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Form **990**

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

OMB No 1545-0047 Open to Public Inspection

A F	or th	e 2011 calendar year, or tax year beginning $footnote{OCT} 1$, $footnote{2011}$ and ending	JUN 30, 201	2
B cı	neck if	C Name of organization	D Employer ident	ification number
- ap	plicab			
	Addro	e OUTRIGGER DURE RAHAMAMORU FOUNDATION		
<u>L</u>	Name	Doing Business As	99-	0217299
<u>_</u>	Initial return	Number and street (of P.O. box if mail is not delivered to street address)		
	Term	FMB 202, 330 WARD AVENUE	808	-545-4880
\sqsubseteq	Amer return	t City or town, state or country, and ZIP + 4	G Gross receipts \$	817,183.
	Appli tion pend		H(a) Is this a group	return
	,	F Name and address of principal officer: STEFAN REINKE	for affiliates?	Yes X No
			13 H(b) Are all affiliates	
				a list (see instructions)
		ite: WWW.DUKEFOUNDATION.ORG	H(c) Group exempt	
			ear of formation: 1981	M State of legal domicile; HI
Ра	rt I		NTCAMTONIC D	DTWADW
형	1	Briefly describe the organization's mission or most significant activities. THE ORGA	NIZATION S P	KIMAKI
Activities & Governance	_	PURPOSE IS TO ENCOURAGE ATHLETES AND SCHOLAR		
je	2	Check this box If the organization discontinued its operations or disposed of r	1	1 10
် ဗ	3	Number of voting members of the governing body (Part VI, line 1a)	⊢	4.0
92	4	Number of independent voting members of the governing body (Part VI, line 1b)	<u> </u>	
ties	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	 	
ţi	6	Total number of volunteers (estimate if necessary)	<u> </u>	^
٧		Total unrelated business revenue from Part VIII column (C), line 12	<u> </u>	(a) U.
\dashv		Net unrelated business taxable income from Form 990 RIFEGEIVED	Prior Year	Current Year
	٥	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) MAR 0 4 2013	95,887	
Revenue	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) MAR 0 4 2013	0	
Ve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,843	
<u>چ</u> ا	11	Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9d) (Ga) (Fixe)	38,819	
	12	Total revenue - add lines 8 through 11 (must equal-Part-VIII-column-(A), line-12)	184,549	<u> </u>
\dashv	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	150,251	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
ဖွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	. 0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0	0.
ē		Total fundraising expenses (Part IX, column (D), line 25)		
<u> </u>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	103,952	68,142.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	254,203	. 199,092.
	19	Revenue less expenses. Subtract line 18 from line 12	-69,654	-7,284.
58			Beginning of Current Yea	End of Year
Sets	20	Total assets (Part X, line 16)	1,483,654	1,710,580.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	9,463	. 104,666.
됊	22	Net assets or fund balances Subtract line 21 from line 20	1,474,191	1,605,914.
Pa	rt II			
		alties of perjury, Nec <mark>jale</mark> that I have examined this return, including accompanying schedules and st		my knowledge and belief, it is
true,	corre	et, and complete. Devia at our of peparer (other than officer) is based on all information of which prep	oarer has any knowledge.	
	- 1		1 2/13	113
Sigr	י (Signature of Office	Date	77
Here	e	STEFAN REINKE, PRESIDENT		#>
		Type or print name and title	I Data I	T II PYIN
Delif	1	Print/Type preparer's name Preparer's signature Preparer's signature Preparer's name	Date Check of self-emi	
Paid		MARK A. HAYES MARK A. HAYES Y Firm's name CW ASSOCIATES CPAS		P00085205 26-1659234
	arer Only	500	Firm's EIN	20-1033234
USE	Jilly	Firm's address 700 BISHOP STREET, SUITE 1040 HONOLULU, HI 96813	Dhone no	808-531-1040
		IDS discuss this return with the property chown shows? (see instructions)	Filone ilo.	X Voc No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2011) OUTRIGGER DUKE KAHANAMOKU FOUNDATION	99-021	7299	Page 2
Pai	t III Statement of Program Service Accomplishments			_
•	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission:			
•	THE MISSION OF THE OUTRIGGER DUKE KAHANAMOKU FOUNDATION	TS TO		
			A DI T CATO	
	FINANCIALLY SUPPORT THE DEVELOPMENT OF INDIVIDUALS AND C		ATTON	
	WHICH PERPETUATE THE SPIRIT AND LEGACY OF DUKE KAHANAMOR	(U		
2	Did the organization undertake any significant program services during the year which were not listed on			
_				X No
	the pnor Form 990 or 990-EZ?		res	121 NO
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by	avnancac	
7				
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and all	ocations to)
	others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code) (Expenses \$ 100,000 • including grants of \$ 100,000 •) (Revenue	ie \$)
	SCHOLARSHIP GRANTS RANGING FROM \$1,000 TO \$10,000 WERE	RANTED	TO	
	SCHOLAR-ATHLETES WHO PARTICIPATE IN SPORTS INCLUDING SWI			7
	POLO, VOLLEYBALL, CANOEING, SURFING, AND KAYAKING.	,	**********	
	POLO, VOLLEIBALL, CANOLING, SURFING, AND RAIARING.			
				
