990-PF

Return of Private Foundation

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public ► Go to www.irs.gov/Form990PFfor instructions and the latest information.

Open to Public Inspection

For calendar year 2019 or tax year beginning 2019, and ending Name of foundation A Employer identification number 99-6053606 DOROTHY B_ANDERSON CHARITABLE TR Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Received US Bank - Us 307 PO BOX 3708 808-525-8119 12 2020 City or town, state or province, country, and ZIP or foreign postal code If exemption application is HONOLULU, HI 96811 G Check all that apply: Initial return Initial reເປັງກູບູ້ປຸລຸ former public charity 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method: X Cash Fair market value of all assets at If the foundation is in a 60-month termination Other (specify) end of year (from Part II, col. (c), line under section 507(b)(1)(B), check here , 🕨 (Part I, column (d), must be on cash basis.) **16)** ▶ \$ 375.771 (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (b) Net investment (c) Adjusted net for charitable total of amounts in columns (b), (c), and (d) expenses per purposes may not necessarily equal the amounts in Income income books (cash basis only) column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach echedule) if the foundation is not required to Check ▶ X attach Sch. B. 3 Interest on savings and temporary cash investments. 11.185 11.242 ⋘₽М₽₽ Dividends and interest from securities . . Net rental income or (loss) 18,264 Net gain or (loss) from sale of assets not on line 10. Gross sales price for all assets on line 6a 264 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. Income modifications . 10a Gross sales less returns and allowances Less: Cost of goods sold . Gross profit or (loss) (attach schedule) . . . Other income (attach schedule) . . Total. Add lines 1 through 11 29,449 29,506 12 7.336 502 834 13 Compensation of officers, directors, trustees, etc. NON NONE 14 Other employee salaries and wages NONE NON 15 Pension plans, employee benefits Legal fees (attach schedule) 16a 650 NON NONE 1,650 Accounting fees (attach schedule) STMT 2 Other professional fees (attach schedule) . . . C 17 Interest Taxes (attach schedule) (see instructions. 3. 2.517 226 18 19 Depreciation (attach schedule) and depletion. 20 NON NONE 21 Travel, conferences, and meetings . NON NONE 22 Printing and publications 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. 503 728 NONE Add lines 13 through 23. 13,000 25 Contributions, gifts, grants paid 24,503 5.728 NONE 26 Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 778 Adjusted net income (if negative, enter -0-).

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5

6

5 Decreases not included in line 2 (itemize) ► ROC BASIS ADJ

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

Form 990-PF (2019)

Par	Capital Gains	and Losses for Tax on Inve	estment Income			rage 3
rai		cribe the kind(s) of property sold (for e		(b) How		(4) 5
		ick warehouse; or common stock, 200	• •	acquired P - Purchase		(d) Date sold (mo , day, yr)
1.0	PUBLICLY TRADED	<u> </u>		D - Donation		
<u> </u>		BECOKITIES		 		
			- ·	 	1	
d	-		-	1		
_ <u>u</u>				 		
		(6) Depresiation allowed	(g) Cost or other basis		/h) Cain //-	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
_	61,106.		42,842.	 	(1-)	18,264.
	01,100.		42,042.	1		10,204.
			-	1		
<u></u>				<u> </u>		
		•		1		····
<u>e</u>	Complete only for assets sh	owing gain in column (h) and owned b	by the foundation on 12/31/69			
	Complete only for assets sit				Gains (Col (h) ga (k), but not less t	
1	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	CO1.	Losses (from co	
_			, , , , , , , , , , , , , , , , , , ,	 		10 264
_ <u>a</u>				 		18,264.
_ <u>b</u>		· · · · · · · · · · · · · · · · · · ·		 		
				╂	•	
<u>d</u>				╂		
<u>e</u>		e 16 m	ain, also enter in Part I, line 7	 		
2	Capital gain net income	or (net canital loss)		2		18,264.
3	Not chart term canital as	in or (loss) as defined in sections	oss), enter -0- in Part I, line 7	-		10,204.
,		art I, line 8, column (c). See ins	_	1 1		
				,		
Don		nder Section 4940(s) for Red	uced Tax on Net Investment I			
			section 4940(a) tax on net investi			
Was		the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X No
	•	t qualify under section 4940(e). D	•		Z_+	
<u> 1</u>	(a)	•	r; see the instructions before maki	ng any en		
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra	tio
Cale	ndar year (or tax year beginning in)	, , , , , , , , , , , , , , , , , , , ,		-	(col (b) divided by	col (c))
	2018	16,516.	363,896.	 		0.045387
	2017	19,178.	365,124.	} 		0.052525
	2016	18,189.	345,931.	 		0.052580
	2015	18,245.	369,127.	!		0.049427
	2014	18,109.	384,763.	 		0.047065
2				2		0.246984
3	_	o for the 5-year base period - divid				
	the number of years the	foundation has been in existence	if less than 5 years	3	-	0.049397
4	Enter the net value of no	ncharitable-use assets for 2019 fr	om Part X, line 5	4		<u>362,651.</u>
5	Multiply line 4 by line 3,			5		17,914.
-						
6	Enter 1% of net investme	ent income (1% of Part I line 27h)		6		238.
•						
7	Add lines 5 and 6			7		18,152.
•				\Box	<u> </u>	
8	Enter qualifying distribut	ions from Part XII, line 4		8		16,484.
•			in Part VI, line 1b, and complete		using a 1% tax	
	Part VI instructions.	// CHOOK SHO DOX	a, ib, and complete	puit		

