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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For t	the 2009 c	alendar	year, or tax year b	peginning	,	2009, an	d ending		· · · · · · · · · · · · · · · · · · ·	, 20			
В		f applicable	Please	C Name of organizati						D Emplo	yer identification	number		
		ss change	use IRS label or	Doing Business As						99	017629	3 4		
		change	print or	Number and street (or	PO box if mail is not	delivered to street add	ress)	Room/suite		E Teleph	one number			
$\overline{\Box}$	Initial r	•	type. See	1611 KEWALO	STREET					(808)	533-232	26		
$\overline{\Box}$	Termin		Specific Instruc-		or country, and ZIP) + 4				1				
\Box		led return	tions.	HONOLULU, HA	WAII 96822-3	134				G Gross r	eceipts \$335,53	36.73		
Ħ		tion pending	F Nan	ne and address of prin					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
_	лфриса	non pending	Robe	rt W. Cool	1611 Kewal	o Street					n for affiliates? Yes			
$\overline{}$	Tax-e	xempt status	X 5	501(c) (2) ⊲ (insert n	no.) 4947(a)(1)	or					included? Yes			
J			N/A	re ites (E / 4 (insent it	<u> </u>	<u> </u>			7	If "No," attach a list (see instructions) iroup exemption number ▶				
K				oration Trust Ass	sociation Other	<u> </u>	I Year o	of formation			of legal domicileHa	waii		
	art I			5/4/6/1 <u>5</u> //46/1 <u>5 //66</u>	October 1		1000	21 101111411011		1 W Oldie C	i legal domicile 110	//		
				Ab 1										
	1	Briefly de	escribe	the organization's	s mission or mo	ost significant a	ctivities:	Tunnir		. +ba ^				
9	-	Evnon	<u>. u</u>	tle to Prope	Scottich D	cting incom	<u>ie anu</u>	Jurilli	ig over	tile A	mioniir. rez	5		
ă		- cyhen:	5637	to Honolulu	370771211 V	ire poniez.						·		
/en														
ွ် ဗ	2			if the organization		•		than 25% of	fits net ass	1				
Activities & Governance	3			ng members of the	-		•			. 3	5			
ties	4			pendent voting m		governing body	(Part VI,	line 1b)		. 4	5			
Ę	5	Total nun	nber of	employees (Part	V, line 2a)					. 5	0			
Ą	6			volunteers (estim						. 6	155			
				elated business re				2		. 7a	0			
, —	<u> </u>	b Net unrelated business taxable income from Form 990-T, line 34								. 7b	0			
·					PE	CEIVED	-01		Prior Ye		Current Yea			
, o	8	Contribut	tions ar	nd grants (Part VII	i, line 1h)		761		2,0	15.00	1,325	.00		
ຸ້ ຊ	9	Program	service	e revenue (Part VII	ll, line 2g)	1 @ 2010								
Revenue	10	Investme	nt inco	me (Part VIII, colu	ımn (A) (a) hes (3)	JAG and ord) UIU	. 0		23,3	38.41	73,125	<u>. 45</u>		
ш	11	O Investment income (Part VIII, column (A) tines (3) 45 and (7d) 23, Other revenue (Part VIII, column (A), lines (5), 6d, 8c, 9c, 10c, and (16)												
	12							53.41	74,450					
	13									00.00	120,000	.00		
	14			or for members (
Expenses	15			empensation, emplo	•		, lines 5–	10)						
en	16a	Professio	nal fund	draising fees (Part	IX, column (A),	line 11e)		. L						
Ä	1			expenses (Part IX,		•		7+	11.					
	1		-	(Part IX, column					122,3	01.56	107,225	.61		
					•	•). line 25)	222,3	01.56	227,225	.61		
	19									48.15)	(152,775	.16)		
Assets or								Beg	inning of C	urrent Year	End of Yea	ır		
sets	20	Total ass	ets (Pa	rt X, line 16)				3	,344,9	54.33	3,188,479	.17		
AS	21		•	Part X, line 26)					3,7	00.00				
Net A	22			nd balances. Sub	tract line 21 fro	om line 20		: : 3	,341,2	54.33	3,188,479	.17		
	art II		ature i											
		Under per	natties of	perjury, I declare that I	have examined this	s return, including ac	companyır	ng schedule	s and stater	nents, and t	o the best of my kr	nowledge		
		and belief	i/it/46 tru	e, correct, and comple	te Declaration of p	reparer (other than o	officer) is b	ased on all	information	of which pr	eparer has any kno	wiedge		
Sig	ın	1	fre	track :	•			•	'	8/9/1	0			
He		Signa	ature of o	officer		<u> </u>			Dat	0 				
		I Rc	bert.	W. Cool	Chairman									
				name and title										
_		0	. \	7	1 - 1		Date	Check	< if	Preparer's i	dentifying number			
_		Preparer's signature	"	Sant ?	Kashin			self-	wed ► □	(see instruc				
Paid			, , _			J	JL 31	20 Gmplo	,,eu - 🗀		P00431823			
	parer's	Firm's nai	me (or yo	ours \ JAMES T	KASHIWADA	& CO CPAs		!	EIN	▶ 99 :				
Use	Only	if self-em	ployed),	OAINEO 1.		334, Honolulu,	Hawaii	96814		o ► (808				
Ma	v the	address, a		return with the p					T-HOUR II	<u> </u>	7 332.610 Yes	No		





Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: None
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	·
	······
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code) (Code) (Code)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶

Pa	rt IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Χ	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			\$
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		Χ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	,		
13 14a	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

Pa	rt IV Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Χ_	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		χ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II N/A	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		х х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	χ	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
$\overline{}$			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	,		
b	Enter the number of Forms W-2G included in line 1a. Finter -0- if not applicable 1b 0]		
С		1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		†
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O N/A	3b		ļ
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Ş	, ,,	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		-
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		-	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	'	,	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?N/A	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			ļ
a	Did the organization make any taxable distributions under section 4966?	9a	L	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ر	<u> </u>
10	decition 301(c)(7) organizations. Lines.	,	ا د ا	_
a b	Initiation fees and capital contributions included on Part VIII, line 12	,	1	١
11	Section 501(c)(12) organizations. Enter:	"	·	
	Gross income from members or shareholders		3	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	2	17.	, s\$
122	amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			7

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a		76 75	1	î.
b	Enter the number of voting members that are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wit	h		<u> " </u>
	any other officer, director, trustee, or key employee?	2	<u></u>	X
3	Did the organization delegate control over management duties customarily performed by or under the direct	at		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more member	s	l	
	of the governing body?	. 7a	X	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b	<u> </u>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	g 🏘		1
	the year by the following:	1-47		1.7
а	The governing body?	. 8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		↓	↓
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			X
~	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9a		
	tion B. Policies (This Section B requests information about policies not required by the li enue Code.)	nternai		
neve	enue code.)		Two	T
40		10a	Yes	Νο χ
	Does the organization have local chapters, branches, or affiliates?			 ^-
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters			
44	affiliates, and branches to ensure their operations are consistent with those of the organization? N/A Has the organization provided a copy of this Form 990 to all members of its governing body before filing th	•		
11	form?	11		Х
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	fe. "	1 34 3	ہے ج
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	∍ 🗌		
	rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	,		
_	describe in Schedule O how this is done	12c	<u> </u>	<u> </u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	764	X
15	Did the process for determining compensation of the following persons include a review and approval b	y E		1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	7 15 27 14	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1,5		37 12 30
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t <u>#19351</u>	- ~ E	X
	with a taxable entity during the year?	16a	324	\ \(\times \)
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluat	ロープ代表	W. *	1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguar the organization's exempt status with respect to such arrangements?		-	1
Sac	tion C. Disclosure			<u> </u>
<u>360</u> 17				
	List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an ergorization to make its Forms 1033 for 1034 if applicable), 990, and 990 T (50)	1(0)(2)0	ooka	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (50 available for public inspection. Indicate how you make these available. Check all that apply.	1(0)(3)8	Urily)	
	Own website Another's website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	nt of int	oract	
13	policy, and financial statements available to the public.	. OI IIII	ਰਾ ਦ ੇ।	
20	State the name, physical address, and telephone number of the person who possesses the books and re	corde c	of the	
	organization: Milliam E. Holsonback 1611 Kewalo Street, Honolulu, Hawaii (80			26