4b	(Code) (Expenses \$30,950. including grants of \$30,950.) (Revenue)
	ATHLETIC GRANTS RANGING FROM \$200 TO \$11,000 WERE GRANTE	ID TO		
	INDIVIDUALS OR TEAMS TO COMPETE IN LOCAL AND INTERNATION		LETIC	
	COMPETITIONS. THESE INCLUDED COMPETITIONS IN SWIMMING,			
	·		ч,	
	PADDLEBOARD, WATER POLO, VOLLEYBALL, CANOEING, AND SURFI	ING.		
	10 101			101
4c	(Code) (Expenses \$			181.
	OUTRIGGER DUKE KAHANAMOKU FOUNDATION (ODKF) WAS CREATED	TO FIN	ANCIA:	LLY
	SUPPORT THE DEVELOPMENT OF INDIVIDUALS AND ORGANIZATIONS	THAT		
	PERPETUATE THE SPIRIT AND LEGACY OF DUKE PAOA KAHANAMOKU			
	PERFETURE THE DETRIE AND DEGREE OF DOKE FROM RAHAMANORO	 		

4d	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 150,141.		<u> </u>	
	Total program out the expenses		Ec. 00	0 (2011)
13200	2		LOUIN 22	(2011)

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Form 990 (2011) OUTRIGGER DU Part 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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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		х
4	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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	L,
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		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	116		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
102	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
124	Schedule D, Parts XI, XII, and XIII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			. v
46	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20-	complete Schedule G, Part III	19	\vdash	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	in 100 to mile 200, did the organization distant a copy of its addition manoial statements to this feturiti		990 (2011)

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Form 990 (2011) OUTRIGGER DUKE KAH
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		х	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			.,
	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	051		Х
00	Schedule L, Part I	25b		
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		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	. "		1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			_{1,7}
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
20	Schedule N, Part II	32		<u> </u>
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		х
34	Was the organization related to any tax-exempt or taxable entity?	.33		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_ -	Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			<u> </u>
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
		Form	990 (2011)

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Form **990** (2011)

Par	Statements Regarding Other IRS Filings and Tax Compliance 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	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	l		
	(gambling) winnings to prize winners?	1c		
2 a	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	0		
b	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)			- -
	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 authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	Λ
b	If "Yes," enter the name of the foreign country:	.		1
- -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	-	-	x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
Va	any contributions that were not tax deductible?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	100		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 5.2		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7 7a	-	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	<u> </u>
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	? <mark> 7h</mark>	_	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 	
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A	۔م	-	
a	37/3	9a	 	
ь 10		9b	 	
а	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	7		
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	7		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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	_		
	Enter the amount of reserves on hand	—	ļ	ļ
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	₩	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	1

132005 01-23-12 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
Sec	tion 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 18			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<u> </u>	Х
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		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			4,5
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	٦		х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	\vdash	^
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	165	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	110		
12a	The state of the s	12a	х	İ
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	<u> </u>		
_	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			İ
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	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 ►HI			
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)	avaılal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W Upon request		-	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	id fina	ncıal	
	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 organizaTHE ORGANIZATION - 808-545-4880	tion:	_	
	PMB 202, 350 WARD AVENUE, NO. 106, HONOLULU, HI 96814			
13200 01-23	ь — — — — — — — — — — — — — — — — — — —	Form	990	(2011

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and Title	(B) Average hours per week	officer and a director/trustee)		(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	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PATRICK K. SHEA PAST PRESIDENT	1.00	x		Х				0.	0.	0.
(2) STEFAN REINKE	1.00	<u> </u>		Λ	⊢		-	0.	U •	•
PRESIDENT	1.00	x		x				0.	0.	0.
(3) WILLIAM PRATT	1.00		_		-		-	<u> </u>	0.	
1ST VICE PRESIDENT	1.00	х		x				0.	0.	0.
(4) PATRICK DUGAN		<u> </u>		-	\vdash					
2ND VICE PRESIDENT	1.00	х		х				0.	0.	0.
(5) WILLIAM PHILPOTTS					┢					
SECRETARY	1.00	Х		х				0.	0.	0.
(6) ART TOKIN										
TREASURER	1.00	Х		Х				0.	0.	0.
(7) RALPH GOTO										
DIRECTOR	0.50	X		l				0.	0.	0.
(8) BOB HAMPTON										
DIRECTOR	0.50	X						0.	0.	0.
(9) TIM GUARD								_	_	_
DIRECTOR	0.50	X						0.	0.	0.
(10) CHRIS AGUILERA						1				
DIRECTOR	0.50	Х				<u> </u>		0.	0.	0.
(11) TODD BRADLEY		l	1							
DIRECTOR	0.50	Х		_			_	0.	0.	0.
(12) RON HOCHULI	0.50]		1			}			
DIRECTOR	0.50	X	_	<u> </u>	<u> </u>	<u> </u>	Ъ	0.	0.	0.
(13) LINDA WOO	0.50	,,								
DIRECTOR	0.50	Х	┡	<u> </u>	<u> </u>	<u> </u>	 	0.	0.	0.
(14) STEWART CHONG	0.50	x				ļ		0.	0.	١ ,
DIRECTOR	0.50	<u> ^ </u>	├	<u> </u>	<u> </u>	-	├	0.	0.	0.
(15) DOUG COLE DIRECTOR	0.50	x			1			0.	٥.	0.
(16) CAROL JAXON	0.30	╇	├	\vdash	-	╁	Ͱ	<u> </u>		
DIRECTOR	0.50	x						0.	0.	0.
(17) MEGAN MCCORRISTON	0.30	1	\vdash	 	-	\vdash	-	 	·	
DIRECTOR	0.50	x		1			1	0.	٥.	0.
	1 2.20	Λ	Щ		Ц_	Ь.			·	- 000

