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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

npt status: X 501(c)(3) 501(c) ( ) ◀  N/A  rganization: Corporation X Trust Association  Summary  nefly describe the organization's mission or most significant status.	OF HAWAII OLULU, HI 968 (insert no.) 4947(a)(1) ciation Other gnificant activities: SEE nued its operations or disponant VI, line 1a)	L Yes	G Gross receipt H(a) Is this a for affilia H(b) Are all aff If "No," H(c) Group e ar of formation: 1	99-604 number (808) s\$ group return tes? illates include attach a list	694-4540 3,761,164 T Yes X N ed? Yes N				
Doing Business As  Number and street (or P.O. box if mail is not deliver.  P.O. BOX 3170, DEPT. 715  City or town, state or country, and ZIP + 4  HONOLULU, HI 96802-3170  F Name and address of principal officer:BANK.  130 MERCHANT STREET, HONO  Out status: X 501(c)(3) 501(c) ( )   N/A  Iganization: Corporation X Trust Assorbed the organization or most significant the state of the governing body (Pour of recommendation).  The commendation of the governing body (Pour of recommendation).	OF HAWAII OLULU, HI 968 (insert no.) 4947(a)(1) ciation Other gnificant activities: SEE nued its operations or disponant VI, line 1a)	13 or 52 L Yes	G Gross receipt H(a) Is this a for affilia H(b) Are all aff If "No," H(c) Group e ar of formation: 1	number (808)  \$ \$ group return tes? illates include attach a list xemption ni	694-4540 3,761,164 n				
Doing Business As  Number and street (or P.O. box if mail is not deliver.  P.O. BOX 3170, DEPT. 715  City or town, state or country, and ZIP + 4  HONOLULU, HI 96802-3170  F Name and address of principal officer:BANK.  130 MERCHANT STREET, HONO  Out status: X 501(c)(3) 501(c) ( )   N/A  Iganization: Corporation X Trust Assorbed the organization or most significant the state of the governing body (Pour of recommendation).  The commendation of the governing body (Pour of recommendation).	OF HAWAII OLULU, HI 968 (insert no.) 4947(a)(1) ciation Other gnificant activities: SEE nued its operations or disponant VI, line 1a)	13 or 52 L Yes	G Gross receipt H(a) Is this a for affilia H(b) Are all aff If "No," H(c) Group e ar of formation: 1	number (808)  \$ \$ group return tes? illates include attach a list xemption ni	694-4540 3,761,164 n				
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umber of independent voting members of the gover	•		ore than 25% of	ts net asset	ts.				
				3					
otal number of individuals employed in calendar yea	ming body (Part VI, line 1b)			4					
	ar 2011 (Part V, line 2a)			5					
otal number of volunteers (estimate if necessary)				6					
otal unrelated business revenue from Part VIII, colu	mn (ODING 12 F 1 / F )			7a					
et unrelated business taxable income from Form 99	00-T, line 34	$\neg \cup \mid \cdot$		. 7b					
-	٣ <u>ــــــــــــــــــــــــــــــــــــ</u>	_JŒ	300		135,22				
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) GDEN. UT 309,294.									
1.									
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•		[			55,25				
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•			2,	235.	2,76				
					219,88				
Revenue less expenses Subtract line 18 from line 12	2		264,	735.	-84,66				
		L			End of Year				
otal assets (Part X, line 16)		Į.	<u>3,891</u> ,		<u>3,807,18</u>				
otal liabilities (Part X, line 26)		Ļ							
	ne 20		3,891,	847.	<u>3,807,18</u>				
	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, a Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 5) Total revenue - add lines 8 through 11 (must equal P Grants and similar amounts paid (Part IX, column (A), 6) Benefits paid to or for members (Part IX, column (A), 6) Cotal revenue - add lines 8 through 11 (must equal P Grants and similar amounts paid (Part IX, column (A), 6) Cotal revenue - add lines 8 through 11 (must equal P Grants and similar amounts paid (Part IX, column (A), 6) Cotal revenue - add lines (Part IX, column (A), lines 10 Cotal fundraising expenses (Part IX, column (D), lines 10 Cotal expenses (Part IX, column (A), lines 11a-11d, 10 Cotal expenses Add lines 13-17 (must equal Part IX, 10 Cotal assets (Part X, line 16) Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 13 Signature Block Ities of perjury, I declare that I have examined this return, in	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e) Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salanes, other compensation, employee benefits (Part IX, column (A), line 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12  Total liabilities (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20  Signature Block  Ittes of perjury, I declare that I have examined this return, including accompanying schedu	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10, and 1e) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Grants paid to or for members (Part IX, column (A), line 4) Galanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Fotal fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12  Fotal liabilities (Part X, line 16) Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20  Signature Block	Prior Year Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1e) Professional fundraising fees (Part IX, column (A), line 4) Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Other expenses (Part IX, column (A), line 25) Other expenses (Part IX, column (A), line 12) Other expenses Subtract line 18 from line 12  Total labilities (Part X, line 16) Net assets or fund balances. Subtract line 21 from line 20  Prior Year  Prior Year  Prior Year  NOV 1 9 2012  309,  Subject S	Prior Year  Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, loc, 10c, and 1e)  Program service revenue (Part VIII, column (A), lines 5, 6d, 8c, loc, 10c, and 1e)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, loc, 10c, and 1e)  Other revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Other expenses (Part IX, column (A), line 4)  Other expenses (Part IX, column (A), line 11e)  Other expenses (Part IX, column (A), line 11e)  Other expenses (Part IX, column (A), line 25)  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  Total expenses Subtract line 18 from line 12  Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  Total state under the program of the program of the part IX and the pa				