Par	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	
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	476.
c	here All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	
_	Part I, line 12, col. (b)	NONE
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) 2 Add lines 1 and 2	<u>NONE</u> 476.
3		NONE
5	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	476.
6	Credits/Payments:	470.
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 1, 240 .	
ь	Exempt foreign organizations - tax withheld at source	
c	Tax paid with application for extension of time to file (Form 8868)	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	1,240.
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	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	764.
11 Par	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► 476. Refunded ► 11 t VII-A Statements Regarding Activities	288.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No
18	participate or intervene in any political campaign?	1a X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	
_	instructions for the definition	16 X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	\$25500 \$80,4000 \$600000
	published or distributed by the foundation in connection with the activities.	
c	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 ▶ \$(2) On foundation managers ▶ \$	
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?	2 X
•	If "Yes," attach a detailed description of the activities.	
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 X
_	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 X
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 X
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 G7 If "No," attach explanation	8b X
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,"	1 1 1 1 1 1
	complete Part XIV	9 X V
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	1 ₁₀ X
	names and addresses	10 X

At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the manning of section 512(b)(13)? If Yea," struch schedule. See instructions 11	Par	VIFA Statements Regarding Activities (continued)			
maning of section 512bN13pl // 14" yes, "attach scheduls. See instructions				Yes	No
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisor privileges. If "Yes," attach statement. See instructions	11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
person had advisory privileges? If Yes, "attach statement. See instructions." 3 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? N/A 14 The books are in care of P PIRST HAWAIIAN BANK Located at P 399 BISHOP STREET, HONOLULU HI 2P+4 \$6813 15 Section 4947(a)(1) nonexempt charitable trusts filing form 990-Pf in lieu of Form 1041 - check here and the three amount of tax-exempt interest received or accrued during the year. 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, socurides, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country be received or accrued to 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. 10 During the year, did the foundation (either directly or indirectly): 11 Engage in the sale or exchange, or lessing of property with a disqualified person?		-	11	<u> </u>	<u> </u>
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 X Wobsite address N/A 14 The books are in care of FIRST HAWAIIAN BANK Telephone no. (808) 525-8119 15 Section 437(a)(1) nonexemptic charitable trusts filing form 990-PF in lieu of Form 1041 - check here 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority Yes No over a bank, securities, or other financial account in a foreign country? Yes No over a bank, securities, or other financial account in a foreign country? Yes No over a bank, securities, or other financial account in a foreign country? Yes No over a bank, securities, or other financial account in a foreign country? Yes No over a bank, securities, or other financial account in a foreign country? Yes Yes No over a bank, securities, or other financial account in a foreign country? Yes Yes No over a bank, securities, or other financial account in a foreign country? Yes Yes No over a bank, securities, or other financial account in a foreign country? Yes Yes No over a bank, securities, or other financial account in a foreign country? Yes Yes No over a bank, securities, or or exceptions and filing requirements for FincEN Form 114. If "Yes," enter the name of the foreign country Yes Yes No Yes Yes No Yes	12				
Website address ▶ IRST HAWAIIAN BANK Tolephone no. ▶ (808) 525-8119 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-Ff in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year. 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority. See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foraign country. Part VII-8 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. 10 During the year, did the foundation (either directly or indirectly): 11 Engage in the sale or exchange, or leasing of property with a disqualified person? 12 Borrow money from, lend money to, or otherwise extend credit to for accept it from! a disqualified person or assets to a disqualified person or person or property to a government official? (Exception. Check "No" if the foundation agraed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) 16 Agree to pay money or property to a government official? (Exception. Check "No" if the foundation sequed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) 18 Agree to pay money or property to a government official? (Exception. Check "No" if the foundation engage in a prior year in any of the acts fail to qualify under the exceptions described in Regulations section 3491(a) or in a current notice regarding disaster assistance? See instructions s. 19 Agree to pay money or property to a government official? (Exception. Check "No" if the provisions of section 4942(a)(2) to all years listed, answer "No" and attac					
14 The books are in care of P FIRST HAWAITAN BANK Telephone no. \$\((8.08) 525-6119 \) 15 Section 497(a)(1) nonexempt charisable trusts filing form 990-FF in lieu of Form 1041 check here \$\) 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, socurities, or other financial account in a foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country \$\in\$ Research to instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country \$\in\$ Restatements Regarding Activities for Which Form 4720 May Be Required File Form 4720 if any them is checked in the "Yes" column, unless an exception applies. 16 During the year, did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or lessing of property with a disqualified person? \(\text{ Yes} \text{ No} \) (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person or property to a government official? (Exception. Chack "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, it terminating within 90 days.), 10 (a) Agree to pay money or proparty to a government official? (Exception. Chack "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, it terminating within 90 days.), 10 (a) Agree to pay money or proparty to a government official? (Exception. Chack "No" if the foundation was a private operating foundarion depression services are private properting foundarion of government service, it terminating within 90 days.), 11 (a) Agree of the provisions of section 4942(a) (a) and 4942 (does not applying the provisions of section 4942(a) to a	13	17/2	13	<u> X</u>	
