See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsonng 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 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.*

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning NOV 1, 2010 and ending OCT 31, 2011

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ALICE P. TRIMBLE FOUNDATION

Number and street (or P O. box, if mail is not delivered to street address) | Room/suite
P.O. BOX 3170, DEPT 715

City or town, state or country, and ZIP + 4
HONOLULU, HI 96802-3170

D Employer identification number
99-6033578

E Telephone number
808-694-4543

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ N/A

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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 though 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 ▶ $ 74,735.

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	3,928.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income SEE SCHEDULE O		4	1,688.
	5a	Gross amount from sale of assets other than inventory	5a 69,119.		
	b	Less: cost or other basis and sales expenses	5b 66,197.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	2,922.
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	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 exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	8,538.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	5,900.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	3,000.
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	1,041.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	9,941.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-1,403.
	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	62,866.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	61,463.

LHA **For Paperwork Reduction Act Notice, see the separate Instructions.** Form **990-EZ** (2010)

BP

032171
02-02-11

Part II Balance Sheets. (see the instructions for Part II.)

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

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	1,207.	22	1,496.
23	Land and buildings		23	
24	Other assets (describe in Schedule O) SEE SCHEDULE O	61,659.	24	59,967.
25	Total assets	62,866.	25	61,463.
26	Total liabilities (describe in Schedule O)		26	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	62,866.	27	61,463.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

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

What is the organization's primary exempt purpose? SEE SCHEDULE O

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.

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

28 SCHOLARSHIP TO ENABLE ONE STUDENT TO ATTEND COLLEGE.
GRANTS TO SUPPORT OPERATIONS OF CHARITABLE ORGANIZATONS.

(Grants $ 5,900.) If this amount includes foreign grants, check here ▶ ☐ 28a 9,941.

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 9,941.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BANK OF HAWAII, 130 MERCHANT STREET, HONOLULU, HI 96813	TRUSTEE 1.00	3,000.	0.	0.

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 X

			Yes	No
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	33		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)	34		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?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
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	36		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?	37b		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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
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	40b		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	40e		X
41	List the states with which a copy of this return is filed. ▶ NONE			
42a	The organization's books are in care of ▶ BANK OF HAWAII Telephone no. ▶ 808-694-4543 Located at ▶ 130 MERCHANT STREET, 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)? 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.	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		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*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	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 may need to be completed instead of Form 990-EZ	45a		X
46	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	46		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
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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 NONE	(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 ▶

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." NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

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.

Sign Here

BANK OF HAWAII, Trustee
Signature of officer By JONI ORIMOTO Vice President
Type or print name and title

JAN 9 2012
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶

Firm's address ▶ Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ 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

ALICE P. TRIMBLE FOUNDATION

Employer identification number

99-6033578

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?

		Yes	No
(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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,712.	1,459.	6,011.	1,200.	3,928.	17,310.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,712.	1,459.	6,011.	1,200.	3,928.	17,310.
5 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)						
6 **Public support.** Subtract line 5 from line 4						17,310.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,712.	1,459.	6,011.	1,200.	3,928.	17,310.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,991.	3,277.	1,410.	1,147.	1,688.	9,513.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						26,823.

12 Gross receipts from related activities, etc. (see instructions) 12

13 **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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	64.53 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	60.32 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** 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 **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **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** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

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 ▶ ☐

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 ▶ ☐

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: ALICE P. TRIMBLE FOUNDATION

Employer identification number: 99-6033578

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
DIVIDEND INCOME	1,688.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: SCHOLARSHIP

AMOUNT GIVEN: 900.

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: MENTAL HEALTH AMERICA IN HAWAII

GRANTEE ADDRESS: 1124 FORT STREE MALL SUITE #205 HONOLULU, HI 96813

AMOUNT GIVEN: 1,400.

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: MENTAL HEALTH AMERICA IN MAUI

GRANTEE ADDRESS: 95 MAHALANI ST SUITE #5 WAILUKU, HI 96793

AMOUNT GIVEN: 1,100.

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: NEIGHBORHOOD PLACE OF PUNA

GRANTEE ADDRESS: PO BOX 2020 PAHOA, HI 96778

AMOUNT GIVEN: 1,000.

