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# Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number ENVELOPE POSTMARK DATE VICTORIA S & BRADLEY L GEIST FOUNDATION 99-0163400 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 3170, **DEPT** 715 (808)694-4158 City or town, state, and ZIP code C if exemption application is pending, check here 96802-3170 HONOLULU, HI G Check all that apply: Initial return initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, 2, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col (c), line 16) Other (specify) under section 507(b)(1)(B), check here 37,637,661. (Part I, column (d) must be on cash basis.) >\$ Part | Analysis of Revenue and Expenses (d) Disbursements or charitable purpose (cash basis only) (b) Net investment (a) Revenue and (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income ıncome N/A Contributions, gifts, grants, etc., received Check The foundation is not required to attach Sch. B Interest on savings and temporary cash investments 100 100 STATEMENT 1,108,754 1,108,754 Dividends and interest from securities STATEMENT 5a Gross rents h Net rental income or (loss) 4,425,660 68 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 37,878,875. 4,425,660 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 300 300 STATEMENT Other income 534,814 534,814 Total, Add lines-1-through 290,733 203,513 87,220. Other employee salaries and wades Pension plans, employee penefits Tebal 1885 16 2,700 STMT 4 810 1,890. Other profes 17 0. 18 STMT 5 231,631 2,031 Taxes 19 Depreciation and depletion 20 Occupancy 3,019 0 3,019. 21 Travel, conferences, and meetings 22 Printing and publications 160,965 0. 160,965. 23 Other expenses STMT 6 24 Total operating and administrative <u>253,094.</u> 689,048 expenses. Add lines 13 through 23 206,354

597,296

2,286,344

3,248,470

c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions.

8 Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)

597,296.

1,850,390.

206,354

5,328,460

25 Contributions, gifts, grants paid

Add lines 24 and 25

27 Subtract line 26 from line 12:

26 Total expenses and disbursements.

N/A

_		)-PF (2011) VICTORIA S & BRADLEY L			1103400 Page 2
P	art I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of (b) Book Value	(c) Fair Market Value
$\Box$	1	Cash - non-interest-bearing	866.		
		Savings and temporary cash investments	857,395.	638,483.	638,483.
-					
	·	Accounts receivable ►	1		
		Pledges receivable ►			
ı	4	Precipes receivable	1		
	_	Less: allowance for doubtful accounts ▶			
	_	Grants receivable			
i	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	1		
١		Less: allowance for doubtful accounts ▶			
g	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
₹		Investments - U.S. and state government obligations			<del></del>
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment, basis			<del></del>
	'''		1		
	40	Less accumulated depreciation			
		Investments - mortgage loans Investments - other STMT 7	20 052 513	22 250 621	36,999,178.
	13		49,053,513.	33,330,021.	30,333,170.
	14	Land, buildings, and equipment basis	-		
		Less accumulated depreciation	<del> </del>		
	15	Other assets (describe			·····
_	16	Total assets (to be completed by all filers)	30,711,774.	33,997,104.	<u>37,637,661.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Š	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ā	21	Mortgages and other notes payable			
J	22	Other liabilities (describe			
	1				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	ļ	and complete lines 24 through 26 and lines 30 and 31.			
93	24	Unrestricted			
or Fund Balances	25	Temporarily restricted	<del></del>		
39	26	Permanently restricted			
Ď	20				
7		·			
8		and complete lines 27 through 31.	30,711,774.	33,997,104.	
şţ	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
¥	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ž	30	Total net assets or fund balances	30,711,774.	33,997,104.	
	1		20 544 554	22 22 424	
_	31	Total liabilities and net assets/fund balances	30,711,774.	33,997,104.	
P	art	III Analysis of Changes in Net Assets or Fund I	Balances		
-	Tota	I net assets or fund balances at beginning of year - Part II, column (a), lin	<u> </u>		
•		st agree with end-of-year figure reported on prior year's return)	0 00	1	30,711,774.
•	•	r amount from Part I, line 27a		<u> </u>	3,248,470.
			O N NTM C	2	
		r increases not included in line 2 (itemize) RETURNED GE	ZWILD	3	36,860.
		lines 1, 2, and 3		4	33,997,104.
-		eases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30	6	33,997,104.
					Form <b>990-PF</b> (2011)

	roria s & Bradl			DA'	rion		<u>99-016</u>	3400	Page 3
	and Losses for Tax on I		income	(b) H	low acquired	(a) Do	to occurred	(4) Date	
	ibe the kind(s) of property sold (e. rehouse; or common stock, 200 s			, P	low acquired - Purchase - Donation	(c) Da (mo.	ite acquired ., day, yr.)	(d) Date (mo., da	
18 PUBLICLY TRADE	D SECURITIES			<u> </u>	P			-	
b CAPITAL GAINS									
С									
d				ļ		ļ		ļ	
<u> </u>		1		<u> </u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus e	t or other basis xpense of sale			(h) (e) p	) Gain or (loss plus (f) minus	(g)	
a 37,713,133.		3:	<u>3,453,21</u>	.5.			<del> </del>	4,259	<u>.918.</u>
b 165,742.		ļ						165	742.
<u>C</u>		+					<del></del>		- <del></del>
<u>d</u>							· · ·		
Complete only for assets showing	g gain in column (h) and owned b	v the foundation	on 12/31/69	t		(I) Gains	(Col. (h) gair	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (i)		1	col. (k), b	ut not less thates (from col.	ın -0-) <b>or</b>	
								4,259	918.
b									742.
С									
d	- ··								
<u> </u>	<del></del>				1				
2 Capital gain net income or (net ca	pital loss) { If gain, also entitle   If (loss), enter-	ter in Part I, line -0- in Part I, line	7 7	}	2			4,425	,660.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		and (6):		٦					
If (loss), enter -0- in Part I, line 8					3		N/A	<u> </u>	
Part V Qualification U	nder Section 4940(e) fo	r Reduced	Tax on Net	Inv	estment l	ncome	<u> </u>		
(For optional use by domestic private	foundations subject to the section	n 4940(a) tax on	net investment in	ncome	<del>)</del> .)				
If section 4940(d)(2) applies, leave the	nis part blank.								
			the hade ac	dO					X No
Was the foundation liable for the sec If "Yes," the foundation does not qual				riour				Yes	LALI NO
1 Enter the appropriate amount in				es.				<del>.</del>	
Base period years	(b)		,	(c)	,		Diotes	(d) bution ratio	
Base period years Calendar year (or tax year beginni	Admeted analytican d	listributions	Net value of no			ets	(col. (b) di	vided by col.	(c))
2010		40,585.			,535,39				50378
2009		<u>32,859.</u>			,024,70				<u>55500</u>
2008		<u>29,127.</u>			,094,32				<u>59577</u>
2007		40,238.			,498,06				50345
2006	4,1	<u>51,373.</u>	-	41	,975,24	8.	<del></del>	.0	51253
2 Total of line 1, column (d)						2		. 20	670 <u>53</u>
3 Average distribution ratio for the	5-year base period - divide the tota	al on line 2 by 5,	or by the number	r of ye	ars				
the foundation has been in existe	nce if less than 5 years					_3	1	.0!	53411
4 Enter the net value of noncharitat	ele-use assets for 2011 from Part	K, line 5				4	3	8,209	<u>,753.</u>
5 Multiply line 4 by line 3						_5	<u> </u>	2,040	,821.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		53	<u>, 285.</u>
7 Add lines 5 and 6						7	,	2,094	,106.
8 Enter qualifying distributions from	n Part XII, line 4					8		1,850	,390 <b>.</b>
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, li	ne 1b, and comp	lete that part usir	ng a 1°	% tax rate.				
									\F ::

	990-PF (2011) VICTORIA S & BRADLEY L GEIST FOUNDATION 99-0163 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4 ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.  Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)  Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	10	6,5	69.
	of Part I, line 27b  All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2	10	6,5	69.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
-	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> 10</u>	<u>6,5</u>	69.
	Credits/Payments:			
	2011 estimated tax payments and 2010 overpayment credited to 2011  6a 159, 293.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)  6c 76,000.			
	Backup withholding erroneously withheld  Total credits and payments. Add lines 6a through 6d  7	22	F 2	93.
	Total credits and payments. Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached  8		2,2	93.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
-	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	12	8 7	24.
	Enter the amount of line 10 to be: Credited to 2012 estimated tax		<u> </u>	0.
	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.	1		
C	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ▶ \$ 0.		ļ	
8	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. ► \$0.	1		
	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	ļ <del></del>	X
	If "Yes," attach a detailed description of the activities.	1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	١,		
40	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes  Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a	<b></b>	X
	If "Yes," has it filed a tax return on Form 990-T for this year?  N/A	4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
Ū	If "Yes," attach the statement required by General Instruction T.	<u> </u>	<b></b>	<del></del>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
•	By language in the governing instrument, or	1	[	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	
	If "Yes," complete Part II, col. (c), and Part XV.	}	ļ	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	86	Х	<u> </u>
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses	10		X
	For	m <b>990</b>	- P	(2011)

	O O O O O O O O O O O O O O O O O O O	400		
	990-PF (20,11) VICTORIA S & BRADLEY L GEIST FOUNDATION 99-0163	400	<u> </u>	age 5
_	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
• •	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
-	If "Yes," attach statement (see instructions)	12		X
13	The state of the s	13	X	
	Website address ► N/A			
14	The books are in care of ▶ BANK OF HAWAII  Telephone no. ▶ (808) 6	94-	415	8
	Located at ► 130 MERCHANT ST, HONOLULU, HI ZIP+4 ►96	813		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/ <u>A</u>	
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign			
_	country			
P	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		V	Nia
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u> </u>	Yes	No
11	a During the year did the foundation (either directly or indirectly):  (1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)  a disqualified person?  Yes X No			
	a disqualified person?  (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	15		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here			
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1		
	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years ▶,,,,,,,			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	:		
	statement - see instructions.)  N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
	b If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			[
	Form 4720, to determine if the foundation had excess business holdings in 2011)  N/A	3b		<del> </del> _
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2011?	m <b>990</b>	-PF	2011)
	FUI	556	(	

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Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be f	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (secti	on 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	es?	Ye	s X No		ł
(4) Provide a grant to an organization other than a charitable, etc., organization	ion described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s 🗶 No	- 1	
(5) Provide for any purpose other than religious, charitable, scientific, literar	y, or educational purposes, or	for		- 1	1
the prevention of cruelty to children or animals?		Ye	8 X No	- 1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u	nder the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see inst	ructions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it mainta	ined			
expenditure responsibility for the grant?	N	I/A 🔲 Y	s No		
If "Yes," attach the statement required by Regulations section 53.49	45-5(d).			l	
6a Did the foundation, during the year, receive any funds, directly or indirectly, t	o pay premiums on				
a personal benefit contract?		Ye	es 🗶 No 📗		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		]	6b	<u> </u>
If "Yes" to 6b, file Form 8870.				į	ŀ
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Yo	es 🗶 No 📗		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attri			N/A	7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	stees, Foundation Ma	anagers, Highl	y		
List all officers, directors, trustees, foundation managers and their	r componentian				
List air officers, directors, it disters, foundation managers and the	(b) Title, and average	(c) Compensation	(d) Contributions to	1 10	Expense
(a) Name and address	hours per week devoted	(if not paid,	(d) Contributions to employee benefit plans and deferred	400	count, other
BANK OF HAWAII	to position CO-TRUSTEE	enter -0-)	compensation	+ ª	illowances
130 MERCHANT ST	CO INOBIBE				
HONOLULU, HI 96813	1.00	290,733.	0		0.
GARY S. MORIMOTO	CO-TRUSTEE	2307.000		1	
130 MERCHANT ST					
HONOLULU, HI 96813	0.40	0.	0		0.
CHARMAN J. AKINA	CO-TRUSTEE	1			
130 MERCHANT ST					
HONOLULU, HI 96813	0.40	0.	0		0.
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	(d) CantribHans to	1 -	) Forest :
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc	e) Expense count, other llowances
NONE			,		
				<b>_</b>	
	4				
	<del> </del>	<del> </del>		╁—	
	4				
The state of the s	1	<u> </u>	<u> </u>	l	
Total number of other employees paid over \$50,000				000	PF (2011)
			FORM	33U-	·FF (2011)

Form 990-PF (2011) VICTORIA S & BRADLEY L GEIST FOUNDAT		0163400 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation N Paid Employees, and Contractors (continued)	lanagers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE	: "	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<del></del>		
	<del></del>	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical infor number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the	Expenses
1 N/A		
	·	
2		
3		
		· · · · · · · · · · · · · · · · · · ·
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2	Amount
1 N/A	id E.	ranount
2		
All other program-related investments. See instructions.		· · · · · · · · · · · · · · · · · · ·
3		
Total Add lines 1 through 3	•	0.

P	art X Minimum Investment Return (All domestic foundations mu	ist c	omplete this	part. Foreign four	ndations, s	see instructions)	
<u> </u>	Fair market value of assets not used (or held for use) directly in carrying out charitable,	etc.,	purposes:				
8	Average monthly fair market value of securities		•		1a	37,907,	250.
	Average of monthly cash balances				1b		377.
C	Fair market value of all other assets				1c		
d	Total (add lines 1a, b, and c)				1d	38,791,	627.
е	Reduction claimed for blockage or other factors reported on lines 1a and						-
	1c (attach detailed explanation)	1e		0.			
2	Acquisition indebtedness applicable to line 1 assets			;	2		0.
3	Subtract line 2 from line 1d				3	38,791,	627.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, s	see ir	structions)		4	581,	874.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on 8	Part \	V, line 4		5	38,209,	753.
6_	Minimum investment return. Enter 5% of line 5			<u> </u>	6	1,910,	488.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and foreign organizations check here  and do not complete this part.)	l (j)(5	5) private opera	ating foundations ar	nd certain		
1	Minimum investment return from Part X, line 6				1	1,910,	488.
21	Tax on investment income for 2011 from Part VI, line 5	2a		106,569.		•	
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b					
C	Add lines 2a and 2b				2c	106,	569.
3	Distributable amount before adjustments. Subtract line 2c from line 1				3	1,803,	919.
4	Recoveries of amounts treated as qualifying distributions				4	36,	860.
5	Add lines 3 and 4				5	1,840,	779.
6	Deduction from distributable amount (see instructions)				6		0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part X	all, h	ne 1		7	1,840,	779.
P	art XII Qualifying Distributions (see instructions)						
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpo	oses:		<u>-</u>			
1	Expenses, contributions, gifts, etc total from Part I, column (d), line 26				1a	1,850,	
b	Program-related investments - total from Part IX-B				1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable	e, etc	., purposes		2		
3	Amounts set aside for specific charitable projects that satisfy the:						
ā	Suitability test (prior IRS approval required)				3a		
b	Cash distribution test (attach the required schedule)				3b		
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and				4	1,850,	<u> 390.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations.	tmen	t				_
	income. Enter 1% of Part I, line 27b				5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4				6	1,850,	390.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when	ien c	alculating whe	her the foundation i	qualifies for	the section	

4940(e) reduction of tax in those years.