Pan	(IV) Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
-	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	<b></b>	X
-	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_	<u> </u>	X
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	<u> </u>	X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	<b>└</b> ─	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			i
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	}
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<b>├</b>	X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		İ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			<u></u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	├	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del>-</del> -	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			\ . <u>.</u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	<b>├</b> ─	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			,,
_	Schedule D, Parts XI, XII, and XIII	12a	$\vdash$	<u>  X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	١
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	├-	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	+-	X
þ		[		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes " complete Schedule F. Parts Land IV.			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	+	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	4-		v
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	+-	<del>  X</del>
16	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	1		<b> </b> ₩
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	+-	X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	+-	X
18	1c and 8a? If "Yes," complete Schedule G, Part II	40		v
40		18	+-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	100		v
20-	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19	+	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
	, co to min 2004 or the diganization attach a copy or to addition illiancial statements to this lettern	20b		

Form **990** (2011)

Form 990 (2011) KAWAIAHAO CHURCH TRUST
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		. <u>.                                   </u>	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<del></del>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		<u>X</u>
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
<b>47</b> 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-40		
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			1
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yos," complete Schodule I. Part IV			<sub>w</sub>
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<del>  -</del> -	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	250		^
ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	<del>                                     </del>
	contributions? If "Yes," complete Schedule M	30	L	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701·2 and 301 7701·3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			
0.5	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	- T
35a	, , , , , , , , , , , , , , , , , , , ,	35a	$\vdash$	X
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	256		<b>.</b> .
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b	+-	X
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	†	<del>  ^</del>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	<b>†</b>	<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	L
				(2011)

	990 (2011) KAWAIAHAO CHURCH TRUST	99-6044.	333	Pa	C epi
Par	<del></del>				
	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	Į		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportal	ole gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	o	- 1		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	-	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other author	rtv over. a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	-	4a		X
h	If "Yes," enter the name of the foreign country: ▶	.,,			
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Account	nts.			
5a	and the state of t		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		anization solicit			
-	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	r aifts			
_	were not tax deductible?	· 9	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	D. I. I.	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req	uıred			
	to file Form 8282?		7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year . 7d				
e	Control of the contro	ct?	7е		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the s	upporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time	ne during the year?	8		<u>l</u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<u>L</u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:			_	
а	Initiation fees and capital contributions included on Part VIII, line 12		]		Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>			1
11	Section 501(c)(12) organizations. Enter:	1	1		
а	Gross income from members or shareholders . 11a		1	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	İ		1	
	amounts due or received from them )	<u> </u>	1	1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a	<u> </u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}$
t	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	1	1	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	↓
ā	Is the organization licensed to issue qualified health plans in more than one state?		13a	<u> </u>	1
	Note. See the instructions for additional information the organization must report on Schedule O.		1		
t	Enter the amount of reserves the organization is required to maintain by the states in which the	1			
	organization is licensed to issue qualified health plans		1	1	1
(	Enter the amount of reserves on hand	<u> </u>	<u> </u>	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response to any question in this Part VI			X				
Sect	ion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 1	ļ	1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ļ					
	officer, director, trustee, or key employee?	2		<u>X</u>				
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u> _				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5_		X				
6	Did the organization have members or stockholders?	6		<u>X</u> _				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		<u>X</u>				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?							
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	a The governing body?							
b	Each committee with authority to act on behalf of the governing body?	8b		N/A				
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<b>'</b>						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>				
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
ь	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b						
С	in Schedule O how this was done	10-	X					
13	Did the organization have a written whistleblower policy?	12c	X					
14	Did the organization have a written whistleblower policy?	13	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	1-4	_A_					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ŀ					
а	The organization's CEO, Executive Director, or top management official N/A - See Schedule O	15a	[	1				
b	Other officers or key employees of the organization  N/A - See Schedule O	15b	_					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		Γ					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		l	1				
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ļ				
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial					
statements available to the public during the tax year.								
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:								
	BANK OF HAWAII - (808) 694-4540							
TORK	130 MERCHANT ST, HONOLULU, HI 96813							
1320 01-23		Form	990	(2011)				

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz (A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee			organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
1) BANK OF HAWAII RUSTEE	1.00		X					56,291.	0.	0
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			_			-				
132007 01-23-12				<u> </u>	<u> </u>					Form <b>990</b> (201