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (.,	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Robert W. Cool Chairman		х		X				0	0	0
Dexter W. Lum Vice-Chairman		Х		Х				0	0	0
James B. Shaw Secretary/Treasurer		X		X				0	0	0
Abraham Nahale'e Trustee		χ						0	0	0
William E. Holsomback Trustee		χ						0	46,224.00	0
								-		

Pa	Section A. Officers, Directors, Tru		/ Emp	loy			d Hig	hest	Compensate	d Employees	(continued)
	(A) Name and title	(B)	D:	1	•	C)	414		(D)	(E)	(F)
	Name and the	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensatio from related organization (W-2/1099-Mil	n amount of other s compensation
		:									
										·	
1b	Total				<u> </u>						
2	Total number of individuals (including but neeportable compensation from the organization from the organization)	not limited t	to the	se	liste	ed a	bove)	wh	o received mo	re than \$100	0,000 in
											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete So							-	, or highest c	•	3 X
4	For any individual listed on line 1a, is the s the organization and related organizations of individual.										
5	Did any person listed on line 1a receive of services rendered to the organization? If "Y	or accrue (es," comp	 comp <u>l</u> ete S	ens Sche	atic dul	n fi e J	rom a for su	ny i uch i	unrelated orga person	anization for	5 X
Se	ction B. Independent Contractors										
1	Complete this table for your five highest cocompensation from the organization.	mpensated	d inde	eper	ndei	nt c	ontrad	ctors	s that received	more than	\$100,000 of
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
2	Total number of independent contractors (in						hose I	liste	d above) who	received	

Par	t VII	Statement of Revenu	e					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b	Federated campaigns Membership dues	. 1b					0.15, 0.10, 0.10.1
iits ar a	C	Fundraising events	. 1c		-		;	
s, g	a	Related organizations	· -	 	†			
ion	f	Government grants (contribution	is).		1			
the	'	All other contributions, gifts, grants, and similar amounts not included ab	ove If	1,325.00				
d atri	a	Noncash contributions included in line			1			
೧೮ ಕ	h			•	1,325.00	İ		
			-	Business Code				
Program Service Revenue	2a							
æ	b					-	_	
Vice	С		• • • • • • • • • • • • • • • • • • • •					
Sen	d							
аЩ	e							
rogr	f	All other program service rev		L				
	g			<u> ▶</u>	-			
	3	Investment income (including other similar amounts) Income from investment of tax-e		•	74,025.93			74,025.93
	5	Royalties						
		(ı) F	Real	(II) Personal				
	6a	Gross Rents				,	,	<u> </u>
	ь	Less: rental expenses				-		
		Rental income or (loss)						
	d			<u></u> . ▶				
	7a	CI USS allibuilt irolli sales ur	ecurities	(ii) Other				
	ь	Less: cost or other basis	,185.80				,	
		and sales expenses . 261	,086.28		[[• 1
		Gain or (loss)	900.48		/ 000 40)			/ 000 40
		Net gain or (loss)		<u> </u>	(900.48)			(900.48
venue	8a	events (not including \$						
Other Reven		of contributions reported on li See Part IV, line 18						
the		Less: direct expenses		L				
0	С	Net income or (loss) from fun	idraising e	vents >				
	9a	Gross income from gaming ac						
		See Part IV, line 19					ļ	
		Less: direct expenses Net income or (loss) from gain						
	10a	Gross sales of inventory,	, less					÷
		returns and allowances	a					,
		Less: cost of goods sold .						
	С	Net income or (loss) from sales	s of invente					
		Miscellaneous Revenue		Business Code				
	b							
	C	All all and an annual and a						
		All other revenue						
		Total. Add lines 11a-11d . Total revenue. See instruction			74,450.45			73,125.45
	-			<u> </u>	,			,

