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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

**2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable

- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

C Name of organization

AIO FOUNDATION

FKA HWB FOUNDATION

Number and street (or P O box, if mail is not delivered to street address)

1000 BISHOP STREET, SUITE 405

City or town, state or country, and ZIP + 4

HONOLULU, HI 96813

D Employer identification number

94-3278794

E Telephone number

(808) 537-9500

F Group Exemption  
Number ►G Accounting method ☒ Cash ☐ Accrual Other (specify) ►H Check ☒ if the organization is not  
required to attach Schedule B  
(Form 990, 990-EZ, or 990-PF)

I Website: ►

J Tax-exempt status  
(check only one) -☒

501(c)(3)

☐ 501(c) ( ) ◀ (insert no)

4947(a)(1) or

☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required through Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 2,548.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,400.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	148.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
6c	Less direct expenses gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	2,548.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	0.
	12	Salaries, other compensation, and employee benefits	12	3,319.
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	6.
	15	Printing, publications, postage, and shipping	15	3,417.
	16	Other expenses (describe in Schedule O)	16	6,742.
	17	<b>Total expenses.</b> Add lines 10 through 16	17	-4,194.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	321,128.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19		
20	Other changes in net assets or fund balances (explain in Schedule O)	20		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	316,934.	

For Paperwork Reduction Act Notice, see the separate instructions

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Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . . ATTACHMENT 3 . . . . .	321,128.	22	314,316.
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . ATTACHMENT 4 . . . . .	0.	24	2,618.
25	<b>Total assets</b> . . . . .	321,128.	25	316,934.
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	321,128.	27	316,934.

Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☒ X

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

28	ATTACHMENT 6		
	(Grants \$ 0 . ) If this amount includes foreign grants, check here . . . . . ▶	28a	1,263.
29	ATTACHMENT 7		
	(Grants \$ 0 . ) If this amount includes foreign grants, check here . . . . . ▶	29a	1,288.
30	ATTACHMENT 8		
	(Grants \$ 0 . ) If this amount includes foreign grants, check here . . . . . ▶	30a	2,543.
31	Other program services (attach schedule) . . . . .		
	(Grants \$ . ) If this amount includes foreign grants, check here . . . . . ▶	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶	32	5,094.

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V)  
 Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
			<input checked="" type="checkbox"/>
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	X	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	X	
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? . . . . .		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year? . . . . .		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b		
39	Section 501(c)(7) organizations Enter . . . . .		
a	Initiation fees and capital contributions included on line 9 . . . . . 39a		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0. . . . .		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0.		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		X
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ DEBRA ARAKAWA Telephone no ▶ 808-537-9500 Located at ▶ 1000 BISHOP STREET, SUITE 405 HONOLULU, HI ZIP + 4 ▶ 96813		
b	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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
	If "Yes," enter the name of the foreign country ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
c	Did the organization receive any payments for indoor tanning services during the year? . . . . .		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		

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	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ	<b>45a</b>	
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this part VI ☐

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	X
<b>49 a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	X

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 **0**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors receiving over \$100,000 **0**

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ Yes ☐ No

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

<b>Sign Here</b>	Signature of officer <u>Susan K. Eichor</u>		Date <u>5/16/2011</u>		
	Type or print name and title <u>Susan K. Eichor</u>		<u>President/Director</u>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>ALLISON TOMA</u>	Preparer's signature <u>Allison Toma</u>	Date <u>5/13/2011</u>	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name <u>ERNST &amp; YOUNG U.S. LLP</u>	Firm's EIN <u>34-6565596</u>		Phone no	
	Firm's address <u>55 MERCHANT ST, SUITE 1900, C-120 HONOLULU, HI 96813</u>	<u>808-531-2037</u>			
	May the IRS discuss this return with the preparer shown above? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **AIO FOUNDATION**