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Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	es, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an						(D) (E) Reportable Reportable compensation compensation				(F) stimate mount	
	week (describe hours for related organizations in Schedule O)	tee or director	Institutional trustee	Officer Officer		Highest compensated at/longer		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ıs	fi org an	other npensa rom the ganizate d relate anizate	e ion ed
(18) ANNE NANEA ROSA DIRECTOR	0.50	x				l		0.		0.			0.
DIRECTOR	0.30	A						0.	-				
										-			
	l. <u>.</u>					Ļ		0.		0.			
1b Sub-total c Total from continuation sheets to Part V	II. Section A							0.		0.			0.
d Total (add lines 1b and 1c)						<u></u>		0.		0.			0.
Total number of individuals (including but recompensation from the organization	not limited to th	nose	liste	ed al	bov	e) w	no r	eceived more than \$100	0,000 of reportab	le		Yes	0 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•		e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3		X
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•		-					-	the organization		4		X
5 Did any person listed on line 1a receive or									idual for services	.	 		
rendered to the organization? If "Yes," con	plete Schedul	e J i	for s	uch	per	son				-	5	Ш	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of con	npens	ation	from	
the organization. Report compensation for								n the organization's tax					
(A) Name and business	address	N	ON	E				Description of s	services	C		C) ensatio	n
											·		
													
							_						
Total number of independent contractors (\$100,000 of compensation from the organ	-	not li	mite	ed to		se li O	stec	d above) who received n	nore than				

Pa	πv	-	Statement of Rever	nue		(A)	(B)	(C)	(D) Revenue
						Total revenue	Related or exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns	1a			_		-
S of		b	Membership dues	1b					
A,		С	Fundraising events	1c					
			Related organizations	1d	20,000.				
Sig.			Government grants (contribut	, 					
F		f	All other contributions, gifts, gran		71 222				
흥히			similar amounts not included abo	L	71,323.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines	s 1a-1f \$		91,323.	:		
- " 		<u>n</u>	Total. Add lines 1a-1f		Business Code	71,525.			
	2	а			Business Code				
Ş	_	b							
Ser		c							
		d							
Program Service Revenue		е							
<u>+</u>		f	All other program service reve	enue					
_		g	Total. Add lines 2a-2f		<u> </u>				
	3		Investment income (including	dividends, inter	est, and	22 052			22 252
			other similar amounts)		.	33,253.			33,253.
	4		Income from investment of ta	x-exempt bond p	oroceeds	54,000.			54,000.
	5		Royalties	0.0.4		54,000.			54,000.
	_	_	O	(i) Real	(II) Personal	ŀ			
	0		Gross rents Less: rental expenses						
			Rental income or (loss)			i			
			Net rental income or (loss)		<u> </u>				
	7		Gross amount from sales of	(i) Securities	(II) Other				
ŀ			assets other than inventory	638,426.					
		b	Less: cost or other basis						
i			and sales expenses	625,375.	ļ				
		C	Gain or (loss)	13,051.					
			Net gain or (loss)			13,051.			13,051.
nge	8	а	Gross income from fundraising						
			including \$						
8			contributions reported on line	•					
Other Reve		h	Part IV, line 18 Less: direct expenses	a b		1			
δ			Net income or (loss) from fun					~	
	9		Gross income from gaming a						
			Part IV, line 19	а	ı <u></u>				1
		b	Less direct expenses	b]			_
		C	Net income or (loss) from gar	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	а	1				
			Less: cost of goods sold	. b	ــــــــــــــــــــــــــــــــــــــ				
		С	Net income or (loss) from sale		ID	-			
	11	_	Miscellaneous Reveni	<u>ue</u>	Business Code 900099	181.	181.		
	• • •	a b	JIIIII IIIOIIII		70000	101.			
		C				 			
	i	d	All other revenue			<u> </u>			
			Total. Add lines 11a-11d			181.			
	12		Total revenue. See instructions.			191,808.	181.	0.	
13200 01-23)9 - 12							 _	Form 990 (2011)