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4)

٠	Section 501(c)(3) and 50 All other organizations must complete col				(C), and (D).
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	120,000.00			-
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			-	•
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
		2,850.00	-		
d					
	Professional fundraising services. See Part IV, line 17			,	
f	Investment management fees	8,833.50			
g	Other				
12	Advertising and promotion	1 670 10			
13	Office expenses	1,672.18			
14	Information technology				
15 16	Royalties				
16 17	Occupancy				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				·
21	Payments to affiliates	35,734.71			
22	Depreciation, depletion, and amortization.	18,394.00			
23	Insurance	20,001.00			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	٧		, ,	
а	Building & Ground Maintenance	33,133.28			
b	Computer Expense	414.13			
С	Miscellaneous	150.13			
d	laxes	205.00			
е	Utilities	5,838.68			
25	All other expenses Total functional expenses. Add lines 1 through 24f				
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	227,225.61			

Pa	art X	Balance Sheet			
•			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	353.12	1	
	2	Savings and temporary cash investments	158,193.93	2	100,084.71
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	50.00
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	_		i
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	. *	6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or 10a 1,417,291.95 other basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b 979,333.63	467,828.10	10c	437,958.32
	11	Investments—publicly traded securities	2,718,579.18	11	2,650,386.14
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,344,954.33	16	3,188,479.17
	17	Accounts payable and accrued expenses	3,700.00	17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	,) j	, }
ap		employees, highest compensated employees, and disqualified	·		
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	<u></u>
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	0.700.00	25	
_	26	Total liabilities. Add lines 17 through 25	3,700.00	26	
Saor		Organizations that follow SFAS 117, check here ▶ 🗓 and complete lines 27 through 29, and lines 33 and 34.	·. '	,	
la	27	Unrestricted net assets	3,341,254.33	27	3,188,479.17
m	28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	28	
밀	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	(,
ts	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds	0.041.051.05	32	0 100 472 47
Š	33	Total net assets or fund balances	3,341,254.33	33	3,188,479.17
	34	Total liabilities and net assets/fund balances	3,344,954.33	34	3,188,479.17

Pa	Financial Statements and Reporting							
			Yes	No				
1	Accounting method used to prepare the Form 990: \(\overline{\Delta}\) Cash \(\overline{\Delta}\) Accrual \(\overline{\Delta}\) Other \(\overline{\Delta}\)							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		X					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?	2b		Х				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	_X					
	If the organization changed either its oversight process or selection process during the tax year, explain in	i I		1. 1				
	Schedule O.							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a consolidated basis, separate basis, or both:							
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		χ				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b						

Form **990** (2009)

SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

	ne of the organization NOLULU SCOTTISH RITE PROPERTIES	Employer identification number 99 0176294
	Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets funds are the organization's property, subject to the organization's exclusive legal of	
6	Did the organization inform all grantees, donors, and donor advisors in writing that used only for charitable purposes and not for the benefit of the donor or donor adv purpose conferring impermissible private benefit?	grant funds can be isor, or for any other
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	
1	☐ Protection of natural habitat ☐ Preservat ☐ Preservation of open space	on of an historically important land area ion of a certified historic structure
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib easement on the last day of the tax year.	ution in the form of a conservation
	• •	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	l == 1
C	Number of conservation easements on a certified historic structure included in (a) .	1 4 1
d	Number of conservation easements included in (c) acquired after 8/17/06	1 = 1
3	Number of conservation easements modified, transferred, released, extinguished, or	
•	the tax year ►	on the second se
4	Number of states where property subject to conservation easement is located ▶	************
5	Does the organization have a written policy regarding the periodic monitoring, insperviolations, and enforcement of the conservation easements it holds?	ction, handling of
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserva	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ▶\$	easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requireme 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revibalance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.	renue and expense statement, and 's financial statements that describes
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, o	or Other Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	•
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describe	research in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue standard treasures, or other similar assets held for public exhibition, education, or reprovide the following amounts relating to these items:	esearch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	
2	If the organization received or held works of art, historical treasures, or other simil following amounts required to be reported under SFAS 116 relating to these items:	-
a b	Revenues included in Form 990, Part VIII, line 1	\$ > \$