Employer identification number

FKA HWB FOUNDATION

94-3278794

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a</b> <b>33 1/3 % support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3 % support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	200	22,100	4,800	1,094	2,400	30,594
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	-375	1,950	8,420	0	0	9,995
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> Total. Add lines 1 through 5 . . . . .	-175	24,050	13,220	1,094	2,400	40,589
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .	0	0	0	0	0	0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8</b> Public support (Subtract line 7c from line 6) . . . . .						40,589

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .	-175	24,050	13,220	1,094	2,400	40,589
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	17	373	7,494	561	148	8,593
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	17	373	7,494	561	148	8,593
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) <u>ATC 1</u> . . . . .	19,950	14,835	0	0	0	34,785
<b>13</b> Total support (Add lines 9, 10c, 11, and 12) . . . . .	19,792	39,258	20,714	1,655	2,548	83,967
<b>14</b> First five years. If the Form 990 is for the organization's first, second third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	48.34 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	49.26 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	10.23 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	<b>18</b>	7.83 %

- 19a** 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ☒ **X**
- b** 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ☐
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	19,950	14,835	0	0	0	34,785
<b>TOTAL</b>	<u>19,950</u>	<u>14,835</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>34,785</u>

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

AIO FOUNDATION

Employer identification number

FKA HWB FOUNDATION

94-3278794

OTHER PROGRAM SERVICES & ACTIVITY NOT PREVIOUSLY REPORTED TO THE IRS

FORM 990EZ, PART III - LINE 31 & LINE 33

SUMMARY: THE AIO FOUNDATION (THE "FOUNDATION") SPONSORED THE 2011 HAWAII STATE SPELLING BEE IN WHICH HAWAII STUDENTS IN GRADES 4 THROUGH 8 COMPETED TO BE THE BEST SPELLER IN THEIR SCHOOLS, IN THEIR DISTRICTS, AND IN THE STATE. THE FOUNDATION'S SPONSORSHIP INVOLVED SUPPORTING THE SCHOOL-LEVEL AND DISTRICT-LEVEL SPELLING BEE COMPETITIONS ON ALL ISLANDS; PROMOTING, ORGANIZING AND CONDUCTING THE STATE SPELLING BEE HELD IN HONOLULU ON THE ISLAND OF OAHU; PARTNERING WITH PBS HAWAII, HAWAII'S PUBLIC BROADCAST STATION, TO TELEVISION THE STATE SPELLING BEE; AND FUNDRAISING TO COVER THE EXPENSES INCURRED IN SPONSORING THE SPELLING BEE.

BACKGROUND: IN NOVEMBER, 2010, THE FOUNDATION'S OFFICERS HEARD THAT THE HAWAII SPELLING BEE WOULD BE CANCELLED. THE SPELLING BEE IS A COMPETITION IN WHICH STUDENTS IN GRADES 4 THROUGH 8 PARTICIPATE IN SPELLING COMPETITIONS (CALLED "BEES") AT THE SCHOOL, DISTRICT, STATE AND NATIONAL LEVELS. THE STUDENT WHO CORRECTLY SPELLS ALL THE WORDS PRESENTED TO HIM OR HER PROCEEDS TO THE NEXT LEVEL OF COMPETITION, WITH THE PENULTIMATE LEVEL BEING THE NATIONAL SPELLING BEE HELD IN WASHINGTON, D.C.

THROUGH A SERIES OF COMMUNICATIONS BETWEEN THE FOUNDATION AND THE SCRIPPS HOWARD FOUNDATION, WHICH SPONSORS AND CONDUCTS THE NATIONAL SPELLING BEE,

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THE FOUNDATION LEARNED THAT THE HAWAII SPELLING BEE SPONSOR HAD  
WITHDRAWN, AND UNLESS A NEW SPONSOR FOR THE HAWAII SPELLING COULD BE  
FOUND, HAWAII STUDENTS IN GRADES 4 THROUGH 8 WOULD BE DENIED THE  
OPPORTUNITY TO COMPETE IN THEIR SCHOOL SPELLING BEES, DISTRICTS' SPELLING  
BEES, THE STATE SPELLING BEE, AND ULTIMATELY THE NATIONAL SPELLING BEE.  
CLEARLY, TIME WAS OF THE ESSENCE IF HAWAII WAS TO CONDUCT ITS OWN  
DISTRICT AND STATE BEE COMPETITIONS IN TIME TO SEND A STATE SPELLING BEE  
CHAMPION TO THE 2011 NATIONAL SPELLING BEE TO BE HELD IN WASHINGTON, D.C.  
DURING THE WEEK OF MAY 29 THROUGH JUNE 3, 2011.