Part VII   Section A. Officers, Directors, T		IIDIO	yee:			ugne	:81 (			$\neg$			
(A) Name and title	(B) Average		ı	(C Posr	•			( <b>D)</b> Reportable	( <b>E)</b> Reportable			(F)	
Name and title	hours per		not ch	neck r	nore	than o		compensation	compensation	.		mate ount c	
	week	offic	cer an	dadı	recto	r/trust	ee)	from	from related	'		ther	JI
	(describe	Ē						the	organizations		comp		tion
	hours for	trustee or director	_			핑		organization	(W·2/1099-MIS			m the	
	related	ite o	frustee			25		(W·2/1099-MISC)			orgai	nızatı	ion
	organizations	i i	쿌		oyee	g .					and	relate	be
	in Schedule O)	Individual	Institutional t	Officer	Ē	Highest compensated employee	Ē			ł	organ	nzatio	อกธ
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					}								
1b Sub-total				٠	1	<b>—</b>	ــــــ	56,291.		0.			0.
c Total from continuation sheets to Par	VII. Section A							0.		0.			0.
d Total (add lines 1b and 1c)								56,291.		0.			0
2 Total number of individuals (including bu	ut not limited to t	those	a liste	ed a	bov	A) W	ho r						
compensation from the organization						٠, ٠٠		occirca moro man o ro	o,ooo or roportabl	•			(
Componibation from the organization												Yes	No
3 Did the organization list any former office	er director or ti	niste	e kı	av ai	mnl	OVAA	or	highest compensated (	emniovee on				<del>                                     </del>
line 1a? If "Yes," complete Schedule J fe	•		,	<b>.</b>	, iip	oyou	, 01	riighost compensatou t	inployee on		3		X
4 For any individual listed on line 1a, is the			omn	ane	atio	0 20	d of	her compensation from	the organization		3		<del>  ^</del>
and related organizations greater than \$	•							•	trie organization				x
			-						udual far comuses		4		╁╾
	-					-	erat	ted organization of indiv	ndual for services		ا ۔ ا		] ~
rendered to the organization? If "Yes," o	ompiete Scrieat	JI <del>O</del> J	tor s	ucn	per	son		<u>-1</u>	<del></del>		5		<u> </u>
Section B. Independent Contractors									4100.000 /		<del></del>		
1 Complete this table for your five highest	="	-								ipens	ation fr	rom	
the organization. Report compensation	tor the calendar	year	ena	ing v	WITH	or v	/Itnii	1	year.				
(A) Name and busin	ace addrace	3.7	·^>T	-				(B) Description of	SARVICAS	_	C) omper		20
Hame and busin		<u>N</u>	ON	<u>E</u>			_	Description of	Services		OITIPOI	- ISalic	
							,						
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	=												
2 Total number of independent contractor	rs (including but	not	ıımıt	ea to	o th	ose I	iste	d above) who received:	more than l				
		not	IIMite	to	o th	ose I	iste	d above) who received	more than				
2 Total number of independent contractor \$100,000 of compensation from the organization		not	limite	90 10	o th	_	eiste	d above) who received	more than		Form !	990	(201