Pa	it III Organizations Maintaining	Collections of	f Art, Histo	orica	al Treasures,	or Oth	er Similar	Assets (continued)
3`	Using the organization's acquisition, accollection items (check all that apply):	cession, and oth	her records	, che	eck any of the f	ollowin	g that are a	significant use of its
а	Public exhibition		d 🗀] [oan or exchan	ge pro	grams	
b	Scholarly research		e L] (Other		- 	
C	Preservation for future generations	}						
4	Provide a description of the organizatio Part XIV.	n's collections a	and explair	hov	v they further th	he orga	ınization's e	xempt purpose in
5	During the year, did the organization solic assets to be sold to raise funds rather that	it or receive don in to be maintair	ations of ar	t, his	torical treasures e organization's	s, or oth collect	ner sımılar ıon?	. 🗌 Yes 🗌 No
Par	Escrow and Custodial Arrai IV, line 9, or reported an amo					swered	I "Yes" to F	form 990, Part
	Is the organization an agent, trustee, cuincluded on Form 990, Part X?					s or ot	her assets r	not Yes No
b	If "Yes," explain the arrangement in Par	t XIV and comp	olete the fol	lowi	ng table:			A
						4-		Amount
С	Beginning balance			•		1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	If "Yes," explain the arrangement in Par	t XIV.						
Par	t V Endowment Funds. Compl							
		a) Current year	(b) Pnor ye	ar	(c) Two years ba	ick (d)	Three years bad	ck (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities					ŀ		
	and programs							
f g	Administrative expenses End of year balance							
2	Provide the estimated percentage of the	e year end balar	nce held as	s•				
а	Board designated or quasi-endowment	-						
b	Permanent endowment ▶	%						
С	Term endowment ▶ %							
За	Are there endowment funds not in the po	ssession of the	organizatio	n tha	t are held and	adminis	stered for the	,—,—
	organization by:		J					Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
	If "Yes" to 3a(ii), are the related organization	ations listed as	required or	ı Sch	nedule R? .			3b
4	Describe in Part XIV the intended uses							
Par	t VI Investments—Land, Buildi	ngs, and Equi	pment. S	ee F	orm 990, Part	X, line	<u> 10.</u>	
	Description of investment	(a) Cost or other (investment			st or other s (other)		imulated ciation	(d) Book value
1a	Land			63	,874.13			63,874.13
b	Buildings			747	,260.72	492	830.23	254,430.49
С	Leasehold improvements							
d	Equipment				,761.51		652.39	35,109.12
	Other			<u>159</u>	,395.59	74,	851.01	84,544.58
Total	Add lines 1a through 1e (Column (d) must	equal Form 000	Part Y col	umn	(B) line 10(c))			437 958 32

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.	
· (a)	Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial d	erivatives			
Closely-hel	d equity interests			
				
	•••••			
	•••••			
•••••				
•••••	•••••			
Total. (Column ((b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	
	a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
	· · · · · · · · · · · · · · · · · · ·			
				
 .				····
			· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Par	t X, line 15.		
		(a) Description		(b) Book value
				