THUS, IN DECEMBER 2010, WITH LESS THAN THREE MONTHS BEFORE THE STATE  
SPELLING BEE IS NORMALLY HELD, THE FOUNDATION AGREED TO SPONSOR THE  
HAWAII SPELLING BEE. THE DIRECTORS AND OFFICERS OF THE FOUNDATION  
RECOGNIZED THAT WHILE ITS ORIGINAL EXEMPT PURPOSE WAS TO EXPOSE HAWAII'S  
CHILDREN TO THE "NATIONAL PASTIME" OF BASEBALL, THEY ALSO RECOGNIZED THAT  
THE FOUNDATION HAD FOR SOME TIME CONSIDERED EXPANDING ITS PURPOSES TO  
INCLUDE SERVICES AND PROGRAMS THAT ENHANCES THE EDUCATION AND EDUCATIONAL  
OPPORTUNITIES FOR HAWAII'S STUDENTS IN GRADES K (KINDERGARTEN) THROUGH 12  
(SENIOR YEAR IN HIGH SCHOOL). THE FOUNDATION'S DIRECTORS AND OFFICERS  
AGREED THAT THE SPELLING BEE WAS A UNIQUE AND IMPORTANT PROGRAM THAT  
ENHANCES THE EDUCATIONAL EXPERIENCE OF STUDENTS IN GRADES 4 THROUGH 8 BY  
CHALLENGING THEM TO IMPROVE AND INCREASE THEIR VOCABULARY AND TO DEVELOP  
CORRECT USAGE OF ENGLISH WITHIN A COMPETITIVE FORMAT.

JUST AS IMPORTANTLY, THE FOUNDATION UNDERSTOOD THAT ON THE AVERAGE,

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ANNUALLY OVER 1,200 STUDENTS PARTICIPATE IN THE VARIOUS SPELLING BEES HELD THROUGHOUT THE STATE. THE FOUNDATION BELIEVED THAT WHILE THIS NUMBER IS IMPRESSIVE MANY MORE STUDENTS COULD BE ENCOURAGED TO PARTICIPATE, THEREBY IMPROVING THEIR ENGLISH LANGUAGE SKILLS, WITH A MORE INVOLVED BEE SPONSOR.

IN DECIDING TO SPONSOR THE SPELLING BEE, THE FOUNDATION ALSO DECIDED TO CHANGE ITS NAME - FROM HWB FOUNDATION TO AIO FOUNDATION - TO REFLECT THE EXPANDED MISSION OF THE FOUNDATION AND TO RECOGNIZE THE SIGNIFICANT TIES BETWEEN THE FOUNDATION AND THE AIO GROUP, A FOR-PROFIT HAWAII CORPORATION. HWB IS THE ACRONYM OF "HAWAII WINTER BASEBALL." WITH THE ADDITION OF THE SPELLING BEE PROGRAM, HWB OBVIOUSLY WAS TOO NARROW A NAME FOR THE FOUNDATION. SELECTING AIO AS ITS NEW NAME SEEMED APPROPRIATE INASMUCH AS THE AIO GROUP'S FOUNDER IS ALSO A CO-FOUNDER OF THE FOUNDATION, AND MANY OF THE AIO GROUP'S LEADERS AND OFFICERS ARE DIRECTORS AND OFFICERS OF THE FOUNDATION.