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2010	2010	2011
1 Distributable amount for 2011 from Part XI, line 7	•			1,840,779.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			1,303,761.	<del></del>
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2011:		<del></del>	·	
a From 2006				
<b>b</b> From 2007				
c From 2008				
d From 2009	j			
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from				
Part XII, line 4: ▶\$ 1,850,390.	1			
a Applied to 2010, but not more than line 2a		1	1,303,761.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	1	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				546,629.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
e Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				1 204 150
be distributed in 2012				1,294,150.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	0			
section 170(b)(1)(F) or 4942(g)(3)	0.	<del></del>		
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.	0			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:		į		
a Excess from 2007			ļ	
b Excess from 2008			İ	
c Excess from 2009		1		
d Excess from 2010		]		

Part XIV Private Operating F	A S & BRADL	EY L GEIST	FOUNDATION	99-01	63400 Page 10
		·		N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for		-	un contion	4942(j)(3) or 49	)42(j)(5)
<b>b</b> Check box to indicate whether the found	Tax year	y loundation described	Prior 3 years	1 4942(J)(3) UI1 48	142())(3)
2 a Enter the lesser of the adjusted net	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
income from Part I or the minimum	(4) 2011	(0) 2010	(0) 2000	(0) 2000	(0) 10121
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a			<del> </del>		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		· · · ·		· · · · · · · · · · · · · · · · · · ·	
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	1 (2 )				<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during		uctions.j			<u></u>
1 Information Regarding Foundation	-				
<ul> <li>List any managers of the foundation will year (but only if they have contributed)</li> </ul>			itributions received by th	e toundation before the cid	se or any tax
NONE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b List any managers of the foundation w	ho own 10% or more of th	e stock of a cornoration	(or an equally large nor	ion of the ownership of a n	artnership or
other entity) of which the foundation ha			. (a. a adam) migo por	σι απο σπιτοιοιτήρ στα μ	aranoromp or
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., F	rograms:		
Check here ▶ ☐ If the foundation				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone nun	nber of the person to whor	n applications should b	e addressed:		
SEE STATEMENT POLICY	7-1				
b The form in which applications should	be submitted and informat	ion and materials they	should include:		
SEE STATEMENT POLICY					
c Any submission deadlines:					
SEE STATEMENT POLICY					
d Any restrictions or limitations on award		il areas, charitable fields	s, kinds of institutions, or	other factors:	
SEE STATEMENT POLICY	r – T				
·				···	

**▶** 3b

Total

Part XVI-A A	nalysis of Income-	Producina .	Activities

nount li	14 14	(d) Amount 100. 1,108,754.	(e) Related or exemp function income
	14 14	100.	TOTICATOR INCOME
	14	1,108,754.	
	14	1,108,754.	
	14	1,108,754.	
	14	1,108,754.	
	14	1,108,754.	
	14	1,108,754.	
	14	1,108,754.	
	14	1,108,754.	
	14	1,108,754.	
	14		
	14		
	14		
	14		
-	14		<del> </del>
		300.	
ı		300.	<del></del>
	18	4,425,660.	
		F F24 014	
<u> </u>			5,534,8
		13	5,534,8
	0.	0.	0. 5,534,814. 13

Line No	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
-	
123 <b>62</b> 1 12-02-11	Form <b>990-PF</b> (20

						<u> </u>			
	_					<u> </u>			
	-								
	+					-	<u> </u>		
ın s	ection	Idation directly or indirectly affiliated with 501(c) of the Code (other than section 50 implete the following schedule.			empt organi	zations desci	ribed	Yes	X No
		(a) Name of organization		(b) Type of or	ganization		(c) Description of r	elationship	
		N/A							
		<u> </u>							
				<u></u>	···	l			
Sign Here	and be	penalties of perjury, I declare that I have examining it is true, correct and complete Declaration BANK OF HAWAII, Trustee		n taxpayer) is base		nation of which		May the IRS return with the shown below	ne preparer (see instr.)?
	Signature of officer or trustage Flyesident		Date Title						
Paid		Print/Type preparer's name	Preparer's si	gnature		Date	Check if self- employed	PTIN	
Preparei Use Only				<del></del>	<del></del>	<u> </u>	Firm's EIN ▶	L	
		Firm's address ▶					Phone no.		
				•				Form QQ(	)-PF (2011)

FORM 990-PF INTEREST ON SAVI	NGS AND '	TEMI	PORARY CA	ASH I	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	
BANK OF HAWAII ACCT #11502415	0				-	10	
TOTAL TO FORM 990-PF, PART I,	LINE 3,	COI	LUMN A		=	1	00.
FORM 990-PF DIVIDEND	S AND IN	TERI	EST FROM	SECU	JRITIES	STATEMENT	2
SOURCE	GR	oss	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A	)
BANK OF HAWAII ACCT #11502415	0	1,	274,496.		165,742.	1,108,7	54.
TOTAL TO FM 990-PF, PART I, L	N 4	1,:	274,496.		165,742.	1,108,7	54.
FORM 990-PF	ОТНЕ	R II	NCOME		· · · · · · · · · · · · · · · · · · ·	STATEMENT	3
DESCRIPTION		1	(A) REVENUE PER BOOKS	5	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
CONSENT FEES			3	300.	300	•	
TOTAL TO FORM 990-PF, PART I,	LINE 11			300.	300	•	-
FORM 990-PF	ACCOU	NTI	NG FEES			STATEMENT	4
DESCRIPTION	(A) EXPENSE PER BOO		(B) NET INVI MENT INC		(C) ADJUSTED NET INCOM		
TAX PREPARATION FEE	2,7	00.		810	•	1,8	90.
TO FORM 990-PF, PG 1, LN 16B	2,7	00.		810	•	1,8	90.

FORM 990-PF	TAX	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
2010 FEDERAL EXTENSION PAYMENT FOREIGN TAX PAID	229,600. 2,031.	2,	0. 031.			0.
TO FORM 990-PF, PG 1, LN 18	, LN 18 231,631. 2,031		031.	<u> </u>		0.
FORM 990-PF	OTHER E	XPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM		
GRANTS ADMINISTRATION FEES HAWAII YOUTH OPPORTUNITY INITIATIVE EVENT EXPENSES	160,000.		0.		160,0	00. 65.
TO FORM 990-PF, PG 1, LN 23	160,965.		0.		160,9	
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	т
SEE STATEMENT INV-1	<del></del>	COST	33	3,358,621.	36,999,1	78.
TOTAL TO FORM 990-PF, PART II	, LINE 13	•	33	3,358,621.	36,999,1	78.

Description	Units	Book Value	Market Value
AT&T INC	9,450.000	286,608.30	285,768
ABBOTT LABORATORIES	6,080.000	303,770.79	341,878
ABERDEEN ASIA-PACIFIC EX-JAPAN EQUITY FUND INSTITUTIONAL CLASS	28,197.342	369,958.57	277,180
ABERDEEN INTL EQUITY INSTITUTIONAL FUND CL SHS	259,376.508	3,117,580.57	3,125,487
AFRICAN DEVELOPMENT BANK SUB NOTES 6.875% 10/15/2015	50,000.000	58,465.50	58,259
ALTRIA GROUP INC	12,560.000	324,145.41	372,404
AMERICAN EXPRESS CO	2,840.000	127,845.44	133,963
AMERISOURCEBERGEN CORP	2,190.000	80,523.67	81,446
APACHE FINANCE CANADA COMPANY GUARNT 7.75% 12/15/2029	50,000.000	58,145.00	72,993
APPLE INC	740.000	235,718.27	299,700
ASTRAZENECA PLC SP ADR	8,250.000	394,210.58	381,893
BCE INC	9,770.000	379,951.93	407,116
BANK OF NEW YORK MELLON CORP	3,600.000	72,486.36	71,676
	•	•	
BAXTER INTL INC	1,590.000	79,177.55	78,673
BERKSHIRE HATHAWAY INC CL B	2,720.000	208,562.53	207,536
BERKSHIRE HATHAWAY INC SR UNSECURED 3.2% 02/11/2015	100,000.000	102,987.75	106,016
BEST BUY CO INC	2,870.000	76,443.60	67,072
BOEING CO	1,430.000	24,967.80	104,891
BRISTOL MYERS SQUIBB CO	12,840.000	386,156.94	452,482
CENTURYLINK INC	2,200.000	87,721.26	81,840
CHEVRON CORP	2,610.000	261,514.37	277,704
CHICAGO IL BUILD AMERICA BONDS TAXABLE C 6.207% 01/01/2036	60,000.000	61,437.00	61,908
CINCINNATI FINL CORP	2,730.000	77,774.43	83,156
CISCO SYSTEMS NOTES 5.5% 02/22/2016	75,000.000	74,657.25	87,280
COCA COLA CO	1,110.000	76,040.66	77,667
COCA COLA ENTERPRISES INC NOTES 5% 08/15/2013	55,000.000	59,752.00	58,491
COGNIZANT TECH SOLUTIONS CORP	1,750.000	121,909.86	112,543
COLUMBIA ACORN INTERNATIONAL FUND CL Z	7,529.532	301,247.06	258,338
COMCAST CORP COMPANY GUARNT 6.5% 01/15/2017	40,000.000	44,392.00	47,047
CONOCOPHILLIPS	6,850.000	58,918.20	499,160
CON EDISON	3,440.000	188,229.37	213,383
CUMMINS ENGINE INC	1,200.000	119,692.53	105,624
DOMINION RESOURCES INC SR NOTES SER F PUTABLE 8/15 5.25% 08/01/2030	100,000.000	95,309.00	109,749
DOMINION RESOURCES INC /VA	8,490.000	417,357.60	450,649
DOVER CORP	1,930.000	104,753.65	112,037
DUKE CAPITAL CORP SENIOR NOTES 8% 10/01/2019	50,000.000	57,400.00	62,921
DUKE ENERGY CORP	21,450.000	398,843.25	471,900
EMC CORP	5,350.000	121,556.88	115,239
EBAY INC	2,410.000	75,936.45	73,095
EMERSON ELECTRIC CO	1,630.000	73,785.21	75,942
EXPEDITORS INTL WASH INC	1,690.000	73,950.68	69,222
EXPRESS SCRIPTS	2,710.000	146,671.70	121,110
EXXON MOBIL CORP	4,330.000	49,557.69	367,011
FEDERAL NATIONAL MTGE ASSN NOTES 2.875% 12/11/2013	100,000.000	101,852.00	104,795
FREEPORT MCMORAN COPPER & GOLD CLASS B	7,330.000	337,619.72	269,671
GENERAL ELECTRIC CO	15,000.000	100,234.37	268,650
GENERAL ELECTRIC CO NOTES 5% 02/01/2013	100,000.000	99,626.00	104,210

