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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2011**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 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable:

☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
AIO FOUNDATION
FKA HWB FOUNDATION

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 or a section 527 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. \$ 38,319.

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. ☒ X

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	38,000.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	143.
	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	
Expenses	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 exceeds \$15,000)	6b	
	6c	Less direct expenses from 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	
	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	176.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	38,319.
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,673.
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15	1,054.	
16	Other expenses (describe in Schedule O)	16	30,617.	
17	Total expenses. Add lines 10 through 16	17	36,344.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,975.
	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	316,934.
	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	318,909.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

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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 ATTACHMENT . 4	314,316.	22	314,923.
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O) . ATTACHMENT . 5	2,618.	24	4,000.
25	Total assets	316,934.	25	318,923.
26	Total liabilities (describe in Schedule O) ATTACHMENT . 6	0	26	14.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . .	316,934.	27	318,909.

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 . . . ☐

What is the organization's primary exempt purpose? ATTACHMENT 7

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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	ATTACHMENT 8		
	(Grants \$ 0) If this amount includes foreign grants, check here ▶	28a	23,064.
29	ATTACHMENT 9		
	(Grants \$ 0) If this amount includes foreign grants, check here ▶	29a	2,130.
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	25,194.

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 ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract 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
33 Did the organization engage in any significant 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
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	
37b 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
38b 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 <input type="text"/> 0, section 4912 <input type="text"/> 0, section 4955 <input type="text"/> 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		N/A
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		N/A
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
40e		
41 List the states with which a copy of this return is filed. HI		
42a The organization's books are in care of BONNY AMEMIYA 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)? If "Yes," enter the name of the foreign country	42b	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 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		
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b 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 (see instructions).	45b	

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. Yes No
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 ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
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	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
NONE				

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"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		0

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
X

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 8/27/12
Date
 Signature of officer Bonny Amemiya, Vice Pres/Director
 Type or print name and title

Paid Preparer Use Only 8/22/12
Date
 Print/Type preparer's name ALLISON TOMA
 Preparer's signature C. J. D. ...
 Check ☐ if self-employed PTIN P00216618
 Firm's name ▶ ERNST & YOUNG U.S. LLP
 Firm's EIN ▶ 34-6565596
 Firm's address ▶ 55 MERCHANT ST., SUITE 1900, C-120
 Phone no 808-531-2037
 HONOLULU, HI 96813

May the IRS discuss this return with the preparer shown above? See instructions Yes No
X

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

2011

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)

(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) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2011. 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		<input type="checkbox"/>
b 33 1/3% support test - 2010. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2011. 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		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2010. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	22,100	4,800	1,094	2,400	38,000	68,394
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	1,950	8,420			176	10,546
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	24,050	13,220	1,094	2,400	38,176	78,940
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					20,500	20,500
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.					20,500	20,500
8 Public support (Subtract line 7c from line 6)						58,440

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.	24,050	13,220	1,094	2,400	38,176	78,940
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	373	7,494	561	148	143	8,719
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	373	7,494	561	148	143	8,719
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.) ATCH IL	14,835					14,835
13 Total support. (Add lines 9, 10c, 11, and 12)	39,258	20,714	1,655	2,548	38,319	102,494
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	57.02 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	48.34 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	8.51 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	10.23 %

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, and Part III, line 12. Also complete this part for any additional information (See instructions).ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
OTHER INCOME	14,835					14,835
TOTALS	<u>14,835</u>					<u>14,835</u>

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization **AIO FOUNDATION**
FKA HWB FOUNDATION

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

2011

**Open to Public
Inspection**

Employer identification number
94-3278794

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	143.
TOTAL	<u>143.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER REVENUE

OTHER INCOME	176.
TOTALS	<u>176.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	2,719.
TRAVEL	3,232.
PERMITS & LICENSES	2.
BANK CHARGE	786.
ADVERTISING	343.
AUTO EXPENSE	62.
BROADCASTING EXPENSE	13,751.
GENERAL EXCISE TAX	14.
INTERNET	2,618.
MEALS & ENTERTAINMENT	1,960.
REGISTRATION FEE	5,130.
TOTAL	<u>30,617.</u>

ATTACHMENT 4

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

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SAVINGS	314,316.	314,923.
TOTALS	<u>314,316.</u>	<u>314,923.</u>

Name of the organization **AIO FOUNDATION**
FKA HWB FOUNDATION

Employer identification number
94-3278794

ATTACHMENT 5

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE		4,000.
WEBSITE DEVELOPMENT - WIP	2,618.	
TOTALS	<u>2,618.</u>	<u>4,000.</u>

ATTACHMENT 6

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE		14.
TOTALS	<u></u>	<u>14.</u>