Located at P 99 BISHOP STREET, HONOLULU, H					
15 Section 4947/al(1) nonexempt charitable trusts filing Form 990-PF in liau of Form 1041 chack here and enter the anount of tax-exempt interset received or accrued during the year. 16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other suthority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶ Part VIIBS 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): 11) Engage in the sale or exchange, or lessing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person? (6) Agrees 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). (5) If any answer is "Yes" to 14(1)(4) did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(0)(3) or in a current notice regarding disaster assistance? See instructions 2) Taxes on failure to distribute income (section 4942(4)(4)) and the foundation was a private operating foundation defined in section 4942(4)(1) and 4942(4)(1) to dispute the exceptions of section 4942(4)(2) to all years listed on failure to distribute income (section 4942(4)(4) and the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year	14		-811	9	
and enter the amount of tax-exempt interest received or accrued during the year, A ray time during calendar year 2019, did the foundation have an interest in or a signature or other authority Yes No over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country be the foreign of the foreign country be the foreign country be the foreign of the foreign country be foreign countr					_
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority	15		• • •	• • •	·L
over a bank, securities, or other financial account in a foreign country?, See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Park VILB 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: clindirectly): (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 assests 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 sgreed to make a grant to or to employ the official for a period after termination of government service, it ferminating within 90 days.), or government service, it ferminating within 90 days.), or government service, it ferminating within 90 days.) b) If any answer is "Yes" to 1a(1)-(6), did any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the axy sear beginning in 2019? Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes No Yes Yes No Yes				Voc	Na
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country by the foreign country by 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): 1b Direction of the sale or exchange, or leasing of property with a disqualified person?	16	,		res	IVO
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) Engags in the sale or exchange, or leasing of property with a disqualified person?		•	1/2/00/00/00/00/00	SIGNAMA SIGNAMA	X
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1 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?					
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?	Par		182,435,3793	\$\$\$\$\$\$\$\$	3,000
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?	r ai		3,09888	Voc	No
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	10		\$888	*****	*****
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	10				
disqualified person?					
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?					
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		· · · · · · · · · · · · · · · · · · ·			
(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)? (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.)					
the benefit or use of a disqualified person)? (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.) 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. 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? 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(a)(3) and 4942(a)(5)). At the end of tax year(s) beginning before 2019? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. c If the provisions of section 4942(a)(7) to dispose of holdings are sult 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-year first		·			
(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.}					
termination of government service, if terminating within 90 days.} 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. 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? 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 (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) to all years listed, answer "No" and attach statement -see instructions) c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. D ald the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? at any time during the year? 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(a)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the foundation had excess business holdings in 2019.) 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
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Sa During the year, did the foundation pay or incur any amount to: 11 Carry on propagands, or or therewise attempt to influence legislation (section 4945(e))?		Statements Regarding Activities 1	<u> </u>			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?, (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, stc., organization described in section 4945(d)(4)(1) See instructions. (5) Provide for any purpose other than religious, charitable, stc., organization described in section 4945(d)(4)(1) See instructions. (6) Provide for any purpose other than religious, charitable, stc., organization described in purposes, or for the prevention of cruelty to children or animals? (7) In any answer is "Yes" to 54(1)(4), did any of the transactions fall to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, check here. (8) If "Yes," attach the statement required by Regulations section 53.4945 (6)(6) (9) Did the foundation, during the year, reset year, previous, or a personal benefit contract? (9) Old the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? (9) If "Yes," of the foundation receive any proceeds or have any net income attributable to the transaction? (1) The seed of the foundation receive any proceeds or have any net income attributable to the transaction? (1) The seed of the foundation of the seed of the s	5a	During the year, did the foundation pay or incur any amo	ount to:			Yes No