STATEMENT INV-1 PAGE 1 OF 3

Description	Units	Book Value	Market Value
GEORGIA ST MUNI ELEC AUTH TAXABLE-SUB GEN RESOLUTION 4.43% 01/01/:	40,000.000	40,000.00	40,483
GILEAD SCIENCES INC	5,530.000	209,704.42	226,343
GLAXOSMITHKLINE PLC ADR	9,050.000	389,160.35	412,952
GOLDMAN SACHS GROUP INC	830.000	87,088.17	75,057
GOOGLE INC CL A	360.000	142,522.67	232,524
GRAINGER W W INC	740.000	21,469.25	138,521
HARLEY-DAVIDSON	2,740.000	12,256.36	106,504
HARRIS CORP SR UNSECURED 5.95% 12/01/2017	100,000.000	99,652.00	116,520
HEALTH CARE REIT INC	3,520.000	172,508.96	191,946
HEINZ H J CO	7,890.000	417,747.36	426,376
HESS CORP	2,300.000	127,381.36	130,640
HONEYWELL INTERNATIONAL INC	3,550.000	112,281.17	192,943
HONOLULU HI CITY & CNTY WASTEWTR SYS REV BUILD AMERICA BONDS 4.6	75,000.000	75,000.00	80,263
HORMEL FOODS CORP	8,870.000	47,825.89	259,802
HUMANA INC	1,370.000	78,592.65	120,026
ILLINOIS TOOL WORKS INC	7,650.000	61,941.09	357,332
INTEL CORP	3,780.000	72,576.00	91,665
INTUITIVE SURGICAL INS	230.000	79,120.39	106,492
ISHARES MSCI EMERGING MARKETS INDEX	6,020.000	149,997.33	228,399
JP MORGAN CHASE & CO	2,370.000	78,829.52	78,803
JANUS TRITON FUND CL T	83,885.870	1,354,756.79	1,362,307
JOHNSON & JOHNSON	10,000.000	124,023.50	655,800
JOHNSON & JOHNSON SR NOTES 5.15% 07/15/2018	100,000.000	99,547.00	120,738
	6,010.000	404,109.77	442,096
KIMBERLY CLARK CORP	8,100.000	303,610.06	336,636
LILLY ELI & CO NATIXIS LOOMIS SAYLES LTD GOV AND AGCY FD CL Y	120,480.665	1,437,832.67	1,437,334
LORILLARD INC	1,270.000	139,662.41	1,437,334
MAINSTAY HIGH YIELD CORP BOND FUND CL I	71,235.890	•	413,168
		418,154.68 50,000.00	53,700
MAUI CNTY HAWAII TAXABLE-SER A-RECOVERY ZONE ECONOMIC DEV BDS 4 MCDONALDS CORP		•	·
	3,140.000	267,953.98	315,036 365,257
MICROSOFT CORP	14,070.000	37,153.59	•
MORGAN STANLEY SR UNSECURED 5.75% 10/18/2016	100,000.000	99,805.00	97,392 62,027
NCUA FUARANTEED NOTES US GOVT GUARANTEED 2.35% 06/12/2017		62,085.00	
NATIONAL GRID PLC SP ADR NATIONAL OILWELL VARCO INC	7,710.000	380,037.97 121,991.94	373,781
NATIONAL CIEWELE VARCOING  NATIONAL RURAL UTILITIES COLLATERAL TRUST 10.375% 11/01/2018	1,760.000 50,000.000	49,618.50	119,662 71,938
NEW VALLEY GENERATION IV TVA PASS THRU CERTS 4.687% 01/15/2022 OFV	· ·	68,444.41	84,739
	9,580.000	119,499.96	118,505
NEW YORK COMMUNITY BANCORP NEXTERA ENERGY INC	1,830.000	100,208.97	111,410
PPL CORPORATION	•		220,944
	7,510.000 50,000.000	208,341.67	·
PARTNERRE FINANCE COMPANY GUARNT 6.875% 06/01/2018		49,555.00 106,598.33	55,086 160,545
PERRIGO CO.	1,650.000	-	•
PFIZER INC	10,540.000	43,856.81	228,086
PHARMACIA CORPORATION DEBENTURES 6.75% 12/15/2027	50,000.000	59,712.00	66,560 533,004
PHILIP MORRIS INTERNATIONAL  PRESS FELLOWS OF HARVARD BONDS 6 29/ 10/01/2027 2016	6,780.000	457,933.79	532,094
PRES&FELLOWS OF HARVARD BONDS 6.3% 10/01/2037-2016	75,000.000	78,010.10	84,977
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	50,596.287	1,603,902.30	1,316,515

STATEMENT INV-1 PAGE 2 OF 3

#### 99-0163400

# VICTORIA S. AND BRADLEY L. GEIST FOUNDATION FORM 990-PF, PART II, LINE 13 FOR YEAR ENDED 12/31/2011

Description	Units	Book Value	Market Value
T ROWE PRICE GROUP INC	2,260.000	31,216.25	128,707
PROCTER & GAMBLE CO	3,870.000	233,181.24	258,168
PUBLIC SERVICE ENT GROUP INC	2,490.000	78,335.15	82,195
QUALCOMM INC	1,880.000	98,796.63	102,836
QUEST DIAGNOSTICS INC	1,530.000	73,562.09	88,832
RS GLOBAL NATURAL RESOURCES FUND CL Y	51,793.901	2,155,144.23	1,817,966
RESOLUTION FUNDING CORP BONDS 8.875% 07/15/2020	65,000.000	95,932.85	99,055
REYNOLDS AMERICAN INC	8,500.000	321,828.02	352,070
T ROWE PRICE INSTITUTIONAL FLOATING RATE FUND CL I	177,149.305	1,709,490.79	1,753,778
ROYAL DUTCH SHELL PLC ADR B	2,710.000	188,418.71	205,987
SANDISK CORP	1,520.000	74,323.29	74,799
SCHLUMBERGER LTD	1,700.000	122,175.09	116,127
SCHWAB CHARLES CORP SR NOTES SER A 6.375% 09/01/2017	60,000.000	59,831.40	70,504
RYDEX/SGI MID CAP VALUE FUND CL I	82,003.492	930,098.85	818,395
SIGMA - ALDRICH CORP	1,790.000	28,160.55	111,803
SOUTHERN CO	13,850.000	562,253.28	641,117
STERICYCLE INC	1,040.000	80,247.96	81,037
TELEFONICA DE ESPANA ADS	5,450.000	127,496.75	93,686
TEMPLETON GLOBAL BOND FUND CL AD	34,696.685	474,008.71	429,198
TEVA PHARMACEUTICAL INDS LTD SP ADR	3,740.000	147,072.13	150,946
TEXAS ST REF-TAXABLE-PUB FIN AUTH 4 004% 10/01/2023-2021	50,000.000	50,000.00	54,736
TIME WARNER CABLE INC	1,170.000	73,778.91	74,377
TOTAL SA SP ADR	7,500.000	384,377.25	383,325
US BANCORP	3,810.000	95,661.10	103,061
US BANK NA NOTES 6.3% 02/04/2014	100,000.000	105,093.40	109,760
UNILEVER PLC SPONSORED ADR	7,870.000	258,669.89	263,802
US TREASURY BONDS 4.5% 08/15/2039	130,000.000	135,367.58	171,946
US TREASURY 4.75% 05/15/2014	40,000.000	39,465.63	44,181
US TREASURY 4.25% 11/15/2014	100,000.000	106,304.69	111,031
US TREASURY 4.25% 08/15/2015	150,000.000	156,562.50	169,980
US TREASURY N/B 2.75% 10/31/2013	85,000.000	90,073.44	88,848
US TREASURY 2.625% 12/31/2014	35,000.000	34,980.85	37,330
US TREASURY 3.625% 02/15/2020	70,000.000	71,605.08	81,184 1,120,965
VANGUARD LONG-TERM TREASURY FUND CL ADM	84,030.372	1,135,250.33	
VARIAN MEDICAL SYSTEMS INC	1,350.000	92,600.55 426,132.81	90,626
VERIZON COMMUNICATIONS VERISK ANALYTICS INC CL A	13,870.000 3,320.000	111,822.25	556,464 133,232
VISA INC CL A SHARES	2,410.000	181,402.34	244,687
VODAFONE GROUP PLC SP ADR	16,670.000	441,507.30	467,260
WAL-MART STORES INC	1,490.000	81,651.70	89,042
WAL-MART STORES INC SR UNSECURED 6.5% 08/15/2037	50,000.000	50,494.00	69,075
WATSON PHARMACEUTICAL	2,210.000	124,610.85	133,351
WINDSTREAM CORP	20,510.000	247,332.14	240,787
TRANSOCEAN LTD	1,340.000	74,793.98	51,443
HARTOCOLAR ETD	1,040.000	17,130.30	J1, <del>44</del> 0

TOTAL

33,358,620.43 36,999,178

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#### 2011 Grants List

Organization	Address	Project Title	Check Date	Grant Amount
Bishop Museum	1525 Bernice Street Honolulu, HI 96817	Hawaiian Hall - Completion of Phase II	2/24/2011	100,000
Catholic Charities Hawai'l	Clarence T.C. Ching Campus 1822 Ke`eaumoku Street Honolulu, HI 96822	Horizons Independent Living Program	8/1/2011	50,000
East-West Center	1601 East-West Road Honolulu, HI 96848-1601	APEC 2011 Hawai'i Host Committee	3/21/2011	35,000
Effective Planning Innovative Communication, Inc.	1130 N. Nimitz Highway, Suite C-210 Honolulu, HI 96817	Hawaii Youth Opportunities Initiative	3/16/2011	250,000
Effective Planning Innovative Communication, Inc.	1130 N. Nimitz Highway, Suite C-210 Honolulu, HI 96817	Hawaii Youth Opportunities Initiative Sustainability Planning Process	11/18/2011	33,160
Family Programs Hawaı'l	680 Ala Moana Blvd., Suite 200 Honolulu, HI 96813	Higher Education Support Program	2/10/2011	80,288
Family Programs Hawaı'i	680 Ala Moana Blvd., Suite 200 Honolulu, HI 96813	Ma Ka Hana Ka 'Ike Program	11/3/2011	25,272
Family Programs Hawai'i	250 Vineyard St. Honolulu, HI 96813-2445	Transition of It Takes An Ohana to Family Programs Hawaii	8/3/2011	59,135
Family Programs Hawai'ı	250 Vineyard St. Honolulu, HI 96813-2445	Respite Program	2/24/2011	32,200
Family Programs Hawai'i	680 Ala Moana Blvd., Suite 200 Honolulu, HI 96813	Mentoring Program for Transitioning Foster Youth	3/21/2011	75,000
Family Programs Hawai'i	250 Vineyard St. Honolulu, HI 96813-2445	Enhancements	8/17/2011	15,000
Hale Kipa, Inc.	615 Plikoi St., Suite #203 Honolulu, HI 96814-3139	Family Unification Program Housing Vouchers for Youth Transitioning from Foster Care	11/18/2011	65,000
Hale Kipa, Inc.	615 Plikoi St., Suite #203 Honolulu, HI 96814-3139	Foster Youth Stabilization Project Through the Hawaii Advocate Program	3/21/2011	100,000
Hale 'Opio Kaua'i, Inc.	2959 Umi St Lihue, HI 96766	Training Employers of Transitioning Youth	1/21/2011	40,000
Hale 'Opio Kaua'i, Inc.	2959 Umi St Lihue, HI 96766	First Jobs Academy 2.0	11/23/2011	75,000
Mauı Youth and Family Services Inc.	PO Box 790006 Paia, HI 96779-0006	Substance Abuse Specific Therapeutic Foster Care	4/8/2011	20,000
Outreach for Grieving Youth Alliance	P.O. Box 11260 Honolulu, HI 96828	Hawaii Foster Youth Coalition	8/17/2011	20,000
Partners in Development	2040 Bachelot Street Honolulu, HI 96817	Staff Training	8/1/2011	4,136
The Salvation Army - Family Intervention Services	P O Box 5085 Hilo, HI 96720	The Foster Care Alumni Support Program for Transitioning Foster Youth	6/23/2011	100,000
University of Hawaii - Office of Research Services	2530 Dole St., Sakamakı D200 Honolulu, HI 96822	Developing a new model system to provide novel insights into fundamental mechanisms underlying human development and disease - PBRC	6/9/2011	50,000
University of Hawaii - Office of Research Services	2530 Dole St., Sakamaki D200 Honolulu, HI 96822	A novel approach of using myostatin prodomain to treat age-associated sarcopenia - CTAHR	5/27/2011	47,980
HOL. Michonomus ametricke, ven entener ha. An eres mouse, ha. An eres mouse, ha. A.	**************************************	Total Grants	) - Historian - Historia ataptica - cyrus, jets, (	1,277,171

EIN: 99-0163400

### Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount
Brigham Young University-Idaho Financial Aid Office 525 S. Center Rexburg, ID 83460-4107		
Ruane, Joseph	Scholarship	\$2,000.00
	Subtotal.	\$2,000.00
California St Univ-Dominguez Hills Financial Aid Office 1000 E Victoria St Carson, CA 90747-0005		
Maldonado, Celestine M.	Scholarship	\$5,500.00
	Subtotal:	\$5,500.00
Chabot College Financial Aid Office 25555 Hesperian Blvd Hayward, CA 94545		
Tuvale, Edward	Scholarship	\$2,250.00
	Subtotal·	\$2,250.00
Chaminade Univ of Honolulu Financial Aid Office 3140 Waialae Ave, Freitas Hall Room 11 Honolulu, HI 96816		
Brown, Crystal	Scholarship	\$4,000.00
Chanhpheng, Jenny	Scholarship	\$4,500.00
	Subtotal	\$8,500.00

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# Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount
Creighton University Financial Aid Office 2500 California Plaza Omaha, NE 68178		
Yi, Grace	Scholarship	\$4,500.00
	Subtotal:	\$4,500.00
Eastern Arizona College Financial Aid Office 615 N. Stadium Ave. Thatcher, AZ 85552-0769		
Peapealalo, Aimeamata	Scholarship	\$4,000.00
	Subtotal:	\$4,000.00
Hawaii Community College Financial Aid Office 200 W. Kawili St. Hilo, HI 96720-4091		
Clerk, Brenda	Scholarship	\$2,000.00
Enos, Patrick	Scholarship	\$2,000.00
Esquerra, Kaimana	Scholarship	\$2,000.00
Fields, Raquel	Scholarship	\$2,000.00
Friskel, Myles	Scholarship	\$2,000.00
Gonsalves, Andrew	Scholarship	\$1,000.00
Lyman III, Harvey	Scholarship	\$3,750.00
Marianı, Savannah	Scholarship	\$625.00
Miguel, Tansha-Chentelle	Scholarship	\$2,500.00
Penovaroff, Kashayla	Scholarship	\$2,000.00

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#### Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount
Perreira, Jade	Scholarship	\$2,500.00
Ramangmou, Kale	Scholarship	\$2,000.00
Wells, Ashley	Scholarship	\$1,000.00
	Subtotal·	\$25,375.00
Hawaii Pacific Univ - Nursing Financial Aid Office 1164 Bishop Street, #201 Honolulu, HI 96813		
Fernando, Raquel	Scholarship	\$3,000.00
Lee, Mint	Scholarship	\$2,250.00
	Subtotal·	\$5,250.00
Heald College-Honolulu Financial Aid Office 1500 Kapiolanı Boulevard Honolulu, HI 96814		
Borromeo, Danielle	Scholarship	\$2,000.00
Llanes, Sanisha-Jade	Scholarship	\$1,000.00
Wallace-Wong, Ariel	Scholarship	\$2,500.00
	Subtotal:	\$5,500.00
Heisei International Institute of Massage Financial Aid Office 1281 S. King Street Honolulu, HI 96814	•	
mina, jarvis	Scholarship	\$1,000.00
	Subtotal:	\$1,000.00