				
				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 15)		
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount		
Federal inco	ome taxes			
			_	
			4	
			4	
			4	
			-	
		<u> </u>	4	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)		-	
ווווועוטטן אשטי	by music equal Form 330, Fast A, Oos. (b) line 23.)		<u> </u>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Pa	rt XI Reconciliation of Change in Net Assets from Form 99	0 to Audited Financial S	taten	nents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	_
9	Total adjustments (net). Add lines 4 through 8		9	- <u>-</u>
10	Excess or (deficit) for the year per audited financial statements. Com	bine lines 3 and 9	10	
Pa	t XII Reconciliation of Revenue per Audited Financial St	atements With Revenu	e per	Return
1	Total revenue, gains, and other support per audited financial statement	ents	1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1		
а	Net unrealized gains on investments	2a	,	
b	Donated services and use of facilities	2b	╛,	
C	Recoveries of prior year grants	2c	,	
d	Other (Describe in Part XIV.)	2d	<u> </u>	<u>.</u>
е	Add lines 2a through 2d		<u>2e</u>	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a	4	*
b	Other (Describe in Part XIV.)	4b		4
c		40)	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line **T XIII** Reconciliation of Expenses per Audited Financial S		5	on Deturn
_		tatements with Expens		er Return
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 20 1		
а	Donated services and use of facilities	1 1		
b	Prior year adjustments	2c	┤ 〔,	
C	Other losses	2d	- '	
d	Other (Describe in Part XIV.)	<u> </u>	2e	-
e	Add lines 2a through 2d		3	
3	Subtract line 2e from line 1	· · · · · · · · · · · · · · · · · · ·	1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a	77 }	
a	, , ,	4b	-	
b	Other (Describe in Part XIV.)		4c	-
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part		5	
_	t XIV Supplemental Information	<u> </u>		-1
and	plete this part to provide the descriptions required for Part II, lines 3, 5 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4 part to provide any additional information.			
• • • • •				
			· • • • • • • •	
- -				

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

2009 Open to Public Inspection OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

HONOLULU SCOTTISH RITE PROPERTIES	PERTIES					employer iden	Employer identification number
Part I General Information on Grants and Assistance	on Grants and Ass	istance					
 Does the organization maintain records to substantiate the amount the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the selection of the sel	n records to substant award the grants or as zation's procedures fo	liate the amour ssistance?	nt of the grants or assistance, the grantee ne use of grant funds in the United States.	sistance, the grantee in the United States.	s' eligibility for the gr	ants or assistance, a	and Yes 🕅 No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	sistance to Govern 21, for any recipie I-1 (Form 990) if ad	nments and on that received the ditional space	Organizations in the ded more than \$5,00 e is needed	ne United States. (Organizations in the United States. Complete if the organization answered "Yes" to red more than \$5,000. Check this box if no one recipient received more than \$5,000. e is needed	inization answered eceived more than	l "Yes" to n \$5,000. Use
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(0)	(f) Method of valuation (book, FMV, appraisal,		(h) Purpose of grant or assistance
Honolulu Scottish Rite Bodies 1611 Kewalo St.	es 99-0082455 501(c)(10))1(c)(10)	120,000.00				General Support
						0 0 0 0 0	
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	01(c)(3) and governmen ganizations	t organizations					0
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice, see t	he Instructions	for Form 990.		Cat. No. 50055P		Schedule I (Form 990) 2009

Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants at

(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	Significan	כמאו קומוו	noi-cash assistance	riw, appraisal, omer)	
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2,	nplete this part to pr	ovide the information	on required in Part		and any other additional information.
•					
					Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

തെര

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

ns on	<u> </u>
	Open to Public Inspection
Employer iden	tification number

OMB No 1545-0047

HONOLULU SCOTTISH RITE PROPERTIES	99	0176294
Part VI, Line 19		
Organization does not make its governing documents and finan	cial	statements
available to the public.		
·····		
		
······································	•••••	
<i>,</i>		
	•••••	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990.

See separate instructions.

OMB No. 1545-0047 2009

Open to Public Inspection

0176294 66 Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33,) HONOLULU SCOTTISH RITE PROPERTIES Name of the organization Part I

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		:			
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	Complete if the organi ig the tax year.)	zation answered "	Yes" to Form 990), Part IV, line 34 I	pecause it
(a) Name, address, and EiN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Honolulu Scottish Rite Bodies (99-0082455) 1611 Kewalo St. Honolulu, HI	Oblig./Goals of Frat. Org.	Hawaii	501(c)(10)		N/A
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for	for Form 990.	Cat No. 50135Y	0135Y	Schedul	Schedule R (Form 990) 2009

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Schedule R (Form 990) 2009 managing partner? Yes No Percentage ownership General or 3 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 (h)
Disproportionate
allocations? å Yes (r) Share of total income Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) Share of total income Predominant income (related, unrelated, excluded from tax under foreign country) Legal domicile sections 512-514) (state or (d)
| Direct controlling | Primary activity (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization æ Part IV