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Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average devoted to position SEE STATEMENT 8 2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position of five highest-paid more than \$50,000 (b) Title, and average hours per week devoted to position of five highest-paid more than \$50,000 (c) Compensation of the first paid, and average hours per week devoted to position of the first paid, and average hours per week devoted to position of the first paid, and average hours per week devoted to position of the first paid, and average hours per week devoted to position of the first paid, and average hours per week devoted to position of the first paid for th					•	
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Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average devoted to position 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 devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation of the allowances (e) Compensation employee benefit plans and deferred compensation of the allowances (e) Compensation employee benefit plans and deferred compensation of the allowances (e) Compensation employee benefit plans and deferred compensation of the allowances devoted to position employee plans and deferred compensation of the allowances (e) Compensation employee benefit plans and deferred compensation of the allowances devoted to position employee plans and deferred compensation of the allowances (e) Compensation employee benefit plans and deferred compensation of the allowances devoted to position employee plans and deferred compensation of the allowances of the a	8	• • • • • • • • • • • • • • • • • • • •	• •		— . — .	
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1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average devoted to position 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 of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE." (b) Title, and average hours per week devoted to position (c) 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 other allowances (e) Expense account, other allowances (other allowances) NONE Total number of other employees paid over \$50,000	Par		rs, Trustees, rou	nuation wanager	s, nignly raid Em	pioyees,
(a) Name and address hours per week devoted to position Total number of other employees paid over \$50,000 NONE (fi not paid, enter -0.) Hours per week devoted to position (fi not paid, enter -0.)	1	List all officers, directors, trustees, and foundatio	n managers and th	eir compensation.	See instructions.	
SEE STATEMENT 8 7,336. Compensation of five highest-paid employees "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position NONE (b) Title, and average hours per week devoted to position (c) Compensation of five highest-paid employee paid more than \$50,000 (c) Compensation of the plans and deferred compensation of the remoloyee benefit plans and deferred compensation of the remoloyee paid more than \$50,000 (e) Expense account, other allowances of the remoloyee paid more than \$50,000 (e) Expense account, other allowances of the remoloyee paid more than \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account, other allowances of the remoloyee paid over \$50,000 (e) Expense account of the remoloyee paid over \$50,000 (e) Expense account of the remoloyee paid over \$50,000 (e) Expense account of the remoloyee paid over \$50,000 (e) Expense account of the remoloyee paid over \$50,000 (e) Expense account of the remoloyee paid over \$50,000 (e) Expense account of the remoloy		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid.		
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 par week devoted to position (e) Compensation (e) Compensation (e) Expense account, other allowances of the compensation (e) Compensation (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e) Compensation (e) Expense account, other allowances (e) Compensation (e			devoted to position			other allowances
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 NONE (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation other allowances -0000- Total number of other employees paid over \$50,000	SEE	STATEMENT 8				
"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 -000- Total number of other employees paid over \$50,000						
"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 -000- Total number of other employees paid over \$50,000				7,336.		
"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 -000- Total number of other employees paid over \$50,000				7,336.		
"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 -000- Total number of other employees paid over \$50,000				7,336.		
"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 -000- Total number of other employees paid over \$50,000				7,336.	.:	
"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 -000- Total number of other employees paid over \$50,000				7,336.	.:	
"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 -000- Total number of other employees paid over \$50,000				7,336.		
(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 other allowances (e) Expense account, other allowances -000- Total number of other employees paid over \$50,000				7,336.		
(a) Name and address of each employee paid more than \$50,000 hours per week devoted to position NONE -000- Total number of other employees paid over \$50,000	2		(other than thos		1 - see instruction	ons). If none, enter
devoted to position NONE -000- Total number of other employees paid over \$50,000	2		· · · · · · · · · · · · · · · · · · ·			ons). If none, enter
-000- Total number of other employees paid over \$50,000		"NONE."	(b) Title, and average	e included on line	(d) Contributions to employee benefit	(e) Expense account,
Total number of other employees paid over \$50,000		"NONE."	(b) Title, and average hours per week	e included on line	(d) Contributions to employee benefit plans and deferred	(e) Expense account,
Total number of other employees paid over \$50,000	(a)	"NONE."	(b) Title, and average hours per week	e included on line	(d) Contributions to employee benefit plans and deferred	(e) Expense account,
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE."	(b) Title, and average hours per week	e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
	(a)	"NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	e included on line (c) Compensation -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 -	(e) Expense account, other allowances