AS SPONSOR, THE FOUNDATION WAS RESPONSIBLE FOR SUPPORTING THE LOWER-LEVEL BEE COMPETITIONS (IN THE SCHOOLS AND AT THE DISTRICT LEVEL), AND ORGANIZING, PROMOTING AND CONDUCTING THE STATE SPELLING BEE IN WHICH THE STATE BEE CHAMPION IS DETERMINED. THE FOUNDATION WAS ALSO RESPONSIBLE FOR PAYING THE EXPENSES OF THE STATE SPELLING BEE: E.G., AIR FARES FOR THE DISTRICT BEE WINNERS FROM THE ISLANDS OF KAUAI, MAUI, AND HAWAII (I.E., TO FLY THE WINNERS AND ONE CHAPERONE EACH INTO HONOLULU TO COMPETE IN THE STATE SPELLING BEE); AIR FARES FOR THE STATE BEE CHAMPION AND ONE CHAPERONE TO COMPETE IN THE NATIONAL SPELLING BEE IN WASHINGTON, D.C.;

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ACCOMMODATIONS COSTS AND EXPENSES FOR THE DISTRICT BEE WINNERS AND ONE CHAPERONE EACH IN HONOLULU; ACCOMMODATIONS COSTS AND EXPENSES OF THE STATE BEE CHAMPION AND HIS/HER CHAPERONE IN WASHINGTON, D.C.; AWARDS PACKAGES FOR ALL STATE BEE PARTICIPANTS; ADVERTISING TO PROMOTE THE EVENT AND THE WINNERS; ETC.

THE FOUNDATION SOUGHT AND OBTAINED THE MAJORITY OF ITS FUNDS FOR THE 2011 SPELLING BEE COSTS AND EXPENSES FROM THE GENERAL PUBLIC: I.E., A NUMBER OF INDIVIDUALS AND LOCAL CORPORATE DONORS. THE FOUNDATION ANTICIPATES THAT THE GENERAL PUBLIC WILL CONTINUE TO BE ITS GREATEST SOURCE OF FUNDING FOR THE SPELLING BEE, WITH A NUMBER OF FUNDRAISING EVENTS AND DONOR DRIVES BEING PLANNED BETWEEN NOW AND THE NEXT SPELLING BEE SEASON (WHICH GENERALLY STARTS IN OCTOBER EACH YEAR AND RUNS THROUGH MARCH OF THE FOLLOWING YEAR).

ON MARCH 19, 2011, THE 2011 HAWAII STATE SPELLING BEE WAS TELEVISED LIVE ON PBS HAWAII. THE 2 WINNERS OF EACH OF THE 7 DISTRICT BEES WERE IN ATTENDANCE. THE 2011 STATE SPELLING BEE CHAMPION IS CHRISTOPHER KIM, AN 8TH GRADE STUDENT FROM THE ISLAND OF MAUI.

ON MARCH 20, 2011, THE FOUNDATION COMMENCED ITS PLANNING FOR THE 2012 STATE SPELLING BEE. THE FOUNDATION INTENDS TO INCREASE THE NUMBER OF SCHOOLS AND STUDENTS PARTICIPATING IN THE SPELLING BEE, AND IS USING THE LEAD TIME BEFORE THE START OF THE NEXT STATE SPELLING BEE SEASON TO WORK WITH THE SCHOOLS AND TEACHERS TO BRING THE BEE TO MORE STUDENTS.

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## SIGNIFICANT CHANGES

FORM 990EZ, PART V - LINE NO. 34

THE FOUNDATION IS IN THE PROCESS OF: (1) AMENDING ITS ARTICLES OF INCORPORATION WITH THE DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS, STATE OF HAWAII TO INCLUDE ITS EXPANDED MISSION AND EXEMPT PURPOSES; AND (2) AMENDING ITS BY-LAWS TO REFLECT THE SAME. THE CONFORMED COPIES OF THE AMENDED DOCUMENTS WILL BE SENT WITH THE FOUNDATION'S FORM 990EZ (FOR 2011), UNLESS THE INTERNAL REVENUE SERVICE REQUESTS EARLIER COPIES.