Part IX | Statement of Functional Expenses

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 respon-	se to any question in th			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	40.050	10.050		
	organizations in the United States. See Part IV, line 21	19,250.	19,250.		
2	Grants and other assistance to individuals in	111 500	111 500		
	the United States. See Part IV, line 22	111,700.	111,700.		
3	Grants and other assistance 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 not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		· <u></u> .		· · · · · · · · · · · · · · · · · · ·
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				·
9	Other employee benefits	· 		-	
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management	1,210.		1,210.	
	Legal	19,091.		19,091.	
	Accounting	10,001.		17,071.	
đ	Lobbying Professional fundraising services. See Part IV, line 17			-	
e		7,190.		7,190.	
f	Investment management fees	28,766.	11,951.	7,006.	9,809.
g 12	Other Advertising and promotion	20,7000	11,0010	7,000.	3,003.
12 13	Office expenses	7,695.	5,700.	51.	1,944.
14	Information technology	.,,0301	37.00		_,
15	Royalties				
16	Occupancy	1,093.	437.	273.	383.
17	Travel				-
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,627.	651.	407.	569
20	Interest	, · · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	826.	331.	207.	288
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING EXPENSES	340.			340
d h	MISCELLANEOUS	193.	77.	48.	68
	TAXES AND LICENSES	111.	44.	28.	39
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	199,092.	150,141.	35,511.	13,440
26	Joint costs. Complete this line only if the organization				
-0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
12001	0.01-23-12				Form 990 (2011

132010 01-23-12

99-0217299 Page 11 OUTRIGGER DUKE KAHANAMOKU FOUNDATION Form 990 (2011) Part X | Balance Sheet (A) (B) Beginning of year End of year 1 Cash · non-interest-bearing 239,974 290,531. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 21,736 18,998. 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 2,055. 2,055. 8 Inventories for sale or use 1,542. 480. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 1,219,409. 1,397,454. Investments - other securties See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 1,483,654. 1,710,580. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 9,463. 17 104,666 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 9,463. 104,666. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,240,239. 1,376,895. 27 Unrestricted net assets 33,952. 28 29,019. Temporanly restricted net assets 200,000. 200,000. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

> 1,710,580. Form **990** (2011)

1,605,914.

30

31 32

33

31

32

33

complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

1,474,191.

1,483,654.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a

X

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of t	he organizati						037	E		dentificatio		ıber	
Part	Reason		ER DUKE KAHA ty Status (All organiz					ructions	99	0-02172	<u> </u>	—	
1	_							ructions.					
		•	because it is: (For lines 1	_		-	· -						
1	•		s, or association of church			ection 1/U	(I)(A)(I)(d)	-					
2			0(b)(1)(A)(ii). (Attach Sc	•									
3	•	•	tal service organization of					/L \ / A \ / A \ /					
4 📖			operated in conjunction	with a nos	prtai desci	nbea in se	ction 1/U	(D)(T)(G)	II). Enter tr	ne nospitai's	s name	ł.,	
. \Box	city, and state		benefit of a college or ur	nvereity o	wheel or or	perated by	a governi	mental un	rt describe	nd in		—	
5 📖	-	(b)(1)(A)(iv). (Comple	-	iiversity O	wiled of of	berated by	a govern	nema um	it describe	u III			
6 🗆			ent or governmental unit	t described	d in sectio	n 170(b)(1)(A)(v).						
7 🗔	**	•	eives a substantial part					r from the	e general p	ublic descr	ibed in	i	
	•	b)(1)(A)(vi). (Comple	•			3			J				
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9 X	-			•	•	rom contri	butions, m	nembershi	p fees, an	d aross rec	eipts fr	rom	
	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment												
		•	axable income (less sect			•				-			
		509(a)(2). (Complete	•		,	011100000	.04000 0	, and orga			,,		
10			perated exclusively to te	st for nubl	ic safety 5	See sectio	n 509(a)(4	L).					
11	~		perated exclusively for the	•	-			-	v out the i	ourooses of	f one o	ır	
—			itions described in secti									•	
			organization and compl				,		-/(-/-				
	a Type I	· · · · · · · · · · · · · · · · · · ·	7 .		e III - Fund		egrated		d 🗀	Type III · O	ther		
e 🗀			t the organization is not			-	•	r more dis	qualified p			1	
-	-	· · · · · · · · · · · · · · · · · · ·	han one or more publicly										
f		-	ten determination from t		-				(// /	`			
	_	rganization, check th					, - , , ,						
g		-	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing per	sons?				
_	(i) A person	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons o	lescribed i	ın (ıi) and ((III) below,		Yes	No	
	the gove	erning body of the si	upported organization?							11g(i)			
	(ii) A family	member of a persor	described in (i) above?	1						11g(ii)			
	(iii) A 35% (controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)			
h	Provide the fe	ollowing information	about the supported or	ganization	(s).								
(i) Name	of supported	(ii) EIN	(iii) Type of		organization			(vi) la organizati	s the	(vii) Amo	ount of		
orga	anization		organization (described on lines 1-9		sted in your		ion in col.	(i) organiz U.S	zed in the	supp	ort		
			above or IRC section		document?	_ ` ` `							
			(see instructions))	Yes	No	Yes	No	Yes	No				
				i									
				<u> </u>	ļ			ļ					
				ļ					-				
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				!	-		 		├				
				<u></u>	 	_			+				
Tata!						1							
Total	Paparwark Pa	duction Act Notice	, see the Instructions f	ior	l	L	<u> </u>	Schadu	le A (Form	n 990 or 990		2011	
	ahei Molk Me	GUCTION ACT MOTICE	, see the motitudity i	U 1				Julienn	IC W (LOUIL	1320 01 331	u-==1) 4	LVII	