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	oundation Managers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional ser	rvices. See instructions. If none, enter "NON	E."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		NONE
	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	 i	
Total number of others receiving over \$50,000 for professional service	es	NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include		Expenses
organizations and other beneficiaries served, conferences convened, research papers pr	oduced, etc	Expenses
1 <u>N/A</u>	<u></u>	
2		
· ·		
3		<u> </u>
·		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2.	Amount
1 <u>N/A</u>		
	· · · · · · · · · · · · · · · · · · ·	
2		
	· · · · · · · · · · · · · · · · · · ·	
All other program-related investments See instructions	· · · · · · · · · · · · · · · · · · ·	
3 NONE		
		1
Total Add lines 1 through 2	.	

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Part	X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign f	oundations,
1	Fair purpe	market value of assets not used (or held for use) directly in carrying out charitable, etc., oses:	Secondina Secondina	
а	Avera	age monthly fair market value of securities	1a	351,257.
Ь	Avera	age of monthly cash balances	1b	16,917.
C		market value of all other assets (see instructions), , , , , , , , , , , , , , , , , , ,	1c	NONE
d		l (add lines 1a, b, and c)	1d	368,174.
e		ction claimed for blockage or other factors reported on lines 1a and	\$	
	1c (a	ttach detailed explanation) , , , , , , , , , , , , . , 1e	, q	l
2		isition indebtedness applicable to line 1 assets	2	NONE
3		ract line 2 from line 1d, , , , , , , , , , , , , , , , , , ,	3	368,174.
4	Cash	deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instru	uctions),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	5,523.
5		value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	362,651.
		mum investment return. Enter 5% of line 5	6	18,133.
Part	XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here and do not complete this part.)	datio	ns
1	Minir	mum investment return from Part X, line 6	1	18,133.
2a	Tax o	on investment income for 2019 from Part VI, line 5 , , , , , , 2a 476.		
ь		me tax for 2019. (This does not include the tax from Part VI.) , _ 2b	******	
C	Add	lines 2a and 2b, , , , , , , , , , , , , , , , , , ,	2c	476.
3		ibutable amount before adjustments. Subtract line 2c from line 1	3	17,657.
4	Reco	veries of amounts treated as qualifying distributions, , , , , , , , , , , , , , , , , , ,	4	NONE
5	Add I	lines 3 and 4	5	17,657.
6		ction from distributable amount (see instructions)	6	NONE
7	Distri	ibutable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	1, , , , , , , , , , , , , , , , , , ,	7	17,657.
Part	XII	Qualifying Distributions (see instructions)		
1	Amo	unts paid (including administrative expenses) to accomplish charitable, etc., purposes:	Authorizania.	[
a	Expe	nses, contributions, gifts, etc total from Part I, column (d), line 26		16,484.
b	Progi	ram-related investments - total from Part IX-B	1b	
2	Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	NONE
3	Amo	unts set aside for specific charitable projects that satisfy the:	a-me-tale	
8	Suita	bility test (prior IRS approval required)	3а	NONE
b	Cash	distribution test (attach the required schedule)	3b	NONE
	Qualif	fying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	16,484.
5		dations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter	r 1% of Part I, line 27b. See instructions	5	N/A
6		sted qualifying distributions. Subtract line 5 from line 4	6	16,484.
	Note	: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculat	
		qualifies for the section 4940(e) reduction of tax in those years.		