Part V

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ın Parts II–IV?	Yes No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		. 1a × ×
c Gift, grant, or capital contribution from other organization(s)		1c ×
d Loans or loan guarantees to or for other organization(s)		1d ×
e Loans or loan guarantees by other organization(s)		Je X
Sale of assets to other organization(s)		1f X
g Purchase of assets from other organization(s)		1g X
h Exchange of assets		۲ <u>۲</u>
i Lease of facilities, equipment, or other assets to other organization(s)		·
j Lease of facilities, equipment, or other assets from other organization(s)	•	1j
k Performance of services or membership or fundraising solicitations for other organization(s)		1 1 ×
Performance of services or membership or fundraising solicitations by other organization(s)		< ><
m Sharing of facilities, equipment, mailing lists, or other assets		-t
		•
o Reimbursement paid to other organization for expenses		10
p Reimbursement paid by other organization for expenses		1p ^
		7
q Other transfer of cash or property from other organization(s)		1r X
ons for information on who must complete this line, including	covered relationships and train	and transaction thresholds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) Honolulu Scottish Rite Bodies	p	120,000.00
(2)		
(S)	-	
(4)		
(5)		
(9)		
	Sched	Schedule R (Form 990) 2009

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(4)	3	3	-	1011101	9	1	L	
Name, address, and EIN of entity	Pnmary activity		Are all pa	tners	(e) Share of	Disproportionate		Ĝ	(n) neral or
		(state or foreign country)	section 501(c)(3) organizations?	3) ons?	end-of-year assets	allocations	of Schedule K-1 (Form 1065)	m pa	managing partne <i>r?</i>
			Yes	N _o		Yes No	_	Yes	8 N
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				•			Schedule R (Form 990) 2009)66 E) 2009

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545-0172 200

Attachment Sequence No 67

Identifying number

Name(s) shown on return

Business or activity to which this form relates

HONOLULU SCOTTISH RITE PROPERTIES FORM 990 99-0176294 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. \$250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . \$800,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 16 Other depreciation (including ACRS) 5,666.70 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use penod only-see instructions) service 19a 3-year property 300 5-year property 5,864.93 200DB 838.09 c 7-year property 7 vrs HY d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. ММ S/L property 27.5 yrs. ММ S/L Nonresidential real 39 yrs. S/L MM property S/L ММ Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 23 **b** 12-year 12 yrs. 5/L c 40-year 40 yrs. ММ **5/L** Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Form	4562 (2009)															Page 2
	rt V · Listed	Property (es, ce	ellular t	elepho	nes, d	certain o	comp		
	•	rty used for er						•								
		For any vehicle										ѕө ехр	ense, co	mplete	e on	i y 24a,
		olumns (a) throu														
24	Section A –	-Depreciation												$\overline{}$		<u> </u>
240		1	(c)	nvestme	nt use cia	almed?	(e	es∐ No N				evidend	e written?	-		<u> No</u>
Тур	(a) be of property (list vehicles first)	(b) Date placed in service	Business/ investment use percentage	Cost o	(d) r other ba		asıs for de	epreciation nvestmen	Red	(f) covery enod	(g) Metho Conven		(h) Depreciat deduction		lected	(i) d section) cost
25		ciation allowand used more than								g the		25				
26	Property used	more than 50%	6 in a qual	ified bu	usiness	use:						·				
			%													
			%													
		<u> </u>	%			i			Ш							
<u>27</u>	Property used	50% or less in		busin	ess use	<u>: </u>						····				
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			%			-			+		<u>/L –</u> /L –		<u> </u>			
28	Add amounts	in column (h) li		ough 2	7 Enter	here a	nd on l	ine 21	nane 1			28		 ,,	, v.	- 1
	Add amounts			_					_		-			29	<u></u>	
					n B—In								L			
Com to yo	plete this section ur employees, fi	n for vehicles use rst answer the qu	ed by a sole uestions in	propri Section	etor, par C to se	tner, o e if you	r other " I meet a	more than	an 5% d	owner," completi	or relate ing this	ed personsection	on. If you for those	provid vehicl	ed vo	ehicles
30	Total business/ during the y commuting miles	ear (do not		Vehi	a) cle 1		b) icle 2		cle 3		d) cle 4	Ve	(e) hicle 5	<u> </u>	(f) /ehicle	e 6
31	_	•	n the year		_					 				 		
	Total other po		nmuting)												_	
33	Total miles driv														_	
34	Was the vehicluse during off-d		personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
35		cle used primar owner or related		į								L				
36	Is another vehicuse?	ele available for p			<u>-</u>											
		Section C-Q														
	ver these quest than 5% owne	ers or related pe	ersons (see	instru	ctions).		<u> </u>					<u> </u>		es who	o are	
37	Do you mainta your employee	un a written poles?	icy statem		•		persona · · ·	al use o	f vehicl	les, incli	uding c	ommut · ·	ting, by	Ye	s	No
38		in a written po ee the instruction														
39		Il use of vehicle									omple:				\neg	
40	use of the vehi	e more than five icles, and retain	the inforn	nation	received	1? .				, .						
41		he requirements														· · · · ·
Par		ization														
	(a) Description o		(b Date amo	rtization	A		c) ble amour	nt		d) section	pe	(e) ortization eriod or centage		(f) tization		s year