132021 01-24-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support									
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
	Gifts, grants, contributions, and		(2,200	(5)	(4/2212	1	(-)			
-	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
_	ızatıon's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3		1							
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									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4									
	ction B. Total Support			•						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on				1					
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carned on									
10	Other income. Do not include gain				1					
	or loss from the sale of capital									
	assets (Explain in Part IV.)				j					
11	Total support. Add lines 7 through 10				1					
	Gross receipts from related activities,	etc. (see instruct	ions)	- 		12				
13	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)				
	organization, check this box and stop	here					<u> </u>			
Se	ction C. Computation of Publ	ic Support Pe	ercentage							
14	Public support percentage for 2011 (line 6, column (f) o	divided by line 11,	column (f))		14	%			
15	Public support percentage from 2010) Schedule A, Par	t II, line 14			15	%			
16	a 33 1/3% support test - 2011. If the o	organization did n	ot check the box o	on line 13, and line	14 is 33 1/3% or	more, check this b	ox and			
	stop here. The organization qualifies	as a publicly supp	ported organizatio	n			▶□			
ı	o 33 1/3% support test - 2010. If the o	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box			
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□			
17	a 10% -facts-and-circumstances tes	t - 2011. If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization			
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
ı	b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the	ne "facts-and-circ	umstances" test, o	check this box and	d stop here. Explai	n in Part IV how the	e			
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17						
					Sch	edule A (Form 990	or 990-EZ) 2011			

(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

Sec	ction A. Public Support	ciow, picage comp	oloto i art ii.j	•			
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		· · · · · · · · · · · · · · · · · · ·		1.7		
	membership fees received. (Do not						
	include any "unusual grants ")	245,417.	240,365.	161,324.	95,887.	91,323.	834,316.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5,584.	4,446.	6,304.	6,532.	181.	23,047.
3	Gross receipts from activities that	3,304.	2,220.	0,304.	0,332.	101.	23,047.
	are not an unrelated trade or bus- iness under section 513	74,366.		49,435.	33,655.		157,456.
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	325,367.	244,811.	217,063.	136,074.	91,504.	1014819.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	6,720.	5,320.	16,030.	11,910.	6,294.	46,274.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the				22,020		
	amount on line 13 for the year		_	2,100.			2,100.
C	Add lines 7a and 7b	6,720.	5,320.	18,130.	11,910.	6,294.	48,374.
	Public support (Subtract line 7c from line 6)						966,445.
_	ction B. Total Support		-				
	ndar year (or fiscal year beginning in)	(a) 2007 325, 367.	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on	323,30/.	244,811.	217,063.	136,074.	91,504.	1014819.
	securities loans, rents, royalties and income from similar sources	102,033.	93,353.	103,988.	115,558.	87,253.	502,185.
	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b	102,033.	93,353.	103,988.	115,558.	87,253.	502,185.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on				,	0.,200	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)			321,051.		178,757.	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3) organız	ation,
500	check this box and stop here ction C. Computation of Publi	io Support Po	roontogo				
				- L (6)		45 T	63.71 %
	Public support percentage for 2011 (I Public support percentage from 2010	• • •	•	column (t))		16	63.71 %
	etion D. Computation of Inves					10	03.40 %
	Investment income percentage for 20			ne 13. column (fl)	_	17	33.10 %
18	Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •			18	27.69 %
19a	33 1/3% support tests - 2011. If the		•	on line 14, and line	: 15 is more than 3		
	more than 33 1/3%, check this box as						$\triangleright X$
b	33 1/3% support tests - 2010. If the						and
<u>.</u>	line 18 is not more than 33 1/3%, che						▶∐
20	Private foundation. If the organization	n did not check a	<u>box on line 14, 19</u>	a, or 19b, check th	ns box and see ins	tructions	

		_			part for any								
HE	ORGANI	ZATION	1'S	CURRENT	YEAR	IS	A	SHORT	YEAR,	BEGINNING	OCTOBER	1,	201
ND	ENDING	JUNE	30	, 2012.									
									•				
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	<u> </u>												_
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	<u>_</u>		•					·	· 		 		
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									_				
		·	_										-
			-										

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

<u> </u>	OUTRIGGER DUKE KAHAN		99-0217299
Par			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		(h) Funda and atheres are a second
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's exc	clusive legal control?	└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor advi	sors in writing that grant funds can be u	used only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose o	conferring
	impermissible private benefit?		└ Yes
Pai	t II Conservation Easements. Complete if the organ	ization answered "Yes" to Form 990, Pa	art IV, line 7
1	Purpose(s) of conservation easements held by the organization	(check all that apply)	
	Preservation of land for public use (e.g., recreation or edu-	cation) Preservation of an hist	orically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organization during the tax
	year▶		
4	Number of states where property subject to conservation easer	nent is located >	
5	Does the organization have a written policy regarding the penod	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it has	olds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, an	d enforcing conservation easements du	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enf	orcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	s's financial statements that describes t	he organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of A	art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 99	0, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statem	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtheran	nce of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes	s these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$ ▶ \$
2	If the organization received or held works of art, historical treasu	ires, or other similar assets for financial	
	the following amounts required to be reported under SFAS 116		- -
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
_	•••		· —