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### Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount
Honolulu Community College Financial Aid Office 874 Dillingham Blvd. Honolulu, HI 96817		
Bano, Robson	Scholarship	\$1,000.00
Carvalho, Keaton	Scholarship	\$2,000.00
Cowden, Derrick	Scholarship	\$1,000.00
Gilliland, Adrian	Scholarship	\$1,250.00
Kaanehe, Tiana	Scholarship	\$500.00
Madela, Tasha Nicole	Scholarship	\$500.00
Moreno, Sırett	Scholarship	\$2,000 00
Nunn Khan, Azam	Scholarship	\$2,000.00
Saragosa, Cortny	Scholarship	\$500.00
Worachit, Nanglar	Scholarship	\$2,500.00
Yanela, Marınaomı	Scholarship	\$2,000.00
	Subtotal·	\$15,250.00
Kapiolani Community College Financial Aid Office 4303 Diamond Head Road Honolulu, HI 96816		
Baros, John	Scholarship	\$500.00
Ikeda, Francis	Scholarship	\$1,000.00
Lewis, Kahealani	Scholarship	\$1,000.00
Manaole, Troy	Scholarship	\$2,500.00

## Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount
Mones, Noelani	Scholarship	\$1,000.00
Nakagawa-Pali, Cheniel	Scholarship	\$500.00
Nunn Khan, Arbab	Scholarship	\$2,500.00
Paguada, Luz	Scholarship	\$2,000.00
Rose, Chauncey	Scholarship	\$2,000.00
SUESUE, AZURELYNN	Scholarship	\$1,000.00
Tran, Peyton	Scholarship	\$1,000.00
Watkins, David	Scholarship	\$1,000.00
	Subtotal:	\$16,000.00
Kauai Community College Financial Aid Office 3-1901 Kaumualii Hwy Lihue, HI 96766-9591		
Bordeaux, Brandon	Scholarship	\$2,000.00
Espiritu, Courtney	Scholarship	\$1,000.00
Flores, Donovan	Scholarship	\$3,500.00
Vegas, John	Scholarship	\$2,000.00
	Subtotal:	\$8,500.00
Laney College Financial Aid Office 900 Fallon Street Oakland, CA 94607		
Mueller, Melissa	Scholarship	\$1,500.00
	Subtotal:	\$1,500 00

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# Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount	
Leeward Community College Financial Aid Office 96-045 Ala Ike Pearl City, HI 96782			
Artuyo, Naalei	Scholarship	\$2,500.00	
Basques, Jared	Scholarship	\$500.00	
Bıllianor-Pınero, Jazzlyn	Scholarship	\$1,000.00	
Cordeiro, Maria	Scholarship	\$2,000.00	
Danielson-Vaielua, Quiana	Scholarship	\$1,000.00	
Das, Krishna	Scholarship	\$3,750.00	
DeMotto, Jordan-Reid	Scholarship	\$1,000.00	
Ganahl-Yates, Chloe	Scholarship	\$2,500.00	
Guerrero, Creg	Scholarship	\$500.00	
Iokua, Leinaala	Scholarship	\$2,500.00	
Kaapa-Napulou, Seaana	Scholarship	\$500.00	
Kekoolani, Vannesa	Scholarship	\$2,000.00	
Kekoolani, Tiffany	Scholarship	\$2,500.00	
Manago, Lanthoku	Scholarship	\$2,000.00	
Oliveira, Christophor	Scholarship	\$2,000.00	
Pada, Bernadette	Scholarship	\$2,500.00	
Perez-Doi, Shayna	Scholarship	\$2,000.00	
Ramirez, Melanie Cristie	Scholarship	\$2,000.00	
Raymond, Elena	Scholarship	\$2,500 00	

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### Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	<b>Grant Amount</b>
Stanley-Ham, Harrison	Scholarship	\$1,000.00
Temoananui, Ku	Scholarship	\$2,000.00
Vanderwerf, Scarlet	Scholarship	\$500.00
Vanderwerf, Sophia	Scholarship	\$1,000.00
	Subtotal:	\$39,750.00
Maui Community College Financial Aid Office 310 Ka'ahumanu Ave Kahului, HI 96732		
Agudo, Claire	Scholarship	\$1,000.00
Carroll, Merrill	Scholarship	\$500.00
Sproat, Isaac	Scholarship	\$1,250.00
	Subtotal.	\$2,750.00
Mendocino College Financial Aid Office 1000 Hensley Creek Road Ukiah, CA 95482		
Kauwalu, Chavez	Scholarship	\$1,500 00
	Subtotal:	\$1,500.00
Mesa Community College Financial Aid Office 1833 W Southern Avenue Mesa, AZ 85202		
Bailey, Elizabeth	Scholarship	\$3,500.00
	Subtotal:	\$3,500.00

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### Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount
Mills College Financial Aid Office 5000 MacArthur Boulevard Oakland, CA 94613		
Cabrido, Crystal	Scholarship	\$2,250.00
	Subtotal:	\$2,250.00
Northland International University Financial Aid Office W10085 Pike Plains Rd. Dunbar, WI 54119		
Debutiaco, Daisha	Scholarship	\$4,000.00
	Subtotal.	\$4,000.00
Sinclair Community College Financial Aid Office 444 W. Third St. Dayton, OH 45402-1460		
Vargas, Jenny Lyn	Scholarship	\$3,500.00
	Subtotal.	\$3,500.00
Southwestern Assemblies of God University Financial Aid Office 1200 Sycamore St. Waxachie, TX 75165	y	
Rosa-Arango, Chardonnay	Scholarship	\$4,000.00
	Subtotal:	\$4,000.00

### Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount	
Thiel College Financial Aid Office 75 College Avenue Greenville, PA 16125			
Kahoohanohano, John	Scholarship	\$4,500.00	
	Subtotal:	\$4,500.00	
Univ of Alaska-Fairbanks Financial Aid Office 101 Gelson Bldg Fairbanks, AK 99775-0060			
Andrın, Tony	Scholarship	\$2,000.00	
	Subtotal:	\$2,000.00	
Univ of California-Berkeley Financial Aid Office 201 Sprout Hall #1960 Berkeley, CA 94720			
Weems, Francesca	Scholarship	\$2,500.00	
	Subtotal.	\$2,500.00	
Univ of Hawaii West Oahu Financial Aid Office 96-043 Ala Ike Street Pearl City, HI 96782			
Lum, Tanisha	Scholarship	\$5,125.00	
Lum, Kelan	Scholarship	\$4,500.00	
Nagel, Haunanı	Scholarship	\$4,500.00	
Stanley-Ham, Harrison	Scholarship	\$3,500.00	
Yutob, Gernani Jr	Scholarship	\$3,000.00	

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## Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount	
	Subtotal·	\$20,625.00	
Univ of Hawaii at Hilo Financial Aid Office 200 W Kawili Street Hilo, HI 96720-4091			
Burns, Yukiko	Scholarship	\$5,000.00	
Carvalho-Johnson, Genista	Scholarship	\$1,375.00	
Flores, Sky	Scholarship	\$3,000.00	
Kauanoe, Shalee	Scholarship	\$3,000.00	
Mamuad, Nellieshy	Scholarship	\$5,500.00	
McCormick, Bryson	Scholarship	\$3,500.00	
Sellers, David	Scholarship	\$3,000.00	
Wagner-Wright, Joel	Scholarship	\$2,500.00	
	Subtotal	\$26,875.00	
Univ of Hawaii at Hilo Pharmacy Financial Aid Office 200 W Kawili St. Hilo, HI 96720			
Yorong, Keshia	Scholarship	\$4,000.00	
	Subtotal.	\$4,000.00	
Univ of Hawaii at Manoa Financial Aid Office 2600 Campus Road, Room 112 Honolulu, HI 96822			
Adviento, Judy	Scholarship	\$4,000.00	

## Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount	
Amoy, Charles-Ian	Scholarship	\$3,000.00	
Cambra, Shanice	Scholarship	\$3,000.00	
Chong Wong, Crystal	Scholarship	\$4,750.00	
DeGuerra, Taylor	Scholarship	\$3,000.00	
Fulks, Tanıa	Scholarship	\$4,500.00	
Imose, Kelsea	Scholarship	\$3,000.00	
Kahala-Mınczer, Jo-Lynn	Scholarship	\$3,500.00	
Kealoha, Abruaym	Scholarship	\$3,500.00	
Kim, Jenny	Scholarship	\$3,500.00	
Limkin, Keola	Scholarship	\$1,500.00	
Manaole, Ashley	Scholarship	\$3,000.00	
Santiago, Taisha-Ann	Scholarship	\$3,500.00	
Sonobe-Morita, Kelsy	Scholarship	\$3,500.00	
Waiwaiole, Maile	Scholarship	\$2,500 00	
Yonekura, Kintaro	Scholarship	\$3,000.00	
	Subtotal·	\$52,750.00	
Univ of Hawaii Center-West Hawaii Financial Aid Office 81-964 Haleki'i St. Kealakekua, HI 96750			
Brock-Kuanoni, Cheyenne	Scholarship	\$2,000.00	
Hagopian, Karen	Scholarship	\$2,000.00	
	Subtotal.	\$4,000.00	

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### Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount	
Univ of Hawaii Maui College Financial Aid Office 310 Ka'ahumanu Ave. Kahului, HI 96732			
Carroll, Merrill	Scholarship	\$2,500.00	
Dempsey, Lex	Scholarship	\$2,000.00	
Donner, Carol-Lynn	Scholarship	\$2,000.00	
Feliciano, Chenoa	Scholarship	\$2,500.00	
Hosaka, Andrew	Scholarship	\$2,000.00	
Sproat, Isaac	Scholarship	\$2,500.00	
U'u, Samantha	Scholarship	\$2,000.00	
	Subtotal:	\$15,500.00	
Univ of Hawaii Med School Financial Aid Office 2600 Campus Road Rm 112 Honolulu, HI 96822			
Raymond, Sasha	Scholarship	\$7,250.00	
	Subtotal:	\$7,250.00	
Univ of Nevada-Las Vegas Student Financial Services 4505 S. Maryland Parkway, Box 452016 Las Vegas, NV 89154-2016			
Dumlao, David	Scholarship	\$4,000.00	
	Subtotal:	\$4,000.00	

#### Scholarship Grants 1/1/2011 to 12/31/2011

Grantee For the Benefit of	Grant Purpose	Grant Amount	
Univ of Washington Scholarship Check Processing PO Box 24967 Seattle, WA 98124			
Sanchez, Elijah	Scholarship	\$2,750.0	Ю
	Subtotal:	\$2,750.0	0
Windward Community College Financial Aid Office 45-720 Keaahala Road Kaneohe, HI 96744			
Keawe, Sarah	Scholarship	\$1,000.0	Ю
Labayog, Cariza	Scholarship	\$2,000.0	Ю
Lum, Joshua	Scholarship	\$1,000.0	ю
McGovern, Katrına	Scholarship	\$1,000.0	0
Nakoa, Keisha	Scholarship	\$1,000.0	0
Nakoa, Marcus	Scholarship	\$1,000.0	0
	Subtotal:	\$7,000.0	0
	,	Total Grants: \$320,125.0	0

# MEDICAL RESEARCH 2011 Request for Proposals



EIN: 99-0163400

#### Overview

The Hawai'i Community Foundation's (HCF) Medical Research program makes grants annually to support basic and clinical research conducted in Hawai'i. In 2011, funds will be awarded through one grantmaking round. Award recommendations are made by the Medical Research Advisory Committee (MRAC).

The Medical Research program is supported by several funders including: the George F. Straub Trust, the Victoria S. and Bradley L. Geist Foundation, and multiple funds at Hawaii Community Foundation.

The following table lists the priority areas, funding source, and grant range.

Priority Area	Funding Source	Grant range
Basic Research (preference) – immunology, genetics, or the medicinal uses of Hawaiian plants	Geist Foundation	up to \$50,000
Clinical/basic research – general	Straub Trust	up to \$50,000
Clinical/basic research – cancer, heart disease, or lung disease	HCF	up to \$50,000
Clinical/basic research – prevent blindness, with particular emphasis on macular degeneration  Note: Applications are particularly encouraged in this area	HCF	up to \$50,000
Clinical/basic research – type II diabetes (juvenile diabetes)	HCF	up to \$50,000
Clinical/basic research – Alzheimer's disease, mental or physical diseases related to old age	HCF	up to \$50,000
Research infrastructure – This priority area is not a research project, per se, but is intended to improve Hawai'i's research organizational effectiveness. For example, support of organizational change, support new or existing research systems, or assist with interorganizational collaborative efforts, etc.	HCF	up to \$25,000

#### **Priorities**

The intent of the Medical Research program is to support research proposals that are based on strong science and use proper protocols. Priority is given to research projects that:

- Demonstrate a foreseeable benefit to the people of Hawai'i.
- Are likely to lead to other funding sources, including bringing national funding to Hawai'i.
- Are a collaborative effort in Hawai'i-based research.
- Support a Principal Investigator (PI) who is a new and independent researcher in Hawai'i.

#### **Award Period**

- One-year grant requests Researchers will have eighteen (18) months to complete their research project.
- Two-year grant requests Researchers who receive a multi-year grant award will have up to eighteen (18) months to complete year 1 of their research. Release of 2<sup>nd</sup> year funds is contingent on receipt of a satisfactory progress report outlining the progress on the research and financial report documenting the full utilization of funds. Researchers will have eighteen (18) months to complete the final phase of their research project.

#### Eligibility

Organizations are eligible to apply for a grant if:

• Organization is a 501(c)(3) organization or a unit of government.

• The PI is based in and is conducting their research in Hawai'i.

- The PI is at least equivalent to an Assistant Professor.
- Only one (1) grant proposal submission per PI will be accepted. This includes being identified as a Co-PI.
- A PI with a current grant may apply if the current grant is due to expire within six (6) months of the RFP deadline date. However, if awarded, a new grant will not be released until the current grant is completed and all reports are received.