ACTIVITY CLASSIFICATION: GRANT

GRANTEE NAME: WINDWARD FAMILY AND COMMUNITY EDUCATION FOR NA

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: ALICE P. TRIMBLE FOUNDATION

Employer identification number: 99-6033578

TUTU PROJECT

GRANTEE ADDRESS: 48-488 KAMEHAMEHA HWY KANEOHE, HI 96744

AMOUNT GIVEN: 1,500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,900.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
FOUNDATION TAX PREP FEE FOR 10/31/09	1,025.
ANNUAL TRUSTEE MTG	16.
TOTAL TO FORM 990-EZ, LINE 16	1,041.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER ASSETS - STATEMENT INV	61,659.	59,967.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - GRANTS TO CHARITABLE ORGNIZATIONS IN THE STATE OF HAWAII AND SCHOLARSHIPS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

ALICE TRIMBLE FOUNDATION
FORM 990EZ for year end 10/31/11
PART II, BALANCE SHEET - OTHER INVESTMENTS
EIN: 99-6033578

Description	Units	Book Value	Market Value
003021409 ABERDEEN CORE FIXED INCOME FUND CL I	1102.574	11955.32	12128
003021698 ABERDEEN ASIA-PACIFIC EX-JAPAN EQUITY FUND INSTITUTI	210.796	1619.23	2390
003021839 ABERDEEN INTL EQUITY INSTITUTIONAL FUND CL SHS	445.895	4356.4	5676
197199813 COLUMBIA ACORN INTERNATIONAL FUND CL Z	39	1441.3	1418
314172560 FEDERATED STRATEGIC VALUE DIVIDEND FUND CL INST	3572.59	16519.49	16791
38142Y773 GOLDMAN SACHS LARGE CAP VALUE FD - INST	441	4559.94	4860
471023549 JANUS TRITON FUND CL T	108	1563.84	1815
543487326 NATIXIS LOOMIS SAYLES LTD GOV AND AGCY FD CL Y	137	1637.16	1634
56062X641 MAINSTAY LARGE CAP GROWTH FUND CL I	641	3781.9	4775
56062X708 MAINSTAY HIGH YIELD CORP BOND FUND CL I	134	783.9	783
74144Q203 T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUIT	85	2729.05	2406
74972H648 RS GLOBAL NATURAL RESOURCES FUND CL Y	87	3605.91	3262
77958B402 T ROWE PRICE INSTITUTIONAL FLOATING RATE FUND CL I	116	1119.4	1161
814219432 RYDEX/SGI MID CAP VALUE FUND CL I	158	1768.02	1789
880208400 TEMPLETON GLOBAL BOND FUND CL AD	65	882.31	860
922031786 VANGUARD LONG-TERM TREASURY FUND CL ADM	124	1644.24	1643
Total Other Investments		59,967	63,391

The
TRIMBLE
FOUNDATION

Hawaii Association
for Family and
Community Education

THE TRIMBLE FOUNDATION

Alice P. Trimble was one of the early Cooperative Extension Service State Leaders who helped the Hawaii Association for Family and Community Education organizations grow. She came to Hawaii in 1936, as a 4-H leader. From her modest beginnings, Alice rose to become a supervisor of County Home Demonstration work. The Home Demonstration program helped women, particularly from rural communities make their home attractive and efficient. Alice was instrumental in organizing the County University Extension Council in 1947 and the Hawaii Home Demonstration Council in 1949. Alice devoted her life to helping Hawaii's families.

The Alice P. Trimble Foundation was established in 1974 as a memorial to the outstanding leadership of the late Mrs. Trimble, who was the first State Leader of the Extension Homemakers' program in Hawaii.

HAWAII ASSOCIATION FOR FAMILY AND COMMUNITY EDUCATION

The Hawaii Association for Family and Community Education (FCE) was organized on January 29, 1949, under the name of "Hawaii Home Demonstration Council." In 1964, the organization changed its name to the Hawaii Extension Homemakers Council. In 1992, the organization adopted its current name "Hawaii Association for Family and Community Education."

Throughout its history and the various name changes, the purpose of the organization has remained the same, to encourage education in family living and to cooperate with other community organizations in developing home and community life and understanding toward world peace.

The mission of Hawaii FCE is living the "Aloha Spirit" to strengthen individuals, families, and communities through continuing education, developing leadership and community action.

Revised 7/08

Founded in Memory of Alice P. Trimble, First Hawaii State Leader, Cooperative Extension Service

The
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Hawaii Association
for Family and
Community Education

INSTRUCTIONS FOR APPLICATION
FOR GRANT and SCHOLARSHIPS

The Trimble Foundation Awards funds annually to individuals and organizations meeting the following criteria:

INDIVIDUAL MUST BE:

- Resident of the State of Hawaii for a minimum of five (5) years.
- Enrolled or planning to enroll at a Hawaii (public/private–non-profit) educational institution
- In the field of study of: Education and Human Services (e.g., literacy, development, health/mental care, hygiene disease prevention, care of the aged/destitute, social welfare, human development, volunteer management, or related areas).
- In need of financial assistance/Copy of Financial Aid package from the school you plan to attend.
- Recommended by two (2) current letters of recommendation

ORGANIZATION MUST:

- Provide for maintenance and betterment of public health and welfare, strengthening family and community, promote social/domestic hygiene, scientific research in health/education related areas, prevention of disease or other related areas, or community well being projects.
- Be an established non-profit organization. in the State of Hawaii, for minimum of five years.
- Show latest financial statement.
- Include two (2) current letters of support. (Outside of the organization)

AWARDS:

- Average awards of $300-$1,000 each, depending on need of qualified applicants, will be determined at the Hawaii FCE annual meeting in October.
- Are renewable upon reapplication and submission of written reports on previous awards.