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a	رائع وأخجه الاراء			T
e a	b	Membership dues	1b				
اعِيٰ	С	Fundraising events	1c		,		
# E	d	Related organizations	1d		·		
S,E	e	Government grants (contribut	<del>  </del>	• • • • • • • • • • • • • • • • • • • •	,		
	f	All other contributions, gifts, gran					
E E		similar amounts not included abor	1 1				1
들인	g	Noncash contributions included in lines	1a-1f \$	- ' ·			
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f	<del></del>	<b>-</b>			
			Business C	ode			
e l	2 a		i '		ľ		İ
اه ځ	b						1
8 2	С		I				<del> </del>
e au	d						
Program Service Revenue	е						
4	f	All other program service reve	enue		1.77		
	g	Total. Add lines 2a-2f					
	3	Investment income (including	dividends, interest, and			- <del>-</del> -	
		other similar amounts)		<b>►</b> 105,137.			105,137.
l	4	Income from investment of ta	x-exempt bond proceeds	<b>&gt;</b>			
	5	Royalties	·	<b>&gt;</b>			
1			(i) Real (ii) Person	al	ļ		
ŀ	6 a	Gross rents		<u> </u>	}		
		Less: rental expenses	ļ	* .			
		Rental income or (loss)		25,			
		Net rental income or (loss)		<b>&gt;</b>			
ĺ	7 a	Gross amount from sales of	(i) Securities (ii) Other	-			
- 1		assets other than inventory	3656027.		ļ		
	b	Less: cost or other basis	3625943.				
		and sales expenses	30,084.	<b>-</b>	:		1
		Gain or (loss)	<u> </u>	30,084.			30 004
		Net gain or (loss)		30,004.	<u> </u>		30,084.
enne	8 a	Gross income from fundraisin including \$	- '				1
, ver		contributions reported on line	of				1
æ		Part IV, line 18	a l				
Other Rev	h	Less: direct expenses	b				
ō		Net income or (loss) from fund	· -				
		Gross income from gaming a		-			+
		Part IV, line 19	а	İ	ĺ		
	ь	Less' direct expenses	b				
		Net income or (loss) from gan	ning activities	<b></b>	1		1
		Gross sales of inventory, less					
		and allowances	a				1
	ь	Less: cost of goods sold	b			-	
		Net income or (loss) from sale	es of inventory	▶			
		Miscellaneous Revenu		ode			<del> </del>
	11 a	<del></del>					
	b	<del></del>					<del>                                     </del>
	c						
	d	All other revenue					1
	е	Total. Add lines 11a-11d		<b>&gt;</b>			
	12	Total revenue. See instructions.		<b>▶</b> 135,221.	0.	0	. 135,221.
1320 01-23	09 3-12						Form <b>990</b> (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in the Part X (g)  On an include amounts reported on lines 60, 70, 89, 96, and 100 of Part VIII.  Total include more assistance to governments and organizations in the United States. See Part IV, line 21 organizations in the United States. See Part IV, line 22 organizations in the United States. See Part IV, line 22 organizations, and individuals outside the United States. See Part IV, line 22 organizations, and individuals outside the United States. See Part IV, line 15 and 16 organizations of current officers, directors, trustees, and low representations of current officers, directors, trustees, and low year mployees  E compensation not included above, to disqualited persons (seldenial under section 4586(x)(1)) and persons destribed in section 4586(x)(1) and persons and 4586(x) and 10	<u>_</u>	Check if Schodula O contains a respons	e to any guestion in the	e Part IV	<del></del>	
To, 8b, 9b, and 10b of Part VIII.  Islams and other assistance to governments and organizations in the United States. See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals in the United States. See Part IV, line 22  Grants and other assistance to governments, organizations, and individuals in the United States. See Part IV, line 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation not included above, to disqualified persons (as officed under section 4956(R)(1) and persons described in section 4956(R)(1) and persons described in section 4956(R)(1) and persons described in section 4956(R)(3)(B)  7 Other salance and wages  Provide taxes  Fees for services (non-employees):  a Management  b Legal  c Accounting  Provide taxes  Counting  Provide taxes  Total fundaminating services. See Part IV, line 17  I investment management field  Coccupancy  Travel  Providers  Compensation of the view of the compensation of the com	Do n		(A)	(B)		(D)
1. Grants and other assistance to governments and organizations in the funded States. See Part IV, line 22 Grants and other assistance to individuals in the United States. See Part IV, line 17 Investment management fees 9 Other employee See Part IV, line 17 Investment management fees 9 Other employees Information technology 1 Proteosomal fundament management fees 9 Other employees Information technology 1 Proteosomal fundament management fees 9 Other employees Information technology 1 Proteosomal fundament management fees 9 Other employees See Part IV, line 17 Investment management fees 9 Other employees See Part IV, line 17 Investment management fees 9 Other employees See Part IV, line 17 Investment management fees 9 Other employees See Part IV, line 17 Investment management fees 9 Other employees See Interest See Part IV, line 17 Investment management fees 9 Other employees See Information technology 1 Other employees See Interest See Part IV, line 17 Investment management fees 9 Other See See See See See See See See See S			Total expenses	Program service		Fundraising expenses
organizations in the funded States. See Part IV, line 27 Grants and other assistance to midvolusia in the United States. See Part IV, line 28 Grants and other assistance to governments, organizations, and individuals outsed the United States. See Part IV, line 15 and 16 Benefits paid for for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Person plan across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Person plan across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and outflottlottis (sectors) Trustees, and across and across ac	_ <u>-</u> -	Grants and other assistance to governments and		<u> </u>		
2 Grants and other assistance to individuals outsed the the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outsed the United States. See Part IV, line 13 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above, to disqualified persons (as defined under section 4958(IV)) and persons described in section 4958(IV) and persons described in section 4958(IV) and persons described in section 4958(IV) and persons described in section 4958(IV) and persons described in section 4958(IV) and persons described in section 4958(IV) and appears assigned in the section 4958(IV) and appears assigned assigned assigned in the section 4958(IV) and appears assigned in the section 4958(IV) and appears assigned assigned assigned in	-	-	160.831.	160.831.		
3 Grants and other assettance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation on cincluded above, to disqualified persons described in section 4958(r)(19) and persons described in section 4958(r)(19) and persons described in section 4958(r)(19) and persons described in section 4958(r)(19) and persons described in section 4958(r)(20) and section 4958(		· F				
3 Grants and other assettance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation on cincluded above, to disqualified persons described in section 4958(c)(3)(8) 7 Other salanes and wages 8 Penson pian acrusia's and confributions (include section 4958(c)(3)(8) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management 1 Logal 1 Accounting 9 Professional fundrasing services. See Part IV, line 17 (investment management fees) 9 Other 1 Advertising and promotion 1 Office expenses 1 Occupancy 1 Travel 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 Conferences, conventions, and meetings (interest interest interest) (and the professional individuals of the professional individuals of the payments of adiabate. (Ext. Hime 24 amount excess 61% of line 25, column (A) and anontization linsurance 2 Depreciation, deplotion, and amortization linsurance 2 Depreciation, deplotion, and amortization linsurance suggests in line 24e. Hime 24e amount excess 61% of line 25, column (A) and anontization complete the site only if the organization reported in column (B) point costs from a combined educational carpagina and fundrasing solicitation.	-	the United States. See Part IV, line 22				
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educational campaign and fundraising solicitation.	-0				]	
					•	
		Check here If following SOP 98-2 (ASC 958-720)		1		

rt X	Balance Sheet	(4)	/D\
		(A) Beginning of year	( <b>B)</b> End of year
1	Cash · non-interest-bearing	192. 1	902.
2	Savings and temporary cash investments	158,584. 2	127,319.
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Receivables from current and former officers, directors, trustees, key		
ĺ	employees, and highest compensated employees. Complete Part II		
	of Schedule L	5	
6	Receivables from other disqualified persons (as defined under section		
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary		
1	employees' beneficiary organizations (see instructions)	6	
7	Notes and loans receivable, net	7	
8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	9	
10a	Land, buildings, and equipment cost or other		
	basis. Complete Part VI of Schedule D		
l t		10c	
11	Investments - publicly traded securities	3,733,071. 11	3,678,963
12	Investments - other securities. See Part IV, line 11	12	
13	Investments - program-related. See Part IV, line 11	13	
14	Intangible assets	14	
15	Other assets. See Part IV, line 11	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,891,847. 16	3,807,184
17	Accounts payable and accrued expenses	17	
18	Grants payable	18	
19	Deferred revenue	19	
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22	Payables to current and former officers, directors, trustees, key employees,		
-	highest compensated employees, and disqualified persons. Complete Part II		
	of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	23	<del> </del>
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part X of		
	Schedule D	25	
26	Total liabilities. Add lines 17 through 25	0.26	0
	Organizations that follow SFAS 117, check here		<del></del>
	lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	27	
28	Temporanly restricted net assets	28	
27 28 29 30 31 32	Permanently restricted net assets	29	
-3	Organizations that do not follow SFAS 117, check here	25	
	complete lines 30 through 34.		
30		3,891,847. 30	3,807,184
31		0. 31	3,007,104
32		0. 32	
32	·	3,891,847. 33	3,807,184
33		3,891,847. 34	3,807,184