#### PROPOSAL PACKET

The proposal must be comprised of each of the items listed below. Incomplete proposals will not be reviewed. Please submit two sets (one original and one copy) of each of the following:

#### 1. HCF Medical Research Proposal Cover Sheet (see attached)

- PI's name, signature, address, telephone, fax, and email
- Name and authorized signature of the institution fiscally responsible for the grant. (Note: All University of Hawai'i proposals must be signed by the Office of Research Services.)
- 2. Proposal Abstract (maximum of one (1) page)
  - Short description of the technical study that also includes study title, institution, and PI's name.
- 3. Lay Summary (maximum of one (1) page)
  - Short description of the study written for the general public that also includes study title, institution, and PI's name.
- 4. Proposal Narrative (maximum of eight (8) pages, single spaced, using Times New Roman font, and a font size of not less than 12 pt.)
  - Name(s) of PI(s).
  - Research Plan that outlines the significance of the research, specific aim(s), methodology and preliminary data.
  - Significance of project, including how the research will benefit the people of Hawai'i, document a need and relate to the field of medicine, and how project findings will be disseminated.
  - For Clinical Research, the proposal narrative must also include the following:
    - o How patients will be recruited.
    - O Detail on the research procedures that will be used.
    - O Detail on how the research will be analyzed.
    - o Status of IRB approval
- 5. Bibliography (maximum of two (2) pages)
  - DO NOT submit actual papers or research documentation as part of your proposal.

#### 6. Budget

- Grant funds may be used for salaries, supplies and other expenses directly related to the proposed project. Funding may support PI(s) salary. However the parent institution must confirm the availability of the PI's time. A limited amount of equipment essential to the proposed project may be funded provided sufficient justification is included.
- Project Budget Provide details of the total cost of the project. Identify the amount requested from this grant and which expenses the grant funds would cover, and list all the sources of funds to cover the total cost of the project including those that have been secured and are currently unsecured. The project budget may include travel expenses provided justification is sound and reasonable.
- Budget Justification Provide justification for all of the expenses attributed to the research that this grant is being requested to support. For salaries, please provide the formula for deriving at the budgeted amount (i.e. hourly rate x # of hrs. dedicated to the project).

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- Indirect Costs For grants to the University of Hawai'i that are awarded through the Office of Research Services, a flat rate of 5% of total direct costs will be allowed. For other institutions, indirect costs are allowed on a direct personnel costs basis only and are calculated as follows:
  - o 40% of the project's direct personnel costs for studies with a total project budget below \$10,000
  - o 30% of the project's direct personnel costs for studies with a total project budget of \$10,001 \$20,000
  - o 20% of the project's direct personnel costs for studies with a total project budget of \$20,001 and over
- Other Funding Sources Include a list of pending requests for this and all other research projects of the PI and co-PI(s) including name of agency, title of project, amount requested and period of support. Indicate whether the application is for an identical or similar project and where the proposed study fits with current or pending funded research. For scientific or budget similarities between this and other pending requests and/or funded projects, provide an explicit description of why this funding would not be considered overlap. Also include the abstract and specific aims of other projects that might be seen as potentially having overlap.

#### 7. Biographical Sketch (maximum of four (4) pages)

- Required for all PI(s) and co-PI(s) associated with the research. Please use the NIH Bio Sketch format. This format can be found at <a href="http://grants.nih.gov/grants/funding/phs398/biosketch.pdf">http://grants.nih.gov/grants/funding/phs398/biosketch.pdf</a>
- Reviewers are interested in research that will be shared. The productivity of the PI in publishing results
  of previous research should be included.

Please note: The MRAC that reviews all proposals includes scientists from a variety of disciplines in both basic and clinical research. Since your proposal may not be reviewed by a researcher in your specific discipline, the writing should be tailored for a more general medical/scientific audience.

#### Other materials required to be submitted with the proposal

- For research involving either human or animal subjects, the PI must submit the IRB application cover page as documentation of a request for IRB approval. Please do not submit the entire application. If approved, the grant will be contingent on receiving IRB approval. No proposals shall be reviewed without the IRB cover sheet and no funds shall be released without documentation of IRB approval.
- If the organization is applying for the first time to Hawai'i Community Foundation or if there are any changes since last submitted, please submit the organization's IRS determination letter (not applicable to units of government)

ſ	$\neg$	Use white 8 1/2" x 11" paper
		Margins are not less than 1"on all sides
•	_	All pages, including attachments, must be single-sided, paginated, and include the study title
	=	The font is Times New Roman and text font size is not less than 12 pt.
- :		No binding, folders, staples
		No videos or CDs
	=	Appendices must have title page(s) and should be limited in length

#### Proposal Resubmission

**Proposal Packet Format** 

A PI who previously submitted a research proposal that was denied within the last twelve (12) months, and was encouraged to resubmit a proposal, may resubmit their proposal for review provided they adhere to the items below. Resubmitting a proposal DOES NOT guarantee your research proposal will be approved.

- In the "Medical Research Cover Sheet" which follows in this RFP, you must indicate that your proposal is a resubmission and provide the HCF proposal ID# of the denied proposal.
- The proposal resubmission must adhere to the items requested in the "Proposal Packet" indicated above.
- For the "Proposal Narrative" section (#4 of the "Proposal Packet" above), please provide a cover letter that summarizes the differences between the original and resubmitted proposals.

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• Applicants are strongly advised to consider the previous comments of the reviewers when resubmitting a proposal.

#### Final Reports

A final report consists of a financial report from the fiscal sponsor and a programmatic narrative report from the PI. The final report is required one month after the end date of the grant. A PI with an overdue final report will not have their proposal reviewed.

### Submission Deadline (only one grantmaking round in 2011)

Proposal must be postmarked or delivered by:

- March 18, 2011
- Notification in June 2011

Applications and attachments must be postmarked or hand delivered on or before the deadline date to:

Hawai'i Community Foundation 827 Fort Street Honolulu, HI 96813-4317 Attn: Medical Research Program

For more information, please contact Terry Savage, Philanthropic Services Program Officer at the Hawai'i Community Foundation, at 566-5508 (Oʻahu), toll-free from Neighbor Islands at 1-888-731-3863 or email tsavage@hcf-hawaii.org.



### MEDICAL RESEARCH 2011 COVER SHEET

Please complete, print, sign, and submit with your proposal.

	submitting request (Must be a 501(c)(3), tive project, please submit names of collaborati	) tax-exempt organization or unit of government.) ing agencies on a separate sheet.)
Organization:		
Address:		
		Phone:
Website:		Fax:
Name of Chief Staff:		Email:
<del></del>	estigator Information	
Name:		
Organization:		
Address:		Phone:
Email:		Fax:
3. Request Cont	act Information (if different from Pr	rincipal Investigator)
Name:		Title:
Phone:		Fax:
4. Project Inform	nation	
Tıtle:		
Total Amount rec	quested: \$	Duration:(months)
	ted Proposal, please indicate the pro what grantmaking program you are	pposal number:applying to: ☑ Please check all that apply
-		ICAL RESEARCH
	(Please identify all areas	below that apply to your proposed research)
Clinical – g	-	Basic – general
☐ Clinical – o		Basic – cancer
l <u>—</u>	heart disease	☐ Basic – heart disease
Clinical – l		Basic – lung disease
_	uvenile diabetes	☐ Basic – juvenile diabetes ☐ Basic – Alzheimer's Disease
·	Alzheimer's Disease	Basic – Alzheimer's Disease  Basic – prevention of blindness
	prevention of blindness	Basic – immunology, genetic research, or the medicinal use
	ımmunology, genetic research, lıcınal use of Hawaiıan plants	of Hawaiian plants
	and or manner promise	Research infrastructure

## VICTORIA S. AND BRADLEY L. GEIST FOUNDATION ' FORM 990-PF, PART XV, LINE 2

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Two Signatures Required  We understand the grant we are applying for is contingent on our organization remaining one which is described in Section 501 (c)(3) of the Internal Revenue Code and that the award of a grant by the Hawai'i Community Foundation is explicitly contingent on our acceptance of the grant terms and conditions set forth in the award letter. Our organization accepts and agrees to follow such conditions if it is awarded a grant by the Hawai'i Community Foundation.			
Principal Investigator (or Chief Compensated Staff)  Research Institution Director (or Chief Volunteer)			
Print or Type Name and Title  Print or Type Name and Title			
PROPOSAL ID#:	OVER DUE REPO	RT?	
COVER SHEET W/SIGNATUREBUDGET			
PROPOSAL ABSTRACTBIBLIOGRAPHY			
LAY SUMMARYBIOGRAPHICAL SKETCH			
PROPOSAL NARRATIVE			

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

Capacity Building Project Matrix

Mission: How will this	Mission: How will this work improve capacity to benefit the foster care community?					
Outcome What will be different?	Activities What are you going to do?	Timeframe When will you do this?	Predicted Changes How will you know if the desired change is occurring?	Actual Changes* What actually occurredi		
				(to be completed for Year 1 progress/fina and Year 2 final reports)		

\*This column will be used as you implement your project. You will submit the matrix with "Actual Changes" information with progress and final reports.

July 2008

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

Capacity Building Project Matrix (sample 1)

Issue: If by is this effort needed? Example: Placement of children and youth with neurological challenges in therapeutic foster homes is increasing. Current interventions are not effective, foster parents become frustrated This leads to more placements for youth and foster parent burn-out Mission: How will this work improve capacity to benefit the foster care community? Example. By educating foster parents and staff in interventions for neurologically challenged youth and providing ongoing support, youth will be maintained in the least restrictive environment and foster parents will be retained Activities Timeframe Predicted Changes Actual Changes\* Outcome How will you know if the What actually occurred? When will you do this? What will be different? What are you going to do? desired change is occurring? (to be completed for Year 1 Year 1 Example: Year 1 1 More children with 1 a 11 children (80%) Year 1 progress/final ° Train 7 additional foster ° 12 sessions during August with neurological and Year 2 final neurological parents on Hawau Island November impairments will be ° Provide intensive staff impairments will remain in reports) One week in Sept and one week their current placements. maintained in foster training, consultation and in November homes and experience assistance in new 1 b. 8 (80%) staff fewer placements. interventions members will have O Document and implement O Documentation will be successfully completed completed in January policies and procedures to 2 Foster parents for training program provide ongoing support to Implementation will occur by children with March. foster families neurological 2 10 foster parents (75%) will be retained. impairments will be retained Year 2 Year 2 Year 2 1 a. 16 children with ° Train 7 additional foster ° 12 sessions during August – neurological impairments parents statewide November. (80%) will remain in their ° Provide intensive staff One week in Sept and one week current placements training, consultation and ın November assistance in new 1 b All staff members will interventions have successfully completed training program. 2. 16 foster parents (75%) will be retained.

July 2008

<sup>\*</sup>This column will be used as you implement your project, you will submit the matrix with "Actual Changes" information with progress and final reports.

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

Capacity Building Project Matrix (sample 2)

	work improve capacity to benefit the joste	r care community? the organization to provide needed re	sidential services to transition	una faster wanth
Outcome What will be different?	Activities  W hat are you going to do?	Timeframe When will you do this?	Predicted Changes How will you know if the desired change is occurring?	Actual Changes*  What actually occurred?
Example  1 New funding sources will be secured.	Year 1  Contract with a grants consultant to identify and submit grants for two new sources of funding	Year 1  Contract with consultant by November Submit two applications to new funding sources by July	Year 1 1 a. 4 potential new sources will be identified, and two proposals will be submitted	(to be completed for Year 1 progress/final and Year 2 final reports)
2. The board and staff will develop and implement fund development strategies.	<ul> <li>Increase current contract with OYS</li> <li>Engage the board members in fund development through their participation in training, annual campaign, and fundraising events</li> </ul>	<ul> <li>Executive Director will negotiate with OYS for contract beginning next July</li> <li>Provide board training by December.</li> <li>Board committee completes planning for new annual campaign by the end of the first year.</li> <li>Board committee is formed to stage events</li> </ul>	1 b A contract with OYS for two additional beds will be executed  2.a. All board members participate in training. 2 b. Plan for annual campaign is finalized 2 c Events committee is formed  Year 2	
	Year 2  Contract with a grants consultant to identify and submit grants for two new sources of funding  Institute annual campaign and hold two fundraising events	Year 2  Submit two applications to new funding sources by July. Conduct annual campaign October December Hold fundraising events in September and March	1 a 2 new proposals are submitted, and 1 new funding source is secured 2 a. Annual campaign raises \$5,000, and a donor database is established 2 b. Two fundraising	

<sup>\*</sup>This column will be used as you implement your project. You will submit the matrix with "Actual Changes" information with progress and final reports.

July 2008

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 FORT STREET • HONOLULU • HAWAI`I • 96813-4317 • (808) 566-5524

## Capacity Building Proposal Cover Sheet

Organization		,
Name:	Website:	
Address:	Tel:	
City, State, Zip:	Fax:	
Executive director If no ED, name chief compensated staff p		
Name:	E-mail:	
Title:	Tel:	
Contact person for this proposal	101.	
	E-mail:	···
Name:		
Title:	Tel:	
Project Information		
Project title:		
Amount requested: \$		
Attach all documents listed below: No additional copie	s are required. Incomplete applications will be ret	umed!
☐ Proposal		
☐ Project Matrix		
☐ Project budget		
Organization's annual operating budget for the cur	rent year	
Organization's balance sheet for the most recently	completed fiscal year	
☐ Organization's income statement (or profit/loss sta	tement) for the most recently completed	fiscal year
☐ Board of directors list		
☐ IRS 501(c)(3) determination letter		
Term and conditions		
Grants are subject to the following terms and conditions: Of the grant application, subject to any additional conditions of sinal report no later than thirteen months after the date of the site visits and to require interim reports. Grantees must report or grantees may be required to return unexpended funds. Grantees may be required to return unexp	et forth in the grant award letter. Grantees in the award letter. The Foundation reserves the port any unexpended funds at the end of the grantees must notify the Foundation immediate by change their mission or activities, or lose counstances, grantees may be required to return	nust submit a right to conduct grant period. ly if they cannot exemption from
t we signatures are required. Incompate applications w	m oo isidiilda.	
Executive Director If no ED, chief compensated staff person must sign.	President of the Board of Directors	
	T	Data
Type or print name Date	Type or print name	Date

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 Fort Street • Honolulu • Hawai'i • 96813-4317 • (808) 566-5524

## Capacity Building Request for Proposals

**Background:** Victoria and Bradley Geist were single children who grew up in non-traditional families. They created their successes in life through their own personal efforts. The Geists were quiet philanthropists who gave anonymously and generously. During their lives, they planned to use the wealth they had accumulated to establish the Victoria S. and Bradley L. Geist Foundation.