ATTACHMENT 1FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
INTEREST INCOME	145.
OTHER INVESTMENTS	3.
TOTAL	<u>148.</u>

ATTACHMENT 2FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	6.
PROFESSIONAL FEES	2,604.
BANK CHARGE	807.
TOTAL	<u>3,417.</u>

ATTACHMENT 3FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
SAVINGS	321,128.	314,316.
TOTALS	<u>321,128.</u>	<u>314,316.</u>

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ATTACHMENT 4

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
WEBSITE DEVELOPMENT - WIP	0.	2,618.
TOTALS	<u>0.</u>	<u>2,618.</u>

ATTACHMENT 5

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE AS FOLLOWS:

(1) TO "TURN THE NATIONAL PASTIME INTO A CHILD'S LESSON FOR ALL TIME" (2) TO PROVIDE INSPIRATION FOR ADULTS AND CHILDREN TO BECOME RESPONSIBLE FOR THEMSELVES. (3) TO PROVIDE CHILDREN OF NEED WITH OPPORTUNITIES TO EXPERIENCE PROFESSIONAL BASEBALL GAMES. THIS INVOLVES FUNDRAISING TO PURCHASE TICKETS FOR HAWAII WINTER BASEBALL GAMES, DISTRIBUTING THOSE TICKETS AND IN CERTAIN SITUATIONS, PROVIDING TRANSPORTATION TO AND FROM BASEBALL GAMES. (4) TO PROVIDE PROGRAMS THROUGH HAWAII WINTER BASEBALL WHICH BUILD HEALTH, EDUCATION AND WELFARE AMONGST HAWAII'S CHILDREN. THIS INVOLVES FUNDRAISING AND COORDINATION BETWEEN (A) HAWAII WINTER BASEBALL COACHES AND PROFESSIONAL BALLPLAYERS AND (B) SCHOOLS AND COMMUNITY GROUPS.

ATTACHMENT 6

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT 1

HIDEO NOMO BASEBALL ACADEMY TOURNAMENT

THIS ONE DAY EVENT FEATURED A (13 TO 15 YEAR OLD TEAM) FROM THE HIDEO NOMO BASEBALL ACADEMY THAT IS BASED IN OSAKA, JAPAN. THEIR GAMES AGAINST LOCAL HIGH SCHOOL COMPETITION WERE PLAYED AT HANS L'ORANGE FIELD. FOR TEAM NOMO AND THEIR HOME STAY FAMILIES, THE OPPORTUNITY TO LEARN EACH OTHER'S CULTURE ON AND OFF THE BASEBALL DIAMOND PROVED TO BE INVALUABLE. THE GAME OF BASEBALL PROVIDED AVENUES FOR THOSE PARTICIPANTS TO CIRCUMVENT LANGUAGE BARRIERS AS A PROMOTION OF GOODWILL BETWEEN OUR COUNTRIES.

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ATTACHMENT 7PROGRAM SERVICE ACCOMPLISHMENT 2

## KISHIDAN BASEBALL GAME

THIS ONE DAY EVENT FEATURED A BASEBALL GAME BETWEEN KISHIDAN, A ROCK MUSIC BAND FROM JAPAN, AND A LOCAL TEAM HELD AT THE HANS L'ORANGE FIELD. THE PURPOSE OF THIS GAME OF BASEBALL WAS TO PERPETUATE JAPANESE AND HAWAIIAN CULTURES, WHILE PROVIDING OPPORTUNITIES FOR FUTURE GENERATIONS TO LEARN FROM ONE ANOTHER.