Form **990** (2011)

orm	990 (2	2011) KAWAIAHAO CHURCH TRUST	99-604	<u> 44333</u>	Pag	e 12		
Par	t XI	Reconciliation of Net Assets						
		Check if Schedule O contains a response to any question in this Part XI						
1	Total	revenue (must equal Part VIII, column (A), line 12)	1	13	5,2	<u>21.</u>		
2	Total	expenses (must equal Part IX, column (A), line 25)	2	21	9,8	84.		
3	Reve	nue less expenses. Subtract line 2 from line 1	3	-84,663				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	5 Other changes in net assets or fund balances (explain in Schedule O) 5							
6_		ssets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,80	7,1	84.		
Pa	t XII	Financial Statements and Reporting						
		Check if Schedule O contains a response to any question in this Part XII						
					Yes	No		
1	Acco	unting method used to prepare the Form 990: X Cash Accrual Other		1				
	If the	organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	Ο.					
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_		
b	Were	the organization's financial statements audited by an independent accountant?		2b		X		
C	If "Ye	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	revie	w, or compilation of its financial statements and selection of an independent accountant?		2c				
	If the	organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Ye	es" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	sepa	rate basis, consolidated basis, or both:						
		Separate basis Consolidated basis Both consolidated and separate basis		İ				
3 <b>a</b>	As a	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt					
	Act a	ind OMB Circular A-133?		3a		X		
b		es," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit					
	or au	dits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>		
				Form	990 (	(2011)		

### **SCHEDULE A**

(Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Name of the organization

Employer identification number KAWAIAHAO CHURCH TRUST 99-6044333

Part I	Reason f	or Public Charit	ty Status (All organiz	ations mus	st complet	e this part	) See inst	ructions.		
The orga			ecause it is: (For lines 1							
1 🗀	7		or association of churc	-						
2	7		(b)(1)(A)(ii). (Attach Sci			•				
3	_		al service organization of	-	n section	170(b)(1)(	AXiii).			
4	<b>-</b>		perated in conjunction					bx 1xAxiii	). Enter th	ne hospital's name.
	city, and state		,	·	•				•-	,
5 🗔	_		enefit of a college or ur	niversity ov	vned or op	erated by	a governn	nental unit	describe	d in
•	_	(b)(1)(A)(iv). (Complet	=	•	•	•	J			
6		•	nt or governmental uni	t described	ın sectio	n 170(b)(1	XAXv).			
7 🗀	_		ives a substantial part					r from the	general p	ublic described in
		b)(1)(A)(vi). (Complet		• •		<b>3</b>			<b>3</b>	
8 🗀	_		ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗔	¬ '		oives: (1) more than 33	-		rom contri	butions, m	embershir	fees. an	d gross receipts from
	_		ctions · subject to certa					-		-
			xable income (less sect							=
		509(a)(2). (Complete			·		•			
10	_		erated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	I).		
11 X	An organizati	on organized and op	erated exclusively for th	he benefit (	of, to perfo	orm the fur	nctions of,	or to carry	out the	purposes of one or
			tions described in secti							
			organization and compl					,		
	а 🔲 Туре і	। ь□	] Type II	с 🗀 Тур	e III - Func	tionally int	egrated		d X	Type III - Other
e 🔀	By checking	this box, I certify that	t the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified p	persons other than
	foundation m	nanagers and other th	nan one or more publicl	y supporte	d organiza	ations des	cribed in s	ection 509	(a)(1) or s	section 509(a)(2).
f	If the organiz	ation received a writt	en determination from	the IRS tha	at it is a Ty	ре І, Туре	II, or Type	) III		
	supporting o	rganization, check th	is box							
g	Since Augus	t 17, 2006, has the o	rganization accepted ai	ny gift or c	ontribution	from any	of the follo	owing pers	ions?	
	(i) A perso	n who directly or indi	rectly controls, either a	lone or tog	ether with	persons o	lescribed i	ın (ıi) and (ı	ii) below,	Yes No
	the gov	erning body of the su	pported organization?						_	11g(i) X
	(ii) A famıly	member of a person	described in (i) above?	?						11g(ii) X
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii) X
h	Provide the f	following information	about the supported or	rganızatıon	(s).					
				<del>,</del>						
(i) Na	me of supported	(ii) EIN	(iii) Type of		organization			(vi) Is	the	(vii) Amount of
	organization		organization (described on lines 1-9		sted in your		ion in col.	organizátic (i) organiz U.S	ed in the	support
			above or IRC section		document?	(1) of you	r support?	U.S	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
	AIAHAO		1							
CHUI	RCH	99-0075241	1	X		X	<u> </u>	X		160,831.
					1					
				<u> </u>	<del> </del>			<u> </u>		<u> </u>
					1					
				-	<b>_</b>	<del></del>		<u> </u>	<del>                                     </del>	
					<del> </del> _		<u> </u>	ļ	<del>                                     </del>	<del></del>
				1						
		<u> </u>		+	<del></del>	<u> </u>	<u> </u>	<u> </u>	<b></b>	
	_			1	1			}	\ \	
<u>Total</u>	1	L	L			<u> </u>	<u> </u>	L	<u></u>	160,831.
THAE	or Danaguark R	aduction Act Notice	see the Instructions	for				Cohodul	- A /C	n 000 or 000-E7\ 2011

132021 01-24-12

Form 990 or 990-EZ.