Schedule D (Form 990) 2011

		ER DUKE									Page 2
Par	t III Organizations Maintaining C	collections of	f Art, H	istorical 1	Treasu	ires, or Oth	er S	<u>Simil</u>	ar Asse	ts (contii	nued)
3 .	Using the organization's acquisition, accessi	on, and other re	cords, che	eck any of th	ne follow	ving that are a	sıgnı	ficant	use of its	collection	ıtems
	(check all that apply):			_							
а	Public exhibition		d <u>L</u>	Loan or e	xchange	programs					
b	Scholarly research		e L	☐ Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and ex	plain how	they further	r the org	ganization's exc	empt	purp	ose in Par	XIV	
5	During the year, did the organization solicit of	r receive donation	ons of art,	historical tre	easures,	, or other simila	ar as	sets		_	
	to be sold to raise funds rather than to be ma									Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Co	mplete ıf t	he organiza	tion ans	wered "Yes" to	For	m 990), Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ıan or other ınter	mediary f	or contributi	ons or o	other assets no	t inc	luded		_	
	on Form 990, Part X?									Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV	and complete th	e followin	g table							
							- 1			Amount	
С	Beginning balance						l	1c			
d	Additions during the year						L	1d			
е	Distributions during the year						Į	1e			
f	Ending balance						L	1f			
2 a	Did the organization include an amount on F	orm 990, Part X,	line 21?							Yes	L No
	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organizatio	n answere	ed "Yes" to I	1						
		(a) Current yea		Prior year	$-\!$	Two years back	(a)		ears back	(e) Four	years back
1a	Beginning of year balance	213,9	52.	213,12	3.	212,506.		2	226,273.		
b	Contributions										
C	Net investment earnings, gains, and losses		67.	82	9.	617.			1,065.		
d	Grants or scholarships					 	<u> </u>		14,832.		
е	Other expenditures for facilities										
	and programs		_								· · · · · ·
f	Administrative expenses		_								
g	End of year balance	214,0	19.	213,95	2.	213,123.	<u> </u>	2	12,506.		
2	Provide the estimated percentage of the cur	rent year end ba	lance (line	e 1g, column	ı (a)) hek	d as:					
а	Board designated or quasi-endowment		%								
b	Permanent endowment ► 100.00	%									
С	Temporanly restricted endowment		%								
	The percentages in lines 2a, 2b, and 2c show										
3a	Are there endowment funds not in the posse	ession of the org	anization	that are held	and ad	lministered for	the d	organi	zation	г	
	by:									-	Yes No
	(i) unrelated organizations									3a(i)	X
	(ii) related organizations									3a(ii)	├ ^-
	If "Yes" to 3a(ii), are the related organization	•								3b	
4	Describe in Part XIV the intended uses of the							•	_		
Pai	t VI Land, Buildings, and Equipn									405	
	Description of property	(a) Cost basis (inv		1	ost or otl is (other	1 ' '		mulate ciation		(d) Book	value
	Land	Da313 (IIIV	Country	Das	(501161	''	- P1 0(' -		
	Land			+							
	Buildings		•	+					+		
	Leasehold improvements	<u> </u>		+					- -		
	Equipment Other	-		+					-+		
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990	Part X co	lumn (R) lini	e 10/c) i						0.
. Juan	n / www mies i w miespyn i e. jedianin jej must t	754 5//// 000,		, ,c, , and	(-//						

Schedule D (Form 990) 2011

(11)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to the of 132053

01-23-12

Schedule D (Form 990) 2011

(8) (9) (10)