PROGRAM SERVICE ACCOMPLISHMENT 3ATTACHMENT 8

## ROOSEVELT HIGH SCHOOL

THE PILOT PROJECT FOCUSED ON SIX STUDENT-ATHLETES FROM ROOSEVELT HIGH-SCHOOL IN THEIR JUNIOR YEAR AS THEY PROGRESSED TO THEIR SENIOR YEAR AND MADE DECISIONS REGARDING THEIR NEXT STEPS IN LIFE; BE IT A FOUR-YEAR, DIVISION 1 COLLEGE, A TWO-YEAR JUNIOR COLLEGE, PLAYING SPORTS IN COLLEGE, OR EVEN JUST BEING ABLE TO GRADUATE HIGH-SCHOOL. THE HWB FOUNDATION PROVIDED THE SIX STUDENT-ATHLETES WITH COLLEGE COUNSELING SERVICES BEYOND THE IN-SCHOOL COUNSELORS, AS WELL AS FINANCIAL REIMBURSEMENT FOR ALL COLLEGE PREPARATORY AND APPLICATION EXPENSES. THE OBJECTIVE OF THE PILOT PROJECT WAS TO IDENTIFY IF THE FOUNDATION COULD HELP HIGH-SCHOOL STUDENTS, IDENTIFY HOW LABOR INTENSIVE THE COLLEGE COUNSELING PROCESS IS, AND IDENTIFY WHAT ELEMENTS OF THE COLLEGE COUNSELING PROCESS MIGHT BE SCALABLE. THE RESULTS OF THE PILOT PROJECT WILL DETERMINE IF IT COULD BE EXPANDED TO EFFICIENTLY AND EFFECTIVELY ACCOMPLISH THE MISSION OF PROVIDING PROGRAMS WHICH ENHANCE EDUCATION AND WELFARE OF HAWAII'S CHILDREN.



## AIO FOUNDATION

94-3278794

ATTACHMENT 9FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
ARAKAWA, DEBRA 1000 BISHOP STREET, SUITE 405 HONOLULU, HI 96813	DIRECTOR/VICE PRESIDENT 1.00	0.	0.	0.
HIRASHIMA, LYNN 1000 BISHOP STREET, SUITE 405 HONOLULU, HI 96813	SECRETARY 1.00	0.	0.	0.
KURISU, HERVY 1000 BISHOP STREET, SUITE 405 HONOLULU, HI 96813	DIRECTOR 4.00	0.	0.	0.
EICHOR, SUSAN 1000 BISHOP STREET, SUITE 405 HONOLULU, HI 96813	PRESIDENT/DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		<u>0.</u>	<u>0.</u>	<u>0.</u>

FILED 05/10/2011 10:54 AM  
Business Registration Division  
DEPT. OF COMMERCE AND  
CONSUMER AFFAIRS  
State of Hawaii

STATE OF HAWAII  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
Business Registration Division  
335 Merchant Street  
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810  
Phone No. (808) 588-2727



**ARTICLES OF AMENDMENT TO CHANGE CORPORATE NAME**

(Section 414D-183, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned, duly authorized officers of the corporation submitting these Articles of Amendment, certify as follows:

109100 D2 1. The present name of the corporation is:  
HWB Foundation

2. The name of the corporation is changed to:  
aiio Foundation

3. The amendment to change the corporation name was adopted on: February 1, 2011  
(Month Day Year)

(Check one)

☐ at a meeting of the *members*:

Designation (class) Of membership	Total Number of Memberships (votes) outstanding	Total Number of Votes Entitled to be Cast By each Class	Number of Votes Cast by each class For Amendment	Number of Votes Cast by each class Against Amendment

OR

☐ by written consent of the *members* holding at least eighty per cent of the voting power.

OR

☒ by a sufficient vote of the *Board of Directors* or *Incorporators* because member approval was not required.

4 Check one:

☐ The written approval of a specified person or persons named in the articles of incorporation was obtained

☒ The written approval of a specified person or persons is not required.

The undersigned certifies under the penalties of Section 414D-12, Hawaii Revised Statutes, that the undersigned has read the above statements, I/we are authorized to make this change, and that the statements are true and correct.

Signed this 10th day of May, 2011

Susan Eichor, President/Director

(Type/Print Name & Title)

*Susan Eichor*

(Signature of Officer)

Debra Arakawa, VP/Treasurer/Director

(Type/Print Name & Title)

*Debra Arakawa*

(Signature of Officer)

SEE INSTRUCTIONS ON REVERSE SIDE. The articles must be signed by at least one officer of the corporation.

05/11/2011 120027