Part II	Support	Schedule for	Organizations	Described in Sec	tions 170(b)(1)(A)(	iv) and	170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				<u></u>	<u>                                      </u>	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge		1			ļ	
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
•	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included				1		
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11,						
	column (f)						
R	Public support, Subtract line 5 from line 4	<del></del>		<del> </del>	<del> </del>		
	ction B. Total Support	<u> </u>	<u></u>	<del></del>	<u> </u>	<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	(u) = 0 0 .	157 - 55	10,2000	(6)20.0	1 (0)2011	(1) 10101
8	Gross income from interest.			†	<del></del>		
Ū	dividends, payments received on			Ì			
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	<del></del>	†			-	
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			<u> </u>			
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
14	Total support. Add lines 7 through 10						
	Gross receipts from related activities	etc (see instruct	tions)	<del></del>	<u></u>	12	
	First five years. If the Form 990 is fo	•	•	ird fourth or fifth t	tav vear as a secti		~~~ <u>~</u>
	organization, check this box and sto	-	5 mor, 5555mg, m	iro, iodiai, or inai	iax your as a soon	011 00 1(0)(0)	▶□
Se	ction C. Computation of Pub	ic Support Pe	ercentage	<del></del>			
	Public support percentage for 2011			column (fl)		14	%
	Public support percentage from 2010		-			15	%
	a 33 1/3% support test - 2011. If the			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies						▶□
	b 33 1/3% support test - 2010. If the		-		d line 15 is 33 1/3	% or more, check ti	nis box
	and stop here. The organization qua	-		•			▶□
17	a 10% -facts-and-circumstances tes	, .			ne 13, 16a, or 16b	and line 14 is 10%	or more.
••	and if the organization meets the "fa						
	meets the "facts-and-circumstances"			•	•	art is now the organ	
	b 10% -facts-and-circumstances tes				-	17a and line 16 in	10% or
	more, and if the organization meets t						
							<b>,</b> —
40	organization meets the "facts-and-cill Private foundation. If the organization			•		=""	◟  ▮
18	rrivate foundation. If the organization	on did not check a	a DOX OIT IIII 13, 1	oa, 100, 1/a, 0/ 1/			
					Scr	redule A (Form 990	, or 990-EZ) 2011

## Schedule A (Form 990 or 990-EZ) 2011 | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cald	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(1) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		_		ļ		
2	Gross receipts from admissions,						
	merchandise sold or services per-			İ	1		
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose	ļ		l			
3	Gross receipts from activities that						
·	are not an unrelated trade or bus-			\ \		}	}
	iness under section 513		i		ļ	1	
4	Tax revenues levied for the organ-		<del></del>	<u> </u>	<del> </del>	<u> </u>	
7	ization's benefit and either paid to						
	or expended on its behalf						
_	· '	<del></del>			<del> </del>	<del></del>	
5			<b>i</b>	}	ì		}
	furnished by a governmental unit to			Ì			İ
_	the organization without charge				<del>                                     </del>	<del>                                     </del>	<del> </del>
	Total. Add lines 1 through 5				<del> </del>	<del> </del>	
7	a Amounts included on lines 1, 2, and						
	3 received from disqualified persons			<del>                                     </del>	<del> </del>	<del></del>	<del>                                     </del>
	b Amounts included on lines 2 and 3 received from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		<del>                                     </del>	ļ			
	c Add lines 7a and 7b				<del></del>		
	Public support (Subtract fine 7c from line 6)		l <u></u>		1	<del></del>	<u> </u>
	ection B. Total Support		T	1	T ***	Т	1
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	Amounts from line 6	<del></del>		<del> </del>	<del> </del>	<del></del>	
10	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties			1			
	and income from similar sources		<del> </del>	-		<del> </del>	<del></del>
	<b>b</b> Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				<u> </u>	<del>-</del>	
_	c Add lines 10a and 10b		ļ	ļ			
1	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is			ł			
	regularly carned on		<u> </u>		ļ		
1:	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)					<u> </u>	
13	3 Total support (Add lines 9, 10c, 11, and 12)				<u> </u>		<u> </u>
1	First five years, if the Form 990 is fo	r the organization	's first, second, th	rd, fourth, or fifth	tax year as a sect	ion 501(c)(3) organi	zation,
_	check this box and stop here						
<u>s</u>	ection C. Computation of Publ	ic Support Pe	ercentage				
1.	5 Public support percentage for 2011 (	line 8, column (f) o	divided by line 13,	column (f))		15	%
	8 Public support percentage from 2010					16	%
<u>s</u>	ection D. Computation of Inve	stment Incom	ne Percentage	)			
1	7 Investment income percentage for 20	<b>)11</b> (line 10c, colu	ımn (f) dıvıded by l	ine 13, column (f))		17	%
1	8 Investment income percentage from	2010 Schedule A	, Part III, line 17			18	%
1	9a 33 1/3% support tests - 2011. If the	organization did	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ind stop here. Th	e organization qua	alifies as a publicly	supported organ	ızatıon	▶□
	b 33 1/3% support tests - 2010. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, ch						
_2	O Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see i	nstructions	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2011
Open to Public Inspection

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

▶ Attach to Form 990.