	dule Q (Form 990) 2011 OUTRIGGER DUKE KAHANAMOKU F						021729	9 Pa	<u>ige 4</u>
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finar	iciai s	state	men	ts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1					
2	Total expenses (Form 990, Part IX, column (A), line 25)			2					
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3					
4	Net unrealized gains (losses) on investments			4					
5	Donated services and use of facilities			5					
6	Investment expenses			6					
7	Prior period adjustments			7					
8	Other (Describe in Part XIV.)			8					
9	Total adjustments (net) Add lines 4 through 8			9					
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10					
	t XII Reconciliation of Revenue per Audited Financial Statemen		/ith Reve	nue p	er R	etun	า		
1	Total revenue, gains, and other support per audited financial statements					1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12								
а	Net unrealized gains on investments	2a							
b	Donated services and use of facilities	2b				1			
c	Recoveries of prior year grants	2c		-		1			
ď	Other (Describe in Part XIV.)	2d				1			
	Add lines 2a through 2d		I			2e			
3	Subtract line 2e from line 1					3			—
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					H			
7	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
a	Other (Describe in Part XIV)	4b				ł			
b	Add lines 4a and 4b	40				4			
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					4c			—
	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts \	With Exp	enses	per	_	im		
1	Total expenses and losses per audited financial statements				. ро.	1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					- '-			—
a	Donated services and use of facilities	2a	1						
		2b				1			
b	Prior year adjustments Other losses	2c							
C		2d							
d	Other (Describe in Part XIV.) Add lines 2a through 2d					ا ۵۰ ا			
_	<u> </u>					2e			—
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:					3			—
4		ـها	I						
	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
	Other (Describe in Part XIV.)	4b							
_	Add lines 4a and 4b Table supersess Add lines 2 and 4a (This must equal Form 900, Part I, line 19.)					4c			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIV Supplemental Information					5			
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines	10 and 4: D	ort IV 1		b and	Ohi Dort V	uno 4. D	
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple								arı
•	RT V, LINE 4: THE INVESTMENT EARNINGS ON TH				•			1	
	ti v, dind it ind invodingni dinatinos on in		TORTED	1110	1111				
FLA	ANDERS ENDOWMENT FUND ARE TEMPORARILY RESTR	ICT	ED FOE	чт я	E S	UPP	ORT OF	,	
VOI	LEYBALL PROGRAMS FOR ORGANIZATIONS THAT HA	VE	DEMONS	STRA	TED	TH	EIR AE	ILIT	<u>ry</u>
TΩ	WORK PRODUCTIVELY AND EFFECTIVELY WITH LES	S A	יינע א ערע	AGED	VO.	нтп	S.		
<u></u>					_ <u></u> -				
PAI	RT X, LINE 2: ACCOUNTING PRINCIPLES GENERAL	ιLΥ	ACCEPT	red	IN	THE	INITE	D	
ST	ATES OF AMERICA REQUIRE UNCERTAIN TAX POSIT	OI	IS TO I	BE R	ECO	GNI	ZED IN	тні	<u> </u>
COI	SOLIDATED FINANCIAL STATEMENTS IF THEY ARE	MC	RE LI	KELY	ТН	AN :	NOT TO	FA	ΙĿ
13205 01-23	1 12					Sched	dule D (For	m 990) :	2011

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

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

2011 2011 Open to Public **Employer identification number**

Inspection

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

▶ Attach to Form 990.

Schedule I (Form 990) (2011) **2** 99-0217299 EVELOPMENT GRANTS AND ADDLE/CANOE RACE AND (h) Purpose of grant or assistance MACFARLANE REGATTA X Yes 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 PORTS DAYS recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 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 (g) Description of non-cash assistance X/A X/A (f) Method of valuation (book, FMV, appraisal, other) N/A X/A (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 5,500, 7,500 (d) Amount of cash grant OUTRIGGER DUKE KAHANAMOKU FOUNDATION Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(7) Enter total number of other organizations listed in the line 1 table 81-0625413 99-0051520 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CHALLENGE ACADEMY - PO BOX 75348 HAWAII NATIONAL GUARD YOUTH or government 2909 KALAKAUA AVENUE OUTRIGGER CANOE CLUB HONOLULU, HI 96815 KAPOLEI, HI 96707 Part I Part II

OUTRIGGER DUKE KAHANAMOKU FOUNDATION

Page 2

99-0217299

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. Schedule I (Form 990) (2011) Part III

(f) Description of non-cash assistance A/A N/A (e) Method of valuation (book, FMV, appraisal, other) SPONSORED EVENT AND/OR BY RECEIPT OF WRITTEN CONFIRMATION FROM GRANTEE THAT SCHEDULE I, PART I, LINE 2: THE ORGANIZATION MONITORS USE OF GRANT FUND IN Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information THE UNITED STATES BY HAVING AN ORGANIZATION REPRESENTATIVE ATTEND THE A/A N/A 0 Ö (d) Amount of non-cash assistance 11,700. 100,000 (c) Amount of cash grant (b) Number of recipients 22 39 SCHOLARSHIP GRANTS - GRANTS RANGING FROM \$1,000 TO POLO, VOLLEYBALL, CANOEING, SURFING, AND KAYAKING. \$11,000 WERE GRANTED TO INDIVIDUALS TO COMPETE IN INCLUDING SWIMMING, KAYAKING, PADDLEBOARD, WATER PARTICIPATE IN SPORTS INCLUDING SWIMMING, WATER LOCAL AND INTERNATIONAL ATHLETIC COMPETITIONS ATHLETIC GRANTS - GRANTS RANGING FROM \$200 TO \$10,000 WERE GRANTED TO SCHOLAR-ATHLETES WHO (a) Type of grant or assistance SPONSORED EVENT OCCURRED Part IV

COLUMN (A): PART III,

- GRANTS RANGING FROM (A) TYPE OF GRANT OR ASSISTANCE: ATHLETIC GRANTS

\$200 TO \$11,000 WERE GRANTED TO INDIVIDUALS TO COMPETE IN LOCAL AND

INTERNATIONAL ATHLETIC COMPETITIONS INCLUDING SWIMMING, KAYAKING

132102 01-27-12

Schedule I (Form 990) 20 Part IV Supplem							
PADDLEBOARD,	WATER	POLO,	VOLLEYBALL,	CANOEING,	AND	SURFING.	_
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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