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Pa	t XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7 , , , , , , , , , , , , , , , , , ,				17,657.
2	Undistributed income, if any, as of the end of 2019				
	Enter amount for 2018 only,			NONE	
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019:				
	From 2014 NONE				
	From 2015 NONE				
	From 2016 NONE				
	From 2017				
	From 2018 NONE				
	Total of lines 3a through e	1,197.			
	Qualifying distributions for 2019 from Part XII,	1,12,			
*	line 4: > \$ 16,484.				
_				NONE	
	Applied to 2018, but not more than line 2a			NONE	·
ь	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions) . , , ,		NONE		
C	Treated as distributions out of corpus (Election	NONT			
	required - see instructions)	NONE		····	16 404
	Applied to 2019 distributable amount,	NONT			16,484.
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2019	NONE			
•	(If an amount appears in column (d), the same	1 172			1 152
	amount must be shown in column (a).)	1,173.			1,173.
6	Enter the net total of each column as				
	indicated below:	2.4			
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	24.			
b	Prior years' undistributed income. Subtract		270277	1	
	line 4b from line 2b,		NONE		
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		NONE		
d	Subtract line 6c from line 6b. Taxable			1	
	amount - see instructions , , , , , , , , , , , , ,		NONE		
0	Undistributed income for 2018. Subtract line 4a from line 2a Taxable amount - see				
	instructions			NONE	
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2020				NONE
7	Amounts treated as distributions out of corpus		Ĭ		
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONE			
8	Excess distributions carryover from 2014 not				
	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	24.			
10	Analysis of line 9:			1	
а	Excess from 2015 NONE			1	
b	Excess from 2016 NONE				
C	Excess from 2017				
d	Excess from 2018 NONE				
е	Excess from 2019 NONE			<u>l</u>	
					Entre 990-PE (2010)

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Part XIV Private O	perating Foundations	s (see instructions	and Part VII-A, quest	ion 9)	NOT APPLICABL
1a If the foundation has			•	•	
	ing is effective for 2019, en				
	whether the foundation	is a private operating		n section 4942(j	(3) or 4942(j)(5)
2a Enter the lesser of the a justed net income from Pa	_	/h) 2019	Prior 3 years	(4) 2015	(e) Total
I or the minimum investme	(8) 2013	(b) 2018	(c) 2017	(d) 2016	
return from Part X for each					
year listed		†		 / 	
b 85% of line 2a	-			/ 	
C Qualifying distributions from P. XII, line 4, for each year listed			1 /		
d Amounts included in line 2c n	-				
used directly for active condu of exempt activities					
9 Qualifying distributions ma					
directly for active conduct exempt activities Subtract li					
2d from line 2c			4		<u> </u>
3 Complete 3a, b, or c for t alternative test relied upon •		l /			
8 "Assets" alternative test - enter		l /			
(1) Value of all assets • •					
(2) Value of assets qualify: under section	ng				
4942(j)(3)(B)(i) b "Endowment" alternative te		/ 			
enter 2/3 of minimum inve				ł	
ment return shown in Part					
line 6 for each year listed C "Support" alternative test - enti				<u> </u>	
(1) Total support other th					
gross investment incor (interest, dividends, ren					
payments on security	es				
loans (section 512(a)(8 or royaltles)	111				
(2) Support from gener public and 8 or mo					
exempt organizations provided in section 49	as				
(na)(6)(m)		ļ			
(3) Largest amount of su port from an exem					
organization	•		+	-	
(4) Gross Investment Income Part XV Supplem	entary Information (Complete this ne	rt only if the found	etion had \$5,000 o	r more in assets at
	during the year - see		it only if the lound	ution nad \$5,000 0	i illore ili assets at
	ng Foundation Manage				 -
a List any managers of	of the foundation who	have contributed mo	ore than 2% of the tot	al contributions receiv	ed by the foundation
before the close of a	ny tax year (but only if the	hey have contributed	more than \$5,000). (S	See section 507(d)(2).)	
NONE				***************************************	***************************************
	of the foundation who		· · · · · · · · · · · · · · · · · · ·		/ large portion of the
• •	ership or other entity) o	t which the foundation	on has a 10% or greater	r interest.	
NONE					
2 Information Regardi	ng Contribution, Grant,	Gift Loan Scholars	hin etc Programs:		
	the foundation only		-	ritable ergenizations	and doos not secont
unsolicited requests	for funds. If the found	makes contributions lation makes gifts, g	rants, etc., to individu	als or organizations or	ind does not accept inder other conditions.
	o, c, and d. See instruction		• •	J	·
a The name, address,	and telephone number o	or email address of th	e person to whom app	lications should be add	Iressed:
			•		
b The form in which a	oplications should be su	bmitted and informat	tion and materials they	should include:	
Any submission des	dlines:			· .	
c Any submission dead	umics.				
d Any restrictions or	limitations on awards	, such as by geog	raphical areas, charit	able fields, kinds of	institutions, or other
factors:					