**2** RENOVATING, REPAIRING AND Employer identification number 99-6044333 PRESERVING THE MAIN CHURCH BUILDING ... (h) Purpose of grant or assistance X Yes OR MAINTAINING LECONSTRUCTING, Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed and address of organization (b) EiN (c) IRC section or government received more than \$5,000. Part il can be duplicated if additional space is needed (g) Description of rapplicable cash grant non-cash assistance recipient that received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box if no one recipient received more than \$5,000 check this box is not considered. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection other) o. assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 160,831 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 170(B)(1)(A)(I) KAWAIAHAO CHURCH TRUST 99-0075241 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization 957 PUNCHBOWL SREET Name of the organization HONOLULU HI 96813 KAWAIAHAO CHURCH Part Part II

3 Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

99-6044333

Page 2

KAWAIAHAO CHURCH TRUST

Schedule I (Form 990) (2011) Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) COPIES OF EACH INVICE SUBMITTED TO THE CHURCH FOR SERVICES RENDERED Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. OR PURCHASES MADE ARE PROVIDED TO BANK OF HAWAII, CORPORATE TRUTEE, PRIOR SCHEDULE I, PART I, LINE 2: THE SUPPORTED ORGANIZATION, KAWAIAHAO CHURCH, PROVIDES A DETAILED BUDGET EACH YEAR, ITEMIZING THE PROJECTED USE OF THE (H) PURPOSE OF GRANT OR ASSISTANCE: THE ORGANIZATION DISTRIBUTES FUNDS (d) Amount of non-cash assistance NAME OF ORGANIZATION OR GOVERNMENT: KAWAIAHAO CHURCH (c) Amount of cash grant (b) Number of recipients COLUMN (H): TO FUNDS BEING DISTRIBUTED (a) Type of grant or assistance LINE 1, PART II, FUNDS.

Schedule I (Form 990) (2011)

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

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

KAWAIAHAO CHURCH TRUST

Employer identification number 99-6044333

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION DISTRIBUTES FUNDS TO OR FOR THE BENEFIT OF KAWAIAHAO
CHURCH, A HAWAII ELEEMOSYNARY CORPORATION, FOR THE PURPOSES OF
MAINTAINING, RECONSTRUCTING, RENOVATING, REPAIRING AND PRESERVING THE
MAIN CHURCH BUILDING KNOWN AS KAWAIAHAO CHURCH. FUNDS MAY ALSO BE
DISTRIBUTED TO KAWAIAHAO CHURCH FOR GENERAL OPERATIONS, SALARIES,
PROMOTION OF RELIGIOUS BELIEFS AND OTHER THINGS REASONABLY RELATED TO
PRESERVING THE KAWAIAHAO CHURCH BUILDING AS A RELIGIOUS AND HISTORICAL
SITE.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY THE TAX
DEPARTMENT OF BANK OF HAWAII AS CORPORATE TRUSTEE. BEFORE IT IS FILED, THE
TAX RETURN IS REVIEWED BY AN ADMINISTRATIVE OFFICER OF THE CORPORATE
TRUSTEE.
FORM 990, PART VI, SECTION B, LINE 12C: BANK OF HAWAII, THE CORPORATE
TRUSTEE, HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL EMPLOYEES,
INCLUDING THE TAX OFFICERS, TAX CONSULTANTS AND ADMINISTRATIVE OFFICERS.
BANK OF HAWAII REQUIRES ALL EMPLOYEES TO PARTICIPATE IN REGULARLY SCHEDULED
TRAINING RELATED TO COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER RELATED
POLICIES.

FORM 990, PART VI, SECTION B, LINE 15: FORM 990, PART VI, SECTION B, LINE

15: THE TRUST DOCUMENT DESIGNATES THAT THE TRUSTEE IS TO RECEIVE

REASONABLE COMPENSATION IN ACCORDANCE WITH THE TRUSTEE'S PUBLISHED FEE

SCHEDULE. IN ESTABLISHING THE TRUSTEE'S FEE SCHEDULE, CONSIDERATION WAS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

23

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 99-6044333

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Part

KAWAIAHAO CHURCH TRUST

(6)	(P)	(3)	(b)	(e)		€
יבי Name, address, and EIN	Primary activity	Legal domicile (state or	Tota	End-of-year assets		Direct controlling
of disregarded entity		foreign country)			ъ ———	entity
			i.			
	·				•	
				-		
	1		_			
			-			
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990,	Part IV, line 34 beca	iuse it had one or	more related tax-exer	mpt
(a)	(q)	(0)	$\vdash$	(a)	(j)	(g) Section 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	æ	Public charity	Direct controlling	controlled
of related organization		foreign country)	Sections	501(c)(3))	ermity	Yes No
KAWAIAHAO CHURCH - 99-0075241						
957 PUNCHBOWL STREET	<b></b> -		_			
HONOLULU, HI 96813	сниясн	HAWAII	170(B)(1)(A) 1	Z	N/A	×
						_