The Foundation wishes to support foster children, their caregivers, and transitioning foster youth. The Foundation recognizes that the strength and capacity of the nonprofit organizations and programs serving foster children, their families, and youth are key to the healthy development of foster children and transitioning youth. The Foundation offers this Request for Proposals to provide meaningful support that enables nonprofit organizations and programs to strengthen and grow their capacity to serve foster children, their caregivers and transitioning foster youth.

### **Funding Priorities:**

The Foundation seeks to support projects that will increase the capacity of the organization, the program, or the system in the community to deliver quality services to the clientele described under Eligibility Requirements. Capacity building efforts may address

- Governance and leadership;
- Strategic relationships;
- Evaluation and impact;
- Resource Development;
- Internal operations and management;
- Program design, delivery and evaluation;
- Executive and key staff transitions; and
- Staff training.

### **Eligibility Requirements:**

- Tax-exempt Hawaii organizations are eligible to apply. Organizations may be either 501(c)(3) or religious organizations. Units of government and public schools are not eligible under this Request for Proposals. Fiscal sponsorships are not permissible.
- The majority percentage of the organization's or program's clientele or project beneficiaries must be
  - o Children in the foster custody of a Hawai'i state government agency;
  - Children placed by a Hawai'i state government agency in therapeutic foster placement or in kinship, foster, respite, guardianship, permanent custody, or adoptive families; or
  - o Their caregivers, or

Revised January 2011

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o Current foster youth or young adults between the ages of 16 and 24 who have aged out of the state child welfare or mental health systems.

### Grant Range, Duration and Exclusions:

Grants generally range from \$5,000 to \$40,000 and may be multi-year commitments, based on submission of satisfactory progress reports. Grants will not be made for capital, endowments, regranting activities or operating costs.

### Proposal Review Criteria:

The strongest proposals will be those that meet all or most of the following criteria:

### Readiness to Build Capacity

- Organization demonstrates awareness of its strengths and weaknesses.
- Planning and/or self-assessment have taken place prior to beginning project.
- Project is based on a well-considered strategy.
- Project timing is relevant for the organization's stage of development.
- Board supports and is engaged in the project. If the project is program-based, upper level management supports and is engaged in the project.
- Organization demonstrates an ability to evolve, learn and be responsive to change.

### **Integrity of Proposed Project**

- Project is focused and well defined.
- Project identifies clear outcomes and measures of success.
- Appropriate stakeholders are involved in the project.
- Project budget is adequate, relates to the project narrative, and costs are reasonable.
- If a consultant is involved in the project, that person is qualified to undertake the project

#### Potential for Impact of the Project

- Project will build substantial new capacity within the organization, program, or system.
- Project positions the organization or system for greater impact in fulfilling its mission
- Project must involve an evaluation/measurement component.

### Programming Excellence & Impact

Organization's programs demonstrate excellence and impact in serving the children, youth and caregivers involved in the state's child welfare or child and adolescent mental health systems.

#### Financial Condition

Organization's financial condition is stable, or the proposal explicitly addresses financial management

**Proposal Package:** The proposal (one copy) should describe the following:

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### A. Organizational Profile (not to exceed 1 page)

- Describe the history of the organization, including an overview of its programs.
- Briefly describe the organization's place in the child welfare or mental health field and in this community.
- How does the organization measure its impact upon the needs of its clients or community?

### B. Project Description (not to exceed 4 pages)

- Of all the things that you could do to strengthen your organization or program, why have you chosen to do this project now? (Reference both internal and external factors.)
- What have you done internally to prepare for this project? For example, discussions with the management team, involved the appropriate stakeholders, consulted with the board, etc.
- Who will provide leadership for this project, and why?
- In addition to Geist grant resources, what other resources, both financial and non-financial will you need for this project? For instance, how much staff time, what types of information, etc.
- The Foundation invests in capacity building to improve an organization's ability to accomplish its mission and benefit foster children, their caregivers and transitioning foster youth. We realize this impact may take time, and be difficult to measure. Beyond the project outcomes, how do you think this project will contribute to your organization's ability to accomplish its mission and to benefit foster children, their caregivers and transitioning foster youth? How will you measure the impact, and when do you think you will begin to see that impact?
- If you plan to use a consultant, you must select the consultant and submit their work plan and statement of qualifications along with your proposal. Proposals that include a consultant, but do not include their work plan and statement of qualifications will not be reviewed. Suggested elements of a consultant work plan:

  www.hawaicommunityfoundation.org/index.php?id=77
- If the project includes hiring new staff, attach a job description and discuss how the position will be sustained beyond the grant period.
- C. Project Matrix -- This is a key component of your proposal, and will be used in the final reporting process. Use the Project Matrix from the website under the Victoria S. and Bradley L Geist Foundation: Capacity Building.

#### **Additional documents**

]	Supporting Capacity Building Proposal Cover Sheet, signed by the Executive
	Director and President of the Board.
ا	Project or program budget, detailing expenses and all sources of revenue (secured
	and unsecured) that will support the project or program. For multi-year requests,
	provide a cumulative budget and budgets for each year.
ز	Organization's annual operating budget for the current year
١	Organization's balance sheet for the most recently completed fiscal year

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ال	Organization's income statement (or profit/loss statement) for the most recently
	completed fiscal year
_]	Board of Directors list
الـ	501(c)(3) determination letter
(Local	units of national organizations must submit local unit financial information.)

### Deadlines are posted at www.hawaiicommunityfoundation.org/privatefoundations.

Mail or deliver proposals to: Victoria S. and Bradley L. Geist Foundation

827 Fort Street

Honolulu HI 96813-4317

For more information, contact Pam Funai via email at <u>pfunai@hcf-hawaii.org</u> or call (808) 566-5537 or toll-free from neighbor islands (888) 731-3863 ext. 537.

The Foundation does not accept incomplete applications or applications from organizations with overdue reports.

Revised January 2011

STATEMENT POLICY-1

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 FORT STREET • HONOLULU • HAWAI`I • 96813-4317 • (808) 566-5524

### Enhancements for Foster Children Proposal Cover Sheet

Organization				
Name:		Website:		
Address:		Tel:		
City, State, Zip:	·	Fax:		
Amount requested: \$				
Executive director If no ED, name chief	compensated staff p	person.	<del></del>	
Name:		E-mail:		
Title:		Tel:		
Contact person for this proposal				
Name:	<del></del>	E-mail:		
Title:		Tel:		
Attach all documents listed below.	No additional copie	es are required. Incomplete applications will be	returned.	
☐ Proposal				
Enhancements program budget, she	-	and whether secured or unsecured; and	1	
Expenses, including proposed ad			ı	
Organization's annual operating bu	dget for the cur	rent year		
☐ Organization's balance sheet for the most recently completed fiscal year				
Organization's income statement (or profit/loss statement) for the most recently completed fiscal year				
Audited financial statements are preferred but not required. Local units of national organizations must submit local unit financial information.				
☐ Board of directors list				
☐ IRS 501(c)(3) determination letter				
Term and conditions				
Grants are subject to the terms and conditions set forth in the Enhancements for Foster Children Request for Proposals. Grantees must use the grant only for the purpose described in the proposal, subject to any additional terms or conditions set forth in the grant award letter. Grantees must notify the Foundation immediately if they cannot perform in accordance with the terms of the grant, materially change their mission or activities, or lose exemption from federal income taxes under 26 USC § 501(c)(3). In these circumstances, grantees may be required to return the grant.				
Two signatures are required. Incom	plete applications w	rill be returned.		
Executive Director	<del></del>	President of the Board of Director	S	
If no ED, chief compensated staff person	must sign.			
Type or print name	Date	Type or print name	Date	

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 Fort Street • Honolulu • Hawai'i • 96813-4317 • (808) 566-5524

### Enhancements for Foster Children 2011 Request for Proposals

Due September 15, 2011

#### **Background**

Victoria and Bradley Geist were single children who grew up in non-traditional families. They created their successes in life through their own personal efforts. The Geists were quiet philanthropists who gave anonymously and generously. During their lives, they planned to use the wealth they had accumulated to establish the Victoria S. and Bradley L. Geist Foundation.

The purpose of the Foundation's Enhancements for Foster Children program is to enhance the lives of foster children by providing items and services that allow them to enjoy a quality of life similar to that of their peers. The funds are offered in the belief that every child is special and that their growth should be nurtured and celebrated.

#### **Eligibility Requirements**

Tax-exempt Hawaii organizations are eligible to apply. This includes nonprofit organizations, 501(c)(3) organizations, religious organizations that are exempt from taxation, and units of government.

### Grant Range and Duration Grants range from \$5,000 to \$50,000.

- Grantees may propose an administrative fee for administering these funds.
- The grant period is from January 1 through December 31, 2012.

#### **Grant Requirements**

The Foundation seeks to make grants to organizations to purchase enhancement items and services for the benefit of eligible children.

#### "Eligible child" means a person who:

- Is under 18 years of age, or is under 21 years of age and remains in the foster care system because he or she is attending high school; and
- Resides in Hawaii; and
- Is in one of the following categories:
  - ° Is in the foster custody of a Hawai'i state government agency; or
  - ° Is placed by a Hawai'i state government agency in therapeutic foster placement or in kinship, foster, respite, guardianship, permanent custody, or adoptive families.

### "Enhancement items and services" means:

- (1) Extracurricular activities (e.g., graduation or prom attire, field trips, athletic uniforms);
- (2) Hobbies, sports, and cultural activities (e.g., hula lessons, soccer registration);
- (3) Intersession activities (e.g., summer camp);

### **VICTORIA S. AND BRADLEY L. GEIST FOUNDATION** FORM 990-PF, PART XV, LINE 2

Victoria S. and Bradley L. Geist Foundation Request for Proposals

Enhancements for Foster Children 2011

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- (4) Facilitation of transition into adulthood (e.g., driver's education, copy of birth certificate);
- (5) Quality of life enhancements (e.g., modest birthday and holiday presents, books, toys).

### The following restrictions apply:

- (1) Each expenditure must respond to a specific request made by an eligible child's foster caregiver, social worker, therapist, school counselor, guardian ad litem, or similar professional service provider for a specific item or service that will enhance the child's quality of life.
- (2) Payments must be made to vendors for the benefit of eligible children. Payments must not be made directly to children or their foster caregivers. Grantees may provide vendor gift cards to children or foster caregivers only in cases where a vendor declines to accept a grantee's check.
- (3) Enhancements funds are not intended for basic living expenses such as housing, groceries, medical and dental care, and ordinary tuition expenses.
- (4) Grantees may expend no more than \$500 per eligible child during the grant period.
- (5) Grantees must return all unexpended funds at the end of the grant period.
- (6) Grantees must submit a final report by January 31, 2013. The Foundation may require interim reports. The Foundation does not accept proposals from organizations with overdue reports.

### Application requirements

Submit one original of each item listed below. No copies are required.

- (1) Proposal cover sheet (available at www.hawaiicommunityfoundation.org/privatefoundations).
- (2) Proposal (Maximum 5 single-spaced pages. Minimum 12-point font.) Please use these headings:
  - Organization: Describe your organization's mission and programs. Describe the geographic area and the number and age range of the eligible children you propose to serve.
  - Enhancements: Describe the enhancement items and services you propose to fund. Describe any programs your organization currently offers that will be complemented by the Enhancements program.
  - Outreach: Describe how your organization will market the availability of the Enhancements program to the community you propose to serve. Provide an estimate of the percentage of children served who will be clients of your organization and those who will be referrals from outside of your organization's client base.
  - Staff: Describe the qualifications of the staff or volunteers who will oversee and coordinate the Enhancements program.
  - Evaluation: Describe how your organization will evaluate the impact of the Enhancements program.
- (3) Enhancements program budget, showing:

## VICTORIA S. AND BRADLEY L. GEIST FOUNDATION FORM 990-PF, PART XV, LINE 2

Victoria S. and Bradley L. Geist Foundation Request for Proposals Page 3 of 3 Enhancements for Foster Children 2011

EIN: 99-0163400

FYE: 12/31/2011

- Income, including source, amount, restrictions, and whether secured or unsecured; and
- Expenses, including proposed administration fee, if any.
- (4) If applicable, interim expense report for Geist Foundation Enhancements for Foster Children 2010. Provide the unduplicated number of children served and the total amount expended in each category:
  - (1) Extracurricular activities (e.g., graduation or prom attire, field trips, athletic uniforms);
  - (2) Hobbies, sports, and cultural activities (e.g., hula lessons, soccer registration);
  - (3) Intersession activities (e.g., summer camp);
  - (4) Facilitation of transition into adulthood (e.g., driver's education, copy of birth certificate);
  - (5) Quality of life enhancements (e.g., modest birthday and holiday presents, books, toys);
  - (6) Administration fee.

Also provide the total, unduplicated number of children served and the total number of children served who are not clients of the agency.

- (5) Organization's operating budget for the current year.
- (6) Organization's balance sheet for the most recently completed fiscal year.
- (7) Organization's income statement (or profit/loss statement) for the most recently completed fiscal year.
- (8) List of governing board members, including their professional or community affiliation.
- (9) IRS 501(c)(3) determination letter.