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of Amount Name and address (home or business) recipient a Paid during the year YMCA OF HONOLULU 1441 PALI HIGHWAY HONOLULU HI 96813 NONE PC GENERAL CHARITABLE PURPOSES 3,640. Friends of Honolulu Botanical Garden 180 N VINEYARD BOULEVARD Honolulu HI 96817 PC NONE GENERAL CHARITABLE PURPOSES 910. MILLS COLLEGE 5000 MACARTHUR BOULEVARD OAKLAND CA 94613 NONE PC GENERAL CHARITABLE PURPOSES 2,990. Central Union Church C/O BRITTANY HOPKINS Honolulu HI 96826 none PC GENERAL CHARITABLE PURPOSES 4,420. PUNAHOU SCHOOL 1601 PUNAHOU STREET HONOLULU HI 96822 NONE PC GENERAL CHARITABLE PURPOSES 650. UNIVERSITY OF HAWAII FOUNDATION P.O. BOX 11270 HONOLULU HI 96828-0270 NONE PC GENERAL CHARITABLE PURPOSES 390. 3a 13,000 **b** Approved for future payment **Total**

Part XVI-A Analysis of Income-Produ	ucing Act	<u>ivities</u>	-		
Enter gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a					(OCO INSTRUCTIONS.)
b					
c		·		,	
d					
θ					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	11,185.	· · · · · · · · · · · · · · · · · · ·
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	18,264.	
9 Net income or (loss) from special events • • •			ļ		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a		·			
b				· · ·	
c			-		
d			 		.
0 (1) (1)	-			20.440	
12 Subtotal. Add columns (b), (d), and (e)			<u> </u>	29,449.	
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcu				13	29,449.
Part XVI-B Relationship of Activities		ccomplishment of Ex	compt Dur	20205	
		•		•	
Line No. Explain below how each activit					-
▼ accomplishment of the foundation	on's exemp	t purposes (other than I	by providing	funds for such purpose	s). (See instructions.)
					· · · · · · · · · · · · · · · · · · ·
<u> </u>			-		
			•	- · · · · · · · · · · · · · · · · · · ·	· · ·
		· · · · · · · · · · · · · · · · · · ·	_		
					· · · · · · · · · · · · · · · · · · ·
					<u>-</u>
					
					
		NOT APPLICABL	E		
	-				
		•			
				 _	
				<u> </u>	
-	<u></u>				
					"

Part_>	KVII_	Information Ro Organizations	egarding Tra	ansfers to and 1	Transaction	s and F	Relationship	s With Noncha	ritable	e Exc	empt
		organization direct								Yes	No
		ations?		. 00 ((0)(0) 0.gui.	.241.01.0, 01	000110	,,, OL,, ,O.	ating to political			1
	_	rs from the reportin	g foundation t	o a noncharitable ex	xempt organi	zation of:					1
(1	i) Cas	h							1a(1)		Х
(2	2) Oth	er assets							1a(2)		Х
		ransactions:									ĺ
		es of assets to a non		· •							X
		chases of assets from							_		X
		tal of facilities, equi	-						_	_	X
		mbursement arrange ns or loan guarantee							_		X
		formance of services								_	X
		of facilities, equipm		-							X
		inswer to any of th								fair m	
		f the goods, other									
		n any transaction of									
(a) Line	no	(b) Amount involved	(c) Name o	f noncharitable exempt or	ganization	(d) Desc	ription of transfe	rs, transactions, and sha	iring arra	ngeme	nts
								·			
	_										
								·			
					_						
						_					
			+								
											
			-								
			_								
							•	· · · · · · · · · · · · · · · · · · ·			
				_							
										_	
		oundation directly					e tax-exempt	organizations		_	_
d	escrib	ed in section 501(c)	(other than s	ection 501(c)(3)) or	ın section 52	277	· · · · · · · · ·		Ye	es 📝	∐ No
_b If	"Yes,	complete the follow	_								
		(a) Name of organizatio	on	(b) Type of	organization		(c	c) Description of relation	ship		
								-			
	-		·		_			· .			
											