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

Schedule R (Form 990) 2011

99-6044333

Page 2

Schedule R (Form 990) 2011 KAWAIAHAO CHURCH TRUST

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

990) 2011	Schedule R (Form 990) 2011	Sche				26	2				132162 01-23-12
		-	_								
İ											
Percentage ownership	Share of end-of-year assets		Share of total income	Type of entity (C corp, S corp, or trust)	Direct controlling entity	Legal domicile (state or foreign country)	ctivity	Pnmary activity		NI CO	Name, address, and EIN of related organization
(h)	(6)		€	(e)	(Đ)	(0)		(q)			(a)
e related	ad one or mor	because it his	1V line 34	to Form 990 Par	"seV" begavane of	if the organizati	- Johnson	) tarion or Trust (		olderet neoiterines	The formal of the contract of
										•	
					<del></del>						
•	tule partner? 365) Yes No	20 of Schedule K-1 (Form 1065)	Yes No			excluded from tax under sections 512-514)	exclude	<b>G</b>	(state or foreign country)		or related organization
General or Percentage managing ownership	General or managing	Code V-Ui	Disproportion-	Share of end-of-vear	Share of total	minant income ed, unrelated,		Direct controlling entity	Legal	Primary activity	Name, address, and EIN
3	9	€	Ξ	(6)	Œ	(0)	_	(P)	(3)	<b>(9</b> )	(a)

Page 3

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed in Pa	arts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				Te X
f Sale of assets to related organization(s)				×
g Purchase of assets from related organization(s)				19 X
h Exchange of assets with related organization(s)				# X
i Lease of facilities, equipment, or other assets to related organization(s)				×
j Lease of facilities, equipment, or other assets from related organization(s)				1j X
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
<ul> <li>Performance of services or membership or fundraising solicitations by related organization(s)</li> </ul>	anization(s)			- -
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1m X
n Sharing of paid employees with related organization(s)				t X
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				ot X
p Reimbursement paid by related organization(s) for expenses				th X
<ul> <li>q Other transfer of cash or property to related organization(s)</li> <li>r Other transfer of cash or property from related organization(s)</li> </ul>				10 7
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered relati	ionships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
132163 01-23-12	27		Schedule	Schedule R (Form 990) 2011

Page 4

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)

	(k) ercentage wnership																					90) 2011
	(j) neral or Pe anaging	Yes No		 	+			_		 		_	 		_				 			Form 9
	Ospergor- Code V-UBI General or Percentage Code Was 20 managing ownership	Form 1065)					 						•			_						Schedule R (Form 990) 2011
	(h) Spropor- Lonate	Yes No		 	+								 	_				 		 		
	(g) Share of					•								-								
	(f) Share of total	_ i																				
	(e) Are all Are all 501(c)(3)	Ves No			‡								 							 		
stment partnerships	(d) Predominant income pa	excluded from tax under section 512-514) v							-													
ision for certain inve	(c) Legal domicile	country)	•					•													_	
tructions regarding exclu	(b) Primary activity																					
that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(a) Name, address, and EIN	Common of the co																				

<u>Schedule R</u>	(Form 990) 2011 KAWAIAHAO CHURCH TRUST	99-0044333 Page
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see instruc	ctions).
		<del></del>
		<del></del>
	· <del></del>	

### 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.

OMB No. 1545-1709

If you	are filing for an Automatic 3-Month Extension, complet	e only Pa	rt I and check this box			. <b>&gt;</b> L <b>X</b> .)
If you	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of t	this form).		
Do not d	omplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	ly filed For	m 8868.	
Electror	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	ne to file (6	months for a	corporation
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	68 to request	an extension
•	o file any of the forms listed in Part I or Part II with the exc		•		•	
	Benefit Contracts, which must be sent to the IRS in paper					
	v.irs.gov/efile and click on e-file for Chanties & Nonprofits.		(000 111011 20110110), 1 01 111210 20111110 2			
Part I			submit original (no copies ne	eded)		
	ation required to file Form 990-T and requesting an auton					
Part I on	•		THE CALCUSION CHECK THIS DOX BITS	complete		ightharpoonup
	•	ICa and t	musto must use Farm 7004 to manual			
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ics, and a	rusts must use Form 7004 to reques	t an extens	sion of time	
				<b>5</b> 1		
Type or	Name of exempt organization or other filer, see instruc	ctions.		Employer	Identification	number (EIN) or
print	WALLE TAKES OF STREET MALE			( <del></del> 1	00 604	4222
File by the	KAWAIAHAO CHURCH TRUST		_ <del></del>	X	99-604	4333
due date fo		ee instruc	tions.	Social sec	curity number	(SSN)
filing your return See	P.O. BOX 3170, DEPT. 715					
nstructions		oreign add	lress, see instructions.			
	HONOLULU, HI 96802-3170				·-	
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applica	tion	Return	Application			Return
ls For		Code	Is For			Code
Form 99		01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 99	0-EZ	01	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	0-T (trust other than above)	06	Form 8870			12
. 0,,,,, 00	BANK OF HAWAII					
■ The k	books are in the care of   130 MERCHANT ST	r – H	ONOTJITJI HT 96813			
	shone No ► (808) 694-4540	<u> </u>	FAX No. ►		-·- , <u></u>	
	organization does not have an office or place of business	n in tha l lr			<del></del>	<b>.</b> $\Box$
	s is for a Group Return, enter the organization's four digit			lf 41 f	. 46	
		•			_	•
box 🕨			ach a list with the names and EINs o		ers the extens	ion is for.
1 Ir	equest an automatic 3-month (6 months for a corporation	•	•		_	
_	- · · · · · · · · · · · · · · · · · · ·	t organiza	ition return for the organization name	ed above.	The extension	I
	for the organization's return for:					
•	X calendar year 2011 or					
	tax year beginning	, an	nd ending			
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	son: L Initial return L	Final retur	n	
L	Change in accounting period					
3a If	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
no	onrefundable credits. See instructions.			3a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
es	stimated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3b	\$	0.
c B	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	th this form, if required,			
b	y using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	\$	0.
	lf you are going to make an electronic fund withdrawal				EO for payme	