ned this return, including accomman taxpayer) is based on all in	formation of which pre	parer has any knowledge	May the	RS discuss the	ıs return
		Print/Type prepare		Date Date		Date	,	PTIN	===
Paid		Ed do V	rsname Obashigawa	Preparer's signature	,	10/30/20	Check X if	P0105	5540
Prep			Edwin Kobash				self-employed selN ► 99-0		
Use	Only	Firm's name ► Firm's address ►	60 N Beretar		Honolulu,	HI 96817 Phon		36-566	6

Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMR No. 1545-0047

Employer identification number

The S. and E. Mukai Foundation 99-0267975 Organization type (check one): Filers of: Section: ☐ 501(c)(Form 990 or 990-FZ) (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 chantable 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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 990-PF, 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 S. and E. Mukai Foundation

Employer identification number 99–0267975

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SYM Law Corporation 729 Elepaio St Honolulu, HI 96816	\$ 50,000	Person A Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

The S and E Mukai Foundation Statements to Tax Return Year - 12/31/19

	(a) Revenue & Expenses per Books	(b) Net Investment Income
Statement 1 - Rental Income		
Form 990-PF - Part I		
Line 5a - Rental Income		
236 Lilıuokalanı Ave, Hon, HI 96815	14,550	14,550
Statement 2 - Rental Expenses and Net Rental Income (Loss)		
Form 990-PF - Part I		
236 Liliuokalani Ave, Hon, HI 96815		
Maintenance Fees		6,402
Management Fees		1,054
Real Property tax		903
General Excise Tax		641
Utilities		153
Depreciation		432
Miscellaneous		0
Insurance		650
Cleaning	_	150
Total Rental Expences		10,385
Net Rental Income (Loss) to Form 990-PF, Part I, Line 5b	 =	4,165

Statement 3 - Depreciation Line 19 - Depreciation	(a)Revenue & Expenses per Books	(b) Net Investment Income	(d)Disbursement for Charitable Purposes
See Stmt 3 - Attachment	432	2 432	<u>.</u>
Statement 4 - Other Expenses Line 23 - Other Expenses			
Bank Charges	82		
License and Fees	6		
Maintenance Fees	6,402	6,402	
Management Fees	1,054	1,054	
Real Property Tax	903	903	
General Excise Tax	641	641	
Utilities	153	153	
Insurance	650	650	
Administrative service	3,000		1,500
Cleaning	150	150	
	13,041	9,953	1,500

The S and E Mukai Foundation Statements to Tax Return Year - 12/31/19 99-0267975

Attachment to Statement 3 - Schedule of Depreciation

Schedule of Depreciation Year 12/31/19

			Prior Year				
	Date	Cost or	Accumulated				Current Year
Description	Aquired	Basis	Depreciation	Method	Conv	Lıfe	Depreciation
HC 902 - Bldg	12/31/97	11,885	9,054	SL	MM	27.5 yr	432
	_	11,885	9,054				432

The S and E Mukai Foundation Statements to Tax Return Year - 12/31/19

Form	990-PF -	Part II -	Balance Sheet
rom	しょうひゃにい・	· raitii -	Daiance Sheer

Form 990-PF - Part II - Balance Sheet			
	Beginning of Year (a) Book Value	End of Year (b) Book Value	(c) Fair Market Value
Statement 5 - Investments - Corporate Sto Line 10b - Corporation Stock	ock		
Castle Group	20,688	20,688	39,590
Statement 6 - Investments - Land, Building Line 11 - Land, Building, Equipment	g		
Hawaiian Crown, Unit 902		143,370	252,000
Accumulated Depreciation - End of Year			
Hawaiian Crown, Unit 902	-	79,844	
Net Book Value	=	63,526	252,000
	BOY AMOUNT	EOY AMOUNT	
Statement 7 - Other Liabilities Form 990-PF - Part II Line 22 - Other Liabilities	DOTAMOUNT	BOTANTOON	
Reserve Fund	275	275	•

EIN: 99-0267975

Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Foundation Managers

Statement 8

Name & Address	Title	Time Devoted to Position	Compensation	Contribution to Employee Benefit Plan	Expense Account
Stacey M. Robinson 2727 Manoa Rd Honolulu, HI 96822	President / Sec / Director	Part-Time	0	0	0
Howard Mukaı 1022 Akoko St Honolulu, HI 96814	V.P. / Treas / Director	Part-Time	0	0	0
Luella Kawamura 2652 South King St Honolulu, Hl 96826	Ass Sec / Ass Treas / Director	Part-Time	0	0	0
		Total	0	0	0

The S and E Mukai Foundation

EIN: 99-0267975

Statement to Form 990-PF

Tax Year - 12/31/19

Page 1 of 2

Statement 9 - Grants and Contributions Paid During Year Part XV, Line 3a - Grants and Contributions

Relationship to

Recipient Name and Address	Foundation (Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
Punahou School 1601 Punahou Street Honolulu, HI 96822	NA	PC	Education	200
Iolani School 563 Kamoku St Honolulu, HI 96826	NA	PC	Education	5,000
Harvard Magazine 7 Ware Street Cambridge, MA 02138	NA	PC	Education	150
Palolo Hongwanji 1641 Palolo Ave Honolulu, HI 96816	NA	PC	Religious	500
University of Virginia Law School 580 Massie Road Charlottesville, VA 22903	NA	PC .	Education	100
Hawaii Public Radio 738 Kaheka St Honolulu, HI 96814	NA	PC	Funding for Activities	200
Hanahauoli School 1922 Makiki Street Honolulu, HI 96822	NA	PC	Education	200
Lesley University 29 Everett Street Cambridge, MA 02138	NA	PC	Education	200
Children's Discovery Center 111 Ohe Street Honolulu, HI 96813	NA	PC	Education	250

The S and E Mukai Foundation

EIN: 99-0267975

Statement to Form 990-PF

Tax Year - 12/31/19

Page 2 of 2

Statement 9 - Grants and Contributions Paid During Year Part XV, Line 3a - Grants and Contributions

Recipient Name and Address	Relationship to Foundation Manager	Foundation Status of Recipient	Purpose of Grant or Contribution	Amount
SKIF Pearl City Foundation 1750 Komo Mai Drive Pearl City, HI 96782	NA	PC	Funding for Activities	1,000
PWP Alumni Association 2042 Lanihuli Drive Honolulu, HI 96822	NA	PC	Funding for Activities	1,000
Japanese Women's Society PO Box 3233 Honolulu, HI 96801	NA	PC	Cultural	100
Sacred Hearts Academy 3253 Waialae Avenue Honolulu, HI 96816	NA	PC	Education	1,000
Mayo Clilnic 200 First Street, SW Rochester, MN 55905	NA	PC	Healthcare	2,000
Straub Medical Center 55 Merchant Street , Suite 2600 Honolulu, HI 96813	NA	PC	Healthcare	100
Bishop Museum 1525 Bernice St Honolulu, HI 96817	NA	PC	Cultural Activities and Education	250
Miscellaneous Donations Under \$100	NA	PC	Funding for Activities	662
Total Contributions for 2019				12,912