#### The proposal is due September 15, 2011.

Mail or deliver proposals to: Victoria S. and Bradley L. Geist Foundation

827 Fort Street

Honolulu HI 96813-4317

For more information, contact Pam Funai via email at <u>pfunai@hef-hawaii.org</u> or call (808) 566-5537 or toll-free from neighbor islands (888) 731-3863 ext. 537.

The Foundation does not accept incomplete applications or applications from organizations with overdue reports.

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 FORT STREET • HONOLULU • HAWAI`I • 96813-4317 • (808) 566-5524

### Supporting Foster Children and Parents Proposal Cover Sheet

Page 1 of 2 Please complete both pages.

Organization			
Name:	Website:		
Address:	Tel:		
City, State, Zip:	Fax:		
Executive director If no ED, name chief compensated staff person.	1		
Name:	E-mail:		
Title:	Tel:		
Contact person for this proposal	al la california de la		
Name:	E-mail:		
Title:	Tel:		
Project Information	,		
Project title:			
Amount requested: \$			
The purpose of this project is: (one sentence)			
Attach all documents listed below. Incomplete applications will be	e returned:		
□ Proposal			
☐ Project budget			
Organization's annual operating budget for the current year	•		
☐ Organization's balance sheet for the most recently complete	ed fiscal year		
Organization's income statement (or profit/loss statement) for the most recently completed fiscal year			
☐ Board of Directors list			
□ 501(c)(3) determination letter (not required if applying thro	ough a fiscal sponsor)		

Victoria S. and Bradley L. Geist Foundation Supporting Foster Children and Parents Proposal Cover Sheet Page 2 of 2

Fiscal sponsor organization, if appl	icable:		1	
risedi sporisoi organization, ii appi	IVAVIG	2 TA 1 TA	, 4	
Name:		Website:		
Address: Tel:				
City, State, Zip:		Fax:		
	organization,	If applicable: If no ED, name chief compensate	d staff person.	
Name:		E-mail:		
Title:		Tel:		
If a fiscal sponsor is involved, attac	h these additio	nal documents, Incomplete applications will l	be returned. 👙	
Resolution by fiscal sponsor's board of directors authorizing fiscal sponsorship  Sample at www hawaiicommunityfoundation/privatefoundations org.  Fiscal sponsor's operating budget for the current year  Fiscal sponsor's balance sheet for the most recently completed fiscal year  Fiscal sponsor's income statement (or profit/loss statement) for the most recently completed fiscal year  Fiscal sponsor's Board of Directors list  Fiscal sponsor's 501(c)(3) determination letter  Term and conditions  Grants are subject to the following terms and conditions: Grantees must use the grant only for the purpose described in the grant application, subject to any additional conditions set forth in the grant award letter. Grantees must submit a final report no later than thirteen months after the date of the award letter. The Foundation reserves the right to conduct site visits and to require interim reports. Grantees must report any unexpended funds at the end of the grant period. Grantees may be required to return unexpended funds. Grantees must notify the Foundation immediately if they cannot perform in accordance with the terms of the grant, materially change their mission or activities, or lose exemption from federal income taxes under USC § 501(c)(3). In these circumstances, grantees may be required to return the grant.  Two signatures are required. Incomplete applications will be returned.				
Executive Director If no ED, chief compensated staff person	must sign.	President of the Board of Directors	<del></del>	
Type or print name	Date	Type or print name	Date	
If a fiscal sponsor is involved, two	additional sign	atures are required. Incomplete applications	will be	
Executive Director of fiscal sponsor of the sponsor		President of the Board of Directors of fiscal sponsor organization		
Type or print name	Date	Type or print name	Date	

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 Fort Street • Honolulu • Hawai'i • 96813-4317 • (808) 566-5524

### Supporting Foster Children and their Caregivers Request for Proposals

### **Background:**

Victoria and Bradley Geist were single children who grew up in non-traditional families. They created their successes in life through their own personal efforts. The Geists were quiet philanthropists who gave anonymously and generously. During their lives, they planned to use the wealth they had accumulated to establish the Victoria S. and Bradley L. Geist Foundation.

The Foundation wishes to support foster children and their caregivers. The Foundation recognizes that the appropriate resources and support for foster children and their caregivers contribute to healthier and happier lives. The Foundation offers this Request for Proposals to provide meaningful support for efforts that will result in supportive homes and experiences for Hawaii's foster children.

### **Funding Priorities:**

Preference will be given to efforts that

- Support the recruitment, training and retention of quality foster parents;
- Support the continued relationships of foster children to their siblings;
- Address the unique needs of foster children or of their caregivers; or
- Empower foster children to participate in the decisions affecting their lives.

### **Eligibility Requirements:**

- Tax-exempt Hawaii organizations are eligible to apply. This includes nonprofit organizations, 501(c)(3) organizations, religious organizations that are exempt from taxation, and units of government.
- More than 50 percent of the individuals served by the program must be:
  - ° Children in the foster custody of a Hawai'i state government agency;
  - Children placed by a Hawai`i state government agency in therapeutic foster placement or in kinship, foster, respite, guardianship, permanent custody, or adoptive families; or
  - ° Their caregivers.

### Grant Range, Duration, and Exclusions:

- Grants usually range from \$10,000 to \$100,000 per year.
- Requests are considered in relationship to the size of the organization's operating budget.
- Unless the organization's clientele are solely legally recognized foster children and their caregivers, administrative fees are capped at 5% per grant award. The Foundation reserves the right to determine those costs that are administrative and subject to the limited percentage.

- Commitments for up to three years will be considered, contingent on the submission of satisfactory progress reports.
- Capital requests and endowments will not be funded.

### Proposal Review Criteria:

The strongest proposals will be those that meet all or most of the following criteria:

### Integrity of the Proposed Program

- Program is well-defined and likely to be implemented successfully,
- Organization demonstrates the ability to deliver the program,
- Program budget is adequate and program costs are reasonable and consistent with the narrative,

### Potential for Impact of the Program

- Program has the means to measure benefits to the participants or the community,
- Program evaluation and ongoing improvement are clearly incorporated into program design,
- Program demonstrates the ability to leverage other resources (such as funds, inkind or community partnerships).

**Proposal Package:** Include one set of the following information in the proposal:

- A. Proposal narrative (6 pages maximum, double-spaced). Include the following information:
  - 1) Describe your organization.
    - What are the organization's mission and history, geographic reach, and volunteer and/or paid staff size?
    - What is the organization's experience in this field?
    - What are the staff capabilities to conduct the proposed work?
  - 2) Describe your targeted issue and program.
    - What is the problem or opportunity to be addressed?
    - Who will benefit? Include estimated numbers.
  - 3) Describe the activities required to implement this program.
    - What key activities will occur?
    - What is the projected timeline?
    - Why is this program design expected to be effective? Describe any research and best practices that influenced this program design and any modifications that have been made.
    - If this is a multi-year request and you expect the activities to be different in years 1, 2, and 3, describe your expectations for how the program will develop.
    - If a consultant will be used, submit the work plan and deliverables. Additional information may be requested.

- 3) Describe the anticipated benefits to participants and/or the community.
  - How many unduplicated people will participate and for how long?
  - What changes do you expect among the program participants or the community?
  - How will you track participation and changes? How will you obtain feedback, make improvements and determine effectiveness?
- 4) Describe your funding plan.
  - Explain the project budget, including adjustments to be made if not all anticipated funding is received.
  - For what duration of time will funding be requested from the Foundation?
  - What are other prospective sources of funding once Foundation funding ceases?

#### **B.** Additional documents

	Supporting Foster Children and their Caregivers Proposal Cover Sheet, signed by
	the Executive Director and President of the Board.
	Project or program budget, detailing expenses and all sources of revenue (secured and unsecured) that will support the project or program. For multi-year requests, provide a cumulative budget and budgets for each year.
	Organization's annual operating budget for the current year
	Organization's balance sheet for the most recently completed fiscal year
	Organization's income statement (or profit/loss statement) for the most recently completed fiscal year
	Board of Directors list
	501(c)(3) determination letter
	Fiscal sponsorship documents, if appropriate
Local	units of national organizations must submit local unit financial information.)

### Deadlines are posted at www.hawaiicommunityfoundation.org/privatefoundations.

Mail or deliver proposals to: Victoria S. and Bradley L. Geist Foundation 837 Fort Street
Honolulu HI 96813-4317

For more information, contact Pam Funai via e-mail at <u>pfunai(whef-hawaii.org</u> or call (808) 566-5537 or toll-free from neighbor islands (888) 731-3863 ext. 537.

The Foundation does not accept incomplete applications or applications from organizations with overdue reports.

## VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 FORT STREET • HONOLULU • HAWAI'I • 96813-4317 • (808) 566-5524

## **Supporting Transitioning Foster Youth Proposal Cover Sheet**

Page 1 of 2. Please complete both pages.

Organization	
Name:	Website:
Address:	Tel:
City, State, Zip:	Fax:
Executive director If no ED; name chief compensated staff person.	
Name:	E-mail:
Title:	Tel:
Contact person for this proposal.	Same and the same
Name:	E-mail:
Title:	Tel:
Project Information	;· ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Project title:	
Amount requested: \$	
The purpose of this project is: (one sentence)	· · · · · · · · · · · · · · · · · · ·
Attach all documents listed below. Incomplete applications will be	returned.
Proposal	
☐ Project budget	
Organization's annual operating budget for the current year	
Organization's balance sheet for the most recently complete	d fiscal year
☐ Organization's income statement (or profit/loss statement) for	or the most recently completed fiscal year
☐ Board of Directors list	
501(c)(3) determination letter (not required if applying through	ugh a fiscal sponsor)

Victoria S. and Bradley L. Geist Foundation Supporting Transitioning Foster Youth Proposal Cover Sheet Page 2 of 2

		<del></del>			
Fiscal sponsor organization, if applicable	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
Name:	Websit	e:			
Address:	Tel:				
City State 7in.	Fax:				
City, State, Zip:  Executive director of fiscal sponsor organization		ED name chief compensated	staff person.		
			1.0		
Name:	E-mai	I;			
Title:	Tel:				
If a fiscal sponsor is involved, attach these addit	ional documents.	incomplete applications will be	returned.		
☐ Resolution by fiscal sponsor's board of directors  Sample at www.hawaicommunityfoundation/privatefor ☐ Fiscal sponsor's operating budget for the current ☐ Fiscal sponsor's balance sheet for the most recent ☐ Fiscal sponsor's income statement (or profit/loss ☐ Fiscal sponsor's Board of Directors list ☐ Fiscal sponsor's 501(c)(3) determination letter  Term and conditions ☐ Grants are subject to the following terms and conditions: the grant application, subject to any additional conditions	oundations org year tly completed fiscal statement) for the n	year nost recently completed fi	described in		
final report no later than thirteen months after the date of site visits and to require interim reports. Grantees must re Grantees may be required to return unexpended funds. Generation of the grant, materifederal income taxes under USC § 501(c)(3). In these circumstants of the grant of the grant, materifederal income taxes under USC § 501(c)(3). In these circumstants are grant of the grant o	the award letter. The eport any unexpended trantees must notify the ally change their must	e Foundation reserves the right funds at the end of the grante Foundation immediately soon or activities, or lose exe	ght to conduct nt period. If they cannot emption from		
Two signatures are required. Incomplete applications	will be returned:		1		
Executive Director If no ED, chief compensated staff person must sign.	President of th	e Board of Directors			
Type or print name Date	Type or print i	name	Date		
If a fiscal sponsor is involved, two additional signeturned.	natures are requir	ed. Incomplete applications w	li be		
Executive Director of fiscal sponsor organization If no ED, chief compensated staff person must sign.	of fiscal spons	e Board of Directors or organization			
Type or print name Date	Type or print i	name	Date		

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

827 Fort Street • Honolulu • Hawai'i • 96813-4317 • (808) 566-5524

## Supporting Transitioning Foster Youth Request for Proposals

**Background:** Victoria and Bradley Geist were single children who grew up in non-traditional families. They created their successes in life through their own personal efforts. The Geists were quiet philanthropists who gave anonymously and generously. During their lives, they planned to use the wealth they had accumulated to establish the Victoria S. and Bradley L. Geist Foundation.

The Foundation recognizes that transitioning foster youth will succeed and give back to the community when they have positive and supportive peer and adult networks, opportunities to pursue employment and post-secondary education and training, and basic supports available in the community when needed.

The Foundation supports the Hawaii Youth Opportunities Initiative, a Co-Investment site with the Jim Casey Youth Opportunities Initiative. Therefore, the Foundation offers this Request for Proposals to provide support to Hawaii's transitioning foster youth through projects that are aligned with the Jim Casey Youth Opportunities Initiative and the Hawaii Youth Opportunities Initiative. Grant seekers are encouraged to visit the Jim Casey website for more information at <a href="https://www.jimcaseyyouth.org">www.jimcaseyyouth.org</a>.

#### **Funding Priorities:**

Preference will be given to proposals that align with the Jim Casey Youth Opportunities Initiative. Successful projects and programs will demonstrate youth engagement in development and be designed to result in improved youth outcomes in one or more of the following areas:

- **Permanence** Every young person has an adult to rely on for a lifetime and a supportive family network.
- Education Young people acquire education and training that enable them to obtain and retain steady employment.
- **Employment** Young people support themselves by obtaining and retaining steady employment.
- **Housing** Young people have safe, stable and affordable housing and have access to transportation for work and school.
- Physical and Mental Health Young people have health insurance for both physical and mental health.
- **Personal and Community Engagement** Young people have supportive relationships in the community that help them achieve their personal goals.

### **Eligibility Requirements:**

• Tax-exempt Hawaii organizations are eligible to apply. This includes nonprofit organizations, 501(c)(3) organizations, religious organizations that are exempt from taxation, and units of government.

Revised February 2011

EIN: 99-0163400

• Programs must preferentially and primarily (more than 50%) serve current or former foster youth, age 14-24, who were in state child welfare or mental health systems after their 14<sup>th</sup> birthday, even if they were adopted or legally reunited with their birth families prior to the age of majority.