											
		penalties of perjury, I decla						the best of my knowled	ge and b	elief, it	is true
C:	correct	, and complete Declaration o	of preparer (other than	n taxpayer) is based on all info	rmation of which p	reparer has a	ny knowledge				
Sign	E a	homel &	Kakami	ma 05/07/	2020	Vice	Presiden	t May the IR			
Here	Sign	ature of officer or trustee		Date		Title		See instruction		Yes	No
	JO:	HNNEL NAKAMUR	ŁA .					<u> </u>			_
Paid	_	Print/Type preparer's na	ime	reparer's signatu		· -	Date	Check if	PTIN		
		ERIC W. COUR					05/07/2	020 self-employed	P003	<u>8796</u>	;3
Prepa				NG U.S. LLP		<u>.</u> .		Firm's EIN > 34-	6565	596	
Use C	nly		00 ONE PP								
		PI	TTSBURGH,	PA	152	222		Phone no 412-6			
								Fo	rm 99 (D-PF	(2019

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			NET	INVEST
DIVIDENDS AND INTEREST FROM SECURITIES		REVENUE	AND	EXPENSES
INTEREST				
AND	 			
H	 			
PART I	 			
990PF,	 			
FORM	 			

INVESTMENT	 	11,242.
EXPENSES PER BOOKS		11,185.
DESCRIPTION	! ! !	DIVIDENDS AND INTEREST
DESCR	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	DIVID

11,242.

11,185.

TOTAL

ACCOUNTING FEES
1
н
PART
990PF,
FORM

CHARITABLE PURPOSES	1,650. 1,650. ==========
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	NONE
REVENUE AND EXPENSES PER BOOKS	1,650. 1,650. ==========
DESCRIPTION	TAX PREPARATION FEE (NON-ALLOC TOTALS

FORM 990PF, PART I - TAXES

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NET	INVESTMENT	; ; ; ;			160.	.99	226.	
REVENUE AND	EXPENSES PER BOOKS		1,051.	1,240.	160.	.99	2,517.	
	DESCRIPTION	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	FEDERAL TAX PAYMENT - PRIOR YE	FEDERAL ESTIMATES - INCOME	FOREIGN TAXES ON QUALIFIED FOR	FOREIGN TAXES ON NONQUALIFIED	TOTALS	

T II - CORPORATE STOCK	
PART	====
FORM 990PF,	

DOROTHY B ANDERSON CHARITABLE TR

DESCRIPTION	BISHOP STREET DIV VALUE FUND TIAA-CREF SMALL-CAP BLEND IND NUVEEN REAL ASSET INCOME-I VANGUARD GROWTH INDEX FD ADM VANGUARD HIGH DVD YIELD ETF WISDOMTREE MIDCAP DIV FUND ISHARES CORE MSCI EAFE ETF ISHARES CURRENCY HEDGED MSCI E VANGUARD INTERNATIONAL HIGH DI SPDR MSCI USA STRATEGICFACTORS VANGUARD LARGE-CAP ETF
-------------	--

ENDING FMV 	5	7,83	6,07	3,29	9,74	ω,	06'0	7,24	5,8	5,87	253,757.	
ENDING BOOK VALUE	0	7,50	6,75	8,73	99'8	9	0,73	1,45	2,38	2,25	232,200.	

TOTALS

22

DOROTHY B ANDERSON CHARITABLE TR

- CORPORATE BONDS FORM 990PF, PART II

TOTALS

ENDING FMV	!	66,549.	4,355.	4,344.	14,660.	8,300.	4,002.		102,210.	
ENDING BOOK VALUE		65,330.	4,237.	4,482.	14,621.	8,416.	4,377.	 	101,463.	

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FORM 990PF, PART III - OTHER	INCREASES	IN NE	T WORTH	OR FUND	BALANCES
DESCRIPTION					AMOUNT
STATEMENT TIMING DIFFERENCES DREYFUS ADJ					119. 284.
	TOTA	AL			403.

990PF, PART VII-B LINE 2b - SECTION 4942a2 EXPLANATION STATEMENT

This question does not apply. The foundation does not have any undistributed income from prior years.

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

FIRST HAWAIIAN BANK

ADDRESS:

P.O. BOX 3708

HONOLULU, HI 96811

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 7,336.

COMPENSATION EXPLANATION:

TRUSTEE FEES

TOTAL COMPENSATION:

7,336.

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