ATTACHMENT 7

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

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

(1) TO CELEBRATE AND SHOWCASE GREAT HAWAII STUDENTS AS ROLE MODELS FOR THEIR ACADEMIC AND ATHLETIC EFFORTS, ACCOMPLISHMENTS, STUDY AND SUCCESS; (2) TO TURN THE NATIONAL PASTIME OF BASEBALL INTO "A CHILD'S LESSON FOR ALL TIME" THROUGH PROGRAMS WHICH BUILD HEALTH, EDUCATION, AND WELFARE AMONGST HAWAII'S CHILDREN; (3) TO SPONSOR ACADEMIC COMPETITIONS INCLUDING, BUT NOT LIMITED TO, THE HAWAII STATE SPELLING BEE, THAT ENHANCE THE EDUCATIONAL EXPERIENCE OF HAWAII'S CHILDREN; (4) TO PROVIDE INSPIRATION FOR ADULTS AND CHILDREN TO BECOME RESPONSIBLE FOR THEMSELVES; (5) TO BRING TOGETHER LIKE-MINDED COMPANIES AND COMMUNITY ORGANIZATIONS WHO ARE COMMITTED TO THE FUTURE OF HAWAII'S YOUTH AND EDUCATION.

ATTACHMENT 8

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

PROGRAM SERVICE ACCOMPLISHMENT 1

SPELLING BEE

THE AIO HAWAII STATE SPELLING BEE IS AN EDUCATIONAL TRADITION IN OUR ISLANDS THAT PROMOTES SPELLING AS A FUNDAMENTAL SKILL. THE

Name of the organization AIO FOUNDATION
FKA HWB FOUNDATION

Employer identification number
94-3278794

ATTACHMENT 8 (CONT'D)

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

SPELLING COMPETITION IS OPEN TO ALL STUDENTS WHO ARE CURRENTLY IN GRADES 4 THROUGH 8, AND ENROLLED AT A PUBLIC, PRIVATE, CHARTER, OR HOME SCHOOL ORGANIZATION IN HAWAII.

REGISTRATION FOR THE ANNUAL COMPETITION STARTS IN THE FALL (LATE AUGUST). HAWAII SCHOOLS MAY SIGN UP BY VISITING SPELLINGBEE.COM. THE AIO HAWAII STATE SPELLING BEE CHAMPION RECEIVES AN ALL-EXPENSES-PAID TRIP TO COMPETE IN THE SCRIPPS NATIONAL SPELLING BEE. THE PURPOSE OF THE SCRIPPS NATIONAL SPELLING BEE IS TO HELP STUDENTS IMPROVE THEIR SPELLING, INCREASE THEIR VOCABULARIES, LEARN CONCEPTS, AND DEVELOP CORRECT ENGLISH USAGE THAT WILL HELP THEM ALL THEIR LIVES.

THE AIO FOUNDATION BECAME THE TITLE SPONSOR IN 2010, A FEW WEEKS AFTER THE SEARCH FOR A REPLACEMENT SPONSOR STARTED. HAWAII'S BELOVED STATE SPELLING BEE COMPETITION WAS SAVED FROM CANCELLATION. THE AIO FOUNDATION PARTNERED WITH THE HAWAII STATE DEPARTMENT OF EDUCATION (DOE) AND THE HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS (HAIS) TO HELP IMPLEMENT THESE ADDITIONAL SCHOLASTIC OPPORTUNITIES. THE AIO FOUNDATION ALSO TEAMED UP WITH PBS HAWAII AND ESPN 1500 TO BROADCAST THE LIVE COMPETITION ON TELEVISION AND OVER OAHU'S AIRWAVES.

ATTACHMENT 9

PROGRAM SERVICE ACCOMPLISHMENT 2

ROOSEVELT HIGH SCHOOL (QB CLASS IS CALLED SCHOLARSHIP PROGRAM)

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 I COLLEGE, A TWO-YEAR JUNIOR COLLEGE, PLAYING SPORTS IN COLLEGE, OR EVEN JUST BEING ABLE TO GRADUATE HIGH-SCHOOL. THE AIO 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 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 10FORM 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>REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)</u>	<u>HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION</u>	<u>ESTIMATED AMOUNT OF OTHER COMPENSATION</u>
EICHOR, SUSAN	PRESIDENT/DIRECTOR			
1000 BISHOP STREET, SUITE 405 HONOLULU, HI 96813	1.50	0	0	0
HIRASHIMA, LYNN	SECRETARY			
1000 BISHOP STREET, SUITE 405 HONOLULU, HI 96813	.50	0	0	0
KURISU, HERVY	DIRECTOR			
1000 BISHOP STREET, SUITE 405 HONOLULU, HI 96813	.50	0	0	0
AMEMIYA, BONNY	VICE PRESIDENT/DIRECTOR			
1000 BISHOP STREET, SUITE 405 HONOLULU, HI 96813	.50	0	0	0
GRAND TOTALS		<u>0</u>	<u>0</u>	<u>0</u>