42 Amortization of costs that begins during your 2009 tax year (see instructions):

43 Amortization of costs that began before your 2009 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

43 44

Name HONOLULU SCOTTISH		RTIES	Social Security or Identification No	99-0176294
Address 1611 KEWALO STREE				
HONOLULU, HAWAII	96822			
Form_ 990	Schedule	Line	Year 2009	

Part VIII. Line 7a - Gross Amount from Sales of Assets Other	h Tr	nan Inve	ntory	/	
Part VIII, Line 7a - Gross Amount from Sales of Assets Othe Capital Gain Dividends Sales Price of Publicly Traded Securities	\$	5,91	4.63	1	
Sales Price of Publicly Traded Securities		254,27 260,18	1.17		
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Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and the Part II unless you have already been greated as automate 2 month systems as a second of automate 2.	(on page 2			
Part I	plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies need)		ilea Form 8808.		
	on required to file Form 990-T and requesting an automatic 6-month extension—check	,	and complete		
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to red	quest an extension of		
one of the relectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auterum noted below (6 months for a corporation required to file Form 990-T). Hower, if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file to the submit the fully completed are details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file to the submit and	ver, you ca s 990-BL, 6 nd signed pa	annot file Form 8868 5069, or 8870, group age 2 (Part II) of Form		
Type or	Name of Exempt Organization	Employer	mployer identification number		
print	HONOLULU SCOTTISH RITE PROPERTIES	99 0176294			
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions 1611 KEWALO STREET				
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions HONOLULU, HAWAII 96822				
Check type	of return to be filed (file a separate application for each return):				
☑ Form 990	Form 990-T (corporation)		Form 4720		
☐ Form 990	D-BL		☐ Form 5227		
☐ Form 990	D-EZ		Form 6069		
☐ Form 990	D-PF		Form 8870		
Telephone If the orga If this is fo for the whole	are in the care of ► WILLIAM E. HOLSOMBACK No. ► (808) 533-2326 FAX No. ► () nization does not have an office or place of business in the United States, check this r a Group Return, enter the organization's four digit Group Exemption Number (GEN). group, check this box ► □ . If it is for part of the group, check this box				
1 I requeuntil for the c	est an automatic 3-month (6 months for a corporation required to file For AUGUST 15 , 20_10 , to file the exempt organization return for the organization organization's return for: tealendar year 20_09 or teax year beginning, 20, and ending				
2 If this ta	x year is for less than 12 months, check reason: Initial return Final return	Change	in accounting period		
less any	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax nonrefundable credits. See instructions.	3a	\$		
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated ta ts made. Include any prior year overpayment allowed as a credit.	3b	\$		
deposit	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymen See instructions.		\$		
Caution. If yo	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845	3-EO and	Form 8879-EO		