APPLICATION PROCEDURE:

- Complete entire application form (Individual or Organization). Incomplete applications will not be considered.
- Included financial aid package (individual) or Financial Statement (organization) and budget for project. (All non-profit organizations must submit an IRS Determination Letter.)
- Include two (2) letters of recommendations for individuals or support for organizations..
- Grant and scholarship monies will be sent to the institutions named.

DEADLINE FOR APPLICATION: Must be postmarked on or before **July 31** of the year applying.

MAIL COMPLETED APPLICATION WITH ATTACHMENTS TO: Trimble Foundation
P O Box 7066
Hilo, HI 96720
Attention: Distribution Committee

Revised 7/08
Founded in Memory of Alice P. Trimble, First Hawaii State Leader, Cooperative Extension Service

The
TRIMBLE
FOUNDATION

Hawaii Association
for Family and
Community Education

APPLICATION FOR INDIVIDUAL

Name _____ S.S. no. _____

Address _____ City _____ Zip _____

Telephone _____ E-Mail _____

Number of years as a resident of Hawaii _____

Name of Institution you wish to attend _____

Major area of study _____

What are your goals for your education and future? _____

_____

_____

_____

_____

_____

_____

_____

Amount requesting _____ (must be filled in)

What will the monies be used for? _____

_____

_____

_____

_____

Will you be receiving other funding? (circle one) Yes No

If Yes, from whom _____ How much? _____

I certify the above information is correct to the best of my knowledge.

Signature _____ Date _____

NOTE: ALL SCHOLARSHIP RECIPENTS MUST SUBMIT A WRITTEN EVALUATION TO THE TRIMBLE FOUNDATION UPON COMPLETION OF USE OF FUNDS.

Please mail this application with your required forms to:

The Trimble Foundation
P O Box 7066
Hilo, HI 96720

Revised 7/08

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The
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LETTER OF RECOMMENDATION FOR THE TRIMBLE FOUNDATION

Name of Applicant _____

Name of Reference _____ Title _____

Address _____ City _____ Zip _____

Phone number _____ E-mail _____

Instructions:

1. An adult and not the applicant's legal guardian or relative must write the letter.
2. The reference writer must state how long he/she has known the applicant and in what capacity?
3. The letter must be typewritten or written legibly.
4. The letter may be no longer than two double-spaced, single sided 8 ½" x 11" pages.

I, the above-named reference, (please circle) DO DO NOT authorize the Trimble Foundation to release this letter of recommendation to the above applicant if he/she requests to see my recommendation letter.

_____ _____

your signature date

Please send this form upon completion to:

Trimble Foundation
P. O. Box 7066
Hilo, Hawaii 96720
Attention: Distribution Committee

Revised 7/08

Founded in Memory of Alice P. Trimble, First Hawaii State Leader, Cooperative Extension Service

The
TRIMBLE
FOUNDATION

Hawaii Association
for Family and
Community Education

APPLICATION FOR ORGANIZATIONS

Name of Organization _____

Address _____ City _____ Zip _____

Telephone _____ E-mail _____

Name of Administrator _____

Description of Organization _____

_____

Number of Years Organization has been in Hawaii _____ Target Group _____

Project Description _____

_____

_____

_____

_____

Number of People Reached _____ Amount Requesting _____

What will the monies be used for? _____

_____

_____

_____

Will you be receiving other funding? (Circle one) Yes No

If Yes, from whom _____ How much? _____

Is the copy of the IRS Determination Letter attached? Yes No

If No, please explain _____

I certify the above information is correct to the best of my knowledge.

Print name _____ Title _____

Signature _____ Date _____

NOTE: ALL GRANT RECIPENTS MUST SUBMIT A WRITTEN EVAULATION TO THE TRIMBLE FOUNDATION UPON COMPLETION OF USE OF FUNDS.

Please mail this application with your required forms to: The Trimble Foundation
P O Box 7066
Hilo, HI 96720

Revised 7/08

Founded in Memory of Alice P. Trimble, First Hawaii State Leader, Cooperative Extension Service

BANK OF HAWAII
P.O. BOX 3170
HONOLULU, HI 96802

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
FORM 990-EZ FYE 10/31/2011

EIN	NAME
99-6033578	ALICE P TRIMBLE FOUNDATION

CERTIFIED MAIL NO.
7009 2250 0000 1274 2766.xls

2/8/2012