OUTRIGGER DUKE KAHANAMOKU FOUNDATION

Employer identification number 99-0217299

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CONTRIBUTE TO THE GROWTH AND DEVELOPMENT OF ATHLETICS IN HAWAII. FORM 990, PART VI, SECTION B, LINE 11: A DRAFT OF THE FORM 990 IS REVIEWED BY THE TREASURER AND A VOLUNTEER WHO IS A RETIRED CERTIFIED PUBLIC ACCOUNTANT PRIOR TO ITS FILING. THE BOARD OF DIRECTORS IS ALSO PROVIDED A COPY OF THE DRAFT FOR THEIR REVIEW AND COMMENTS PRIOR TO THE FILING OF THE FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY REQUIRES ALL DIRECTORS AND OFFICERS TO COMPLETE A DISCLOSURE AND COMPLIANCE FORM ANNUALLY AT THE BEGINNING OF THE FISCAL YEAR. DISCLOSURES OF ANY CONFLICTS OF INTEREST SHALL ALSO BE DIRECTED TO THE BOARD VIA THE BOARD CHAIR, PRESIDENT AND SECRETARY AS SOON AS IT IS IDENTIFIED. PERSONS WITH A CONFLICT OR POTENTIAL CONFLICT SHALL BE EXCUSED FROM TAKING ANY FURTHER ACTION UNLESS THE BOARD OF DIRECTORS FINDS THAT THERE IS NO MATERIAL CONFLICT OF INTEREST. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED GAINS ON INVESTMENTS: 139,007.

SCHEDULE R (Form 990)

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

▶ See separate instructions.

2011 Open to Public Inspection OMB No 1545-0047

Employer identification number 99-0217299

Direct controlling

End-of-year assets <u>e</u> Total income Ð Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) OUTRIGGER DUKE KAHANAMOKU FOUNDATION ▶ Attach to Form 990. Primary activity 9 Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

Identification of Related Tax-Exempt Organizations (Complete of 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) Part II

	á	2		ا ا								
	(6)	controlled	entity?	oN .			×					
	-	200		Yes								
	€	Direct controlling	entity				N/A					
	(e)		status (if section	501(c)(3))			LINE 11A, I N/A					
	(P)	Exempt Code	section				501(C)(3)	i)				
	(၁)	Legal domicile (state or	foreign country)				HAWAII					
	(q)	Primary activity			SUPPORTING ORGANIZATION OF	THE OUTRIGGER DUKE	KAHANAMOKU FOUNDATION					
organizations during the tax year)	(a)	Name, address, and EIN	of related organization		ODKF SUPPORT INC - 27-2850859	PMB 202, 350 WARD AVENUE, SUITE 106	HONOLULU, HI 96814					

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

Schedule R (Form 990) 2011

99-0217299

Page 2

Schedule R (Form 990) 2011 OUTRIGGER DUKE KAHANAMOKU FOUNDATION

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.) Part III

Percentage ownership General or Percentage managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Yes Share of end-of-year assets Code V-UBI amount in box 20 of Schedule 4. K-1 (Form 1065) 6 Share of total income ε ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** <u>(6</u> Direct controlling entity Share of total Income ਉ $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ e Primary activity Direct controlling entity 9 Ð (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2011

132162 01-23-12

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				Ĺ	Yes	g
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?	is with one or more re	lated organizations listed	ın Parts II-lV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift. grant. or capital contribution to related organization(s)						×
				5	×	
				Ę		×
				9	1	×
f Sale of assets to related organization(s)				=		×
g Purchase of assets from related organization(s)				1g	1	×
h Exchange of assets with related organization(s)				Ŧ		×
i Lease of facilities, equipment, or other assets to related organization(s)				;=		×
				+		-
j Lease of facilities, equipment, or other assets from related organization(s)				=	1	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥ =	1	م ×
m Sharno of facilities equipment, mailing lists, or other assets with related organization(s)	ion(s)			Ē		×
n Sharing of paid employees with related organization(s)				ŧ		×
					ì	
 Reimbursement paid to related organization(s) for expenses 				9	T	4
p Reimbursement paid by related organization(s) for expenses				9	1	×
a Other transfer of cash or property to related organization(s)				; 5		×
				÷		×
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 the	ns line, including covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) ODKF SUPPORT INC.	ບ	20,000.	20,000. ACTUAL AMOUNT ON ACCRUAL BASIS	BAS	SIS	
(2)						
(3)						
(4)						1
(5)						
(9)						
142783 01-29-12	32		Schedule R (Form 990) 2011	(Form	066	3

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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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

of entity	(control of control o	(state or foreign country)	(related, unrelated, 501(c)3) excluded from tax	501(c)(3) orgs?	10404	;	honate	amount in box 20	managing	
				7	income	end-of-year assets	allocations?	of Schedule K-1 (Form 1065)	partner?	amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065)
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Schedule F	ર (Form 990) 2011	OUTRIGGER	DUKE	KAHANAMOKU	FOUNDATION	99-021/299 Page 5
Part VII	R (Form 990) 2011 Supplemental Info	ormation				
•	Complete this part to p	rovide additional inform	nation for i	responses to question:	s on Schedule R (see inst	ructions).
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