### Grant Range, Duration, and Exclusions:

- Grants usually range from \$10,000 to \$75,000 per year.
- Requests are considered in relationship to the size of the organization's operating budget.
- Unless the organization's clientele are solely legally recognized as current or former foster youth up to the age 24, administrative fees are capped at 5% per grant award. The Foundation reserves the right to determine those costs that are administrative and subject to the limited percentage.
- Requests for up to three years will be considered. If funded, subsequent years will be contingent on the submission of satisfactory progress reports.
- Capital requests and endowments will not be funded.

### Proposal Review Criteria:

The strongest proposals will be those that meet all or most of the following criteria:

### Integrity of the Proposed Program

- Program is aligned with one or more of the youth outcomes articulated by the Jim Casey Youth Opportunities Initiative,
- Program is well-defined and likely to be successfully implemented,
- Organization demonstrates the ability to deliver the program,
- Program budget is adequate and program costs are reasonable and consistent with the narrative.
- Program design includes youth input and will engage the target population.

#### Potential for Impact of the Program

- Program has the means to measure benefits to the participants or the community,
- Program evaluation and ongoing improvement are clearly incorporated into program design,
- Program demonstrates the ability to leverage other resources (such as funds, inkind or community partnerships).

**Proposal Package:** Include one set of the following information in the proposal:

- A. Proposal narrative (6 pages maximum, double-spaced). Include the following information:
  - 1) Describe your organization.
    - What are the organization's mission and history, geographic reach, and volunteer and/or paid staff size?
    - What is the organization's experience in this field?
    - What are the staff capabilities to conduct the proposed work?
  - 2) Describe the youth outcome (s) your program is designed to address.

Revised February 2011

EIN: 99-0163400

- What is the problem or opportunity to be addressed?
- What is the intended outcome?
- Who will benefit? Include estimated numbers.
- 3) Describe the activities required to implement this program.
  - What key activities will occur?
  - What is the projected timeline?
  - Why is this program design expected to be effective? Describe any research and best practices that influenced this program design and any modifications that have been made.
  - If this is a multi-year request, please describe your expectations for how the program will develop, including specific activities for each year.
  - If a consultant will be used, submit the work plan and deliverables. Additional information may be requested.
- 4) Describe the community partnerships required to implement this program or project.
  - What other organizations do you intend to partner with to achieve impact? If you've worked together prior to this application please describe those partnerships.
  - What discussions or commitments have you had with these organizations? What level of commitment have these partners made?
  - What roles will each organization perform in this project?
- 5) Describe the anticipated benefits to participants and/or the community.
  - How many unduplicated people will participate and for how long?
  - What changes do you expect among the program participants or the community?
  - How will you track participation and changed outcomes? How will you obtain feedback, make improvements and determine effectiveness?
- 6) Describe your funding plan.
  - Explain the project budget, include adjustments to be made if not all anticipated funding is received.
  - For what duration of time will funding be requested from the Foundation?
  - What other sources of funding are committed to implementation of this project?
  - What are the other prospective sources of funding once Foundation funding ceases?

#### **B.** Additional documents

Supporting Transitioning Foster Youth Proposal Cover Sheet, signed by the
Executive Director and President of the Board.

- ☐ Project or program budget, detailing expenses and all sources of revenue (secured and unsecured) that will support the project or program. For multi-year requests, provide a cumulative budget and budgets for each year.
- ☐ Organization's annual operating budget for the current year.
- ☐ Organization's balance sheet for the most recently completed fiscal year.

Revised February 2011

## VICTORIA S. AND BRADLEY L. GEIST FOUNDATION FORM 990-PF, PART XV, LINE 2

□ Organization's income statement (or profit/loss statement) for the most recently completed fiscal year.
 □ Board of Directors list
 □ 501(c)(3) determination letter
 □ Fiscal sponsorship documents, if appropriate
 (Local units of national organizations must submit local unit financial information.)

### Deadlines are posted at www.hawaiicommunityfoundation/privatefoundations.org

Mail or deliver proposals to: Victoria S. and Bradley L. Geist Foundation

827 Fort Street

Honolulu HI 96813-4317

For more information, contact Pam Funai via e-mail at <u>pfunai@hcf-hawaii.org</u> or call (808) 566-5537 or toll-free from neighbor islands (888) 731-3863 ext. 537.

The Foundation does not accept incomplete applications or applications from organizations with overdue reports.

EIN: 99-0163400

FYE: 12/31/2011

EIN: 99-0163400

### The VICTORIA S. AND BRADLEY L. GEIST FOUNDATION

Since 1995 more than \$2.5 million has been awarded in college scholarships to students currently or formerly in the foster care system. As a result of financial assistance from the Geist Foundation, hundreds of students are able to attend vocational schools, community colleges, and public and private universities both here in Hawaii and on the mainland United States.

You are eligible for a Geist Scholarship if your primary residence is in Hawaii and you plan to attend a two- or four-year college, university, or vocational school. You must plan to enroll at least half-time (equivalent of 6 or more credits per semester), and verification of foster care status within the State of Hawaii is required. Youth who have been legally adopted or reunited with their birth families before the age of eighteen are not eligible for support under this program.

Applicants are strongly encouraged to submit applications and materials by <u>June 1, 2011</u> to be eligible for a full-year scholarship (for enrollment in the Fall and Spring semesters).

- > Applications received by June 1st Fall & Spring semester scholarships available
- > Applications received by October 1<sup>st</sup> Spring semester scholarship available.

### NEW APPLICANTS

Applicants must submit the following items:

- Application Form
- > Personal Statement—Write a statement about yourself and answer the following questions:
  - O What are your reasons for attending college?
  - O Why did you choose your course of study?
  - O What career and college goals do you have?
- Most recent high school or college transcript (not a report card)
- Letter from case worker verifying foster care status in Hawaii.
  - O This letter should document effective dates of applicant's foster care status in Hawaii.
  - O The letter should state whether the applicant "aged out" of the foster care system. If not, include details of the applicant's status after leaving the foster care system e.g. applicant was reunited with a family member, applicant was adopted, etc.

### RENEWAL APPLICANTS

To reapply for a scholarship, you must submit the following items:

- Application Form
- Progress Report Statement—Write a statement about yourself and include what you have learned through pursuing your educational goals. Note: renewing students are expected to demonstrate academic progress generally by maintaining a 2.0 grade point average (GPA). If your GPA falls below 2.0, please explain in your progress report.
- Most recent official college transcript issued by the registrar of your school (not a report card or an unofficial transcript downloaded from the internet)

Mail all required materials to:

Hawai'i Community Foundation

Attn: Geist Foundation Scholarship

827 Fort Street Mall

Honolulu, HI 96813

For more information, call: (808) 566-5570 or 1-888-731-3863 (toll-free) or email: <a href="mailto:scholarships@hcf-hawaii.org">scholarships@hcf-hawaii.org</a>.

\*\*Should your contact information or enrollment status change after you submit your application, please notify HCF immediately.

### VICTORIA S. AND BRADLEY L. GEIST FOUNDATION SCHOLARSHIP

ACADEMIC YEAR 2011-2012

			<del></del>		<del></del>
Social Security Numbe	r:	Date of Birth: _	//	☐ Male ☐ Fo	emale
Name:					
First	Middle	Initial	Last		
lave you previously a	applied to or been award	ed a Geist scholarshi	p? Yes	No	
<del></del>				<del> </del>	
Permanent Hawai'i Ad	idress:				~
	Street Number	City		State	Zip Code
Phone Number:	Altern	ate Phone Number: _		Island:	
Temporary or mailing	address (if different from	perman ent):			
	Street Number (or P.O.	Box) City	·	State	Zip Code
Email Address:					······································
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Where do you plan to Class year entering in	school (check one):	•	Other (describe) more		
Intended major or are	a of study:		# o	f semesters comp	oleted:
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,			-		
Will you be attending	for the full academic yea	r?   Yes   No If	no, which semesters	s will you be at te	ending?
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	formation on this form is	true and complete to	he best of mv know	ledge. If asked	by the Geist
Foundation or the Ha	wai'i Community Founda	ition I agree to give de	ocumentation for in	formation given	on this form. I a
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arrain to they cape their	, series and are mean				
Applicant Signature:			Date:		

(Rev. 01/11)

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

# US RETURN OF PRIVATE FOUNDATION FORM 990-PF

FYE EIN NAME	CR TO 2012 EST	REFUND
12/31/2011 99-0163400 VICTORIA S & BRADLEY GEIST FOUNDATION	128,724	0
6/30/2012 99-6002346 NEVADA MOORE TRUST	711	0
6/30/2012 26-1861633 EDWIN HASTINGS MEMORIAL TRUST	363	0

## Form **8868** (Rev. January 2012)

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

OMB No. 1545-1709

ightharpoons

Form 8868 (Rev. 1-2012)

	complete Part II unless you have already been granted a							
	<b>nic filing (e-file).</b> You can electronically file Form 8868 if y							
	I to file Form 990-T), or an additional (not automatic) 3-mor							
of time 1	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for T	ransfers A	Associated V	Vith Certa	ain	
Persona	al Benefit Contracts, which must be sent to the IRS in paper	er format	(see instructions). For more details o	n the elec	tronic filing	of this for	m,	
ısıt ww	w.irs.gov/efile and click on e-file for Chanties & Nonprofits.	<u> </u>						
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).				
A corpo	ration required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and o	complete				
art I or	nly							
	r corporations (including 1120-C filers), partnerships, REM come tax returns	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time			
Type or	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN)			
orint								
	VICTORIA S & BRADLEY L GEIS	ST FO	UNDATION	$\mathbf{x}$	99-01	63400	)	
ile by the	Number street and room or suite no. If a P.O. box so			Social security number (SSN)			 i)	
iling your	P.O. BOX 3170, DEPT 715							
eturn Sec nstruction	, , , , , , , , , , , , , , , , , , , ,	oreign add	ress, see instructions.					
	HONOLULU, HI 96802-3170							
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)				0 4	
Applica	ition	Return	Application				Return	
s For		Code	Is For				Code	
Form 99	30	01	Form 990-T (corporation)				07	
Form 99	30-BL	02	Form 1041-A				08	
Form 99		01	Form 4720				09	
Form 99	<del></del>	04	Form 5227				10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	90-T (trust other than above)	06	Form 8870				12	
	BANK OF HAWAII							
• The	books are in the care of > 130 MERCHANT ST	г - н	ONOLULU, HI 96813					
	phone No. ► (808)694-4158		FAX No. ▶					
	organization does not have an office or place of business	s in the Ur	nited States, check this box					
	s is for a Group Return, enter the organization's four digit (			f this is fo	r the whole o	group, ch	eck this	
box 🕨	If it is for part of the group, check this box							
	request an automatic 3-month (6 months for a corporation							
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IS	for the organization's return for:							
	X calendar year 2011 or							
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2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n			
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3a if	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any					
	onrefundable credits. See instructions	-	· ·	3a	\$	235	,293.	
_	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
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Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

LHA

Form 8868 (Rev. 1-2012)					Page 2	
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this	рох		<b>▶</b> X	
Note. Only complete Part II if you have already been granted an a	utomatic	3-month extension on a previously fil	ed Form 8	868	•	
If you are filing for an Automatic 3-Month Extension, complet						
Part II Additional (Not Automatic) 3-Month E			al (no c	opie	s needed).	
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Type or Name of exempt organization or other filer, see instruc	ctions				itification number (EIN) or	
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File by the VICTORIA S & BRADLEY L GEIST	r FOU	NDATION	$\mathbf{x}$	X 99-0163400		
due date for Number, street, and room or suite no. If a P O box, se			Social sec		y number (SSN)	
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nstructions City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions.	<del></del>			
HONOLULU, HI 96802-3170						
Enter the Return code for the return that this application is for (file	a senara	te application for each return)			0 4	
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Application	Return	Application			Return	
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Form 990-BL	02	Form 1041-A			08	
Form 990-EZ	01	Form 4720			09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11	
Form 990-T (trust other than above)  06 Form 8870					12	
STOP! Do not complete Part II if you were not already granted		<u> </u>	iously file	d Fc	orm 8868.	
BANK OF HAWAII	· ui, uu,u			<u> </u>		
• The books are in the care of <b>&gt;</b> 130 MERCHANT S'	т – н	ONOLULU. HT 96813				
Telephone No ▶ (808)694-4158		FAX No ▶				
If the organization does not have an office or place of business	s in the Ur	·				
If this is for a Group Return, enter the organization's four digit			f this is foi	r the	whole group, check this	
box ▶ . If it is for part of the group, check this box ▶	-					
		BER 15, 2012.				
5 For calendar year 2011, or other tax year beginning	. <u> </u>	, and endin	a			
6 If the tax year entered in line 5 is for less than 12 months, o	heck reas	· · · · · · · · · · · · · · · · · · ·	Final r	eturi	1	
Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO	GATHE	R ALL THE INFORAMT	ION N	EC	ESSARY TO	
PREPARE A COMPLETE AND ACCURA						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	inter the tentative tax, less any				
nonrefundable credits. See instructions.		_	8a	\$	235,293.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated			"	
tax payments made. Include any prior year overpayment al	lowed as	a credit and any amount paid				
previously with Form 8868.			8b	\$	235,293.	
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wi	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See instr	uctions		8c	\$	0.	
Signature and Verificat	tion mu	st be completed for Part II o	only.			
Under penalties of perjury, I declare that I have examined this form, include	ing accom	panying schedules and statements, and t	the best o	f my	knowledge and belief,	
It is true, correct, and complete, and that I am authorized to prepare this for BANK OF HAWAII. Trustee	orm.			-	-	
Signature X hands Alexander Title			Date	ightharpoons	AUG 1 4 2012	
By Vice President					Form 8868 (Rev 1-2012)	
FIGO 1 / CARGITATION						