

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Form **990** (2012)

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	A F	or the	2012 calendar year, or tax year beginning	and	ending					
		heck if	C Name of organization			D Employer i	dentification	on number		
		Addres	WALTER D. MCBRYDE TRUS		75-6768435					
	누	_lchang						8435		
	<u> </u>		Number and street (or P.O. box if mail is not deli		Room/suite			CO 4 4 F 4		
	느	Termir ated Amend	F.U. BUA 31/U, DEFI. /			\ <u>`</u>	808)	<u>694-452</u>		
	누	return	City, town, or post office, state, and ZIP code			G Gross receipts			<u>,459.</u>	
	L	tion pendir	<u> </u>			H(a) Is this a g	•			
			F Name and address of principal officer BAN ADDRESS SAME AS ABOVE	K OF HAWAII		for affiliate H(b) Are all affili			X No	
	1 7	ax-exe	mpt status 501(c)(3) 501(c)( )		or 527	If "No," at	tach a list	(see instruct	ions)	
(PD)	JV	Vebsit	e: ► N/A			H(c) Group ex	emption nu	ımber ►		
000	K F	orm of	organization: Corporation X Trust As	sociation Other >	L Year	of formation: 20	05 m Sta	ate of legal don	nicile: HI	
33	Pa	art I	Summary							
ENVELOPE POSTMARK DATE	a)	1	Briefly describe the organization's mission or most	significant activities TO P	ROVIDE	SUPPORT	FOR	THE		
	Activities & Governance		OPERATION OF KUKUIOLONO PA							
	Ë	1		itinued its operations or dispo						
	o ve	3	Number of voting members of the governing body				3		1	
AUG	ري معر		Number of independent voting members of the gov				4		1	
G	es &	1	Total number of individuals employed in calendar y				5		0	
c <del>_</del> 2	Ş	1	Total number of volunteers (estimate if necessary)	, ,			6		0	
<b>.</b>	cţi	l	Total unrelated business revenue from Part VIII, co	lumn (C), line 12			7a		0.	
2013	•	ь	Net unrelated business taxable income from Form	990-T, line 34			7b		0.	
تي						Prior Year		Current Yo		
	a	8	Contributions and grants (Part VIII, line 1h)				0.		0.	
	Revenue	1	Program service revenue (Part VIII, line 2g)				0.		0.	
	eve	1	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)	}	78,7	<del></del>	95	,810.	
	Œ	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	,	ļ		0.		0.	
26		ľ	otal revenue - add lines 8 through 11 (must equal	*	<u> </u>	78,7		95	,810.	
SCANNED SEP			Grants and similar amounts paid (Part IX, column (A			79,2			398.	
<b>2</b>			Benefits paid to or for members (Part IX, column (A	The state of the s	<u> </u>		0.		0.	
3	S.	1	Salaries, other compensation, employee benefits (F			27,1	22.	26	,281.	
37	Expenses	ı	Professional fundraising fees (Part IX, column (A), li				0.		0.	
	ğ	ı	otal fundraising expenses (Part IX, column (D), life		0.					
SS	ω		Other expenses (Part IX, column (A), lines 11a-11q,			1,7	39.	1	,869.	
-0		18	otal expenses. Add lines 13-17 (must equal Partil)	(Johnson (1)		108,0			548.	
C==4		19	Revenue less expenses Subtract line 18 from line	ALL TO	O Be	-29,3		·	738.	
$\Leftrightarrow$	Assets or a Balances			AUG 1 9 2013	O Be	ginning of Current		End of Ye		
2013	sets	20	otal assets (Part X, line 16)	1 1	SS S	1,643,6		1,642		
هم	<b>88</b>	21	otal liabilities (Part X, line 26)	OGDEN, UT	=		0.		0.	
	캺		let assets or fund balances Subtract line 21 from	ine 20		1,643,6		1,642		
		rt II	Signature Block			1101010	<u> </u>			
	Unde	r pena	ies of perjury, I declare that I have examined this return,	ncluding accompanying schedule	s and statem	ents, and to the be	st of my kno	owledge and be	elief, it is	
			and complete. Declaration of even are (other than office)					<b>3</b>		
			Thende the				IG 02 2	013		
	Sign	,	Signature of office			Date	<u> </u>			
	Here		BANK OF HAWAII, TRUSTER	2						
		·	Type or print name and title							
			Print/Type preparer's name	Preparer's signature	10	ate c	heck	PTIN		
	Paid	ļ	, p a proper or o rigino	reputer a alguardic		l ti	!	· ·		
	Prepa	arer	Firm's name	<del></del>			elf-employed			
	Use (	- 1	Firm's address	<del></del>		Firm's E	114		<del></del>	
	JJ0 (	,	5 4541055			Dhone a	10			
	May	the IR	S discuss this return with the preparer shown above	(eap instructions)		Phone r	<u>u.</u>	Ves	No	
	. V I CI V								1 140	

			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		X
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	L	<u>X</u>
5	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 98-197 If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			ŀ
	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		1	
	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		ĺ	.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<del> </del>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	1		
_	as applicable		1	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44	ł	X_
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	<u>11a</u>	<u> </u>	<u> </u>
U	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	116	1	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	<del>                                     </del>	-	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110	ļ	x
c	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	"		1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	114	1	<u>x</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	L.	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		}	
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Ь	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
14a		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	ļ	1	
. –	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	15	<b></b>	X
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	]		\ <b>.</b>
47	•	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	ļ	x
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	<del>                                     </del>	<del>  ^</del> -
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<del> </del>	1
19	complete Schedule G, Part III	19	1	_x_
20a		20a	<del>                                     </del>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<b>!</b>	<del>                                     </del>
			990	(2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		X
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			1
	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		X
þ	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			]
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u></u>	
<b>2</b> 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		<b> </b>	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	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, highest compensated employee, or disqualified		ļ	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ĺ	ļ
	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	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	ĺ	
	instructions for applicable filing thresholds, conditions, and exceptions):			١
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	, , , , , , , , , , , , , , , , , , , ,	28b	<del> </del>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ł	
	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	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		ľ	٠,
	contributions? If "Yes," complete Schedule M	30	<del> </del>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		٠.
	If "Yes," complete Schedule N, Part I	31	<del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<b> </b>		v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		•	
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<del>                                     </del>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
05-	Part V, line 1	34	X	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del>                                     </del>	<u> </u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	251		
	within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2	35b	1	Z

Form 990 (2012)

36

37

X

Х

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

14a

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

13b

13c

WALTER D. MCBRYDE TRUST ESTATE 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.  $\mathbf{x}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b 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? X 16a 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 exempt status with respect to such arrangements? Section 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) available
	for public inspection. Indicate how you made these available. Check all that apply.
	Own website Another's website X Upon request Other (explain in Schedule 0)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial
	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) 694-4525 HONOLULU,

Form 990 (2012)

96813

# 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.
- 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	box	not c , unle	Pos heck ss pe	more rson	than ta bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization
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Part VII Section A. Officers, Directors, Trus		ploy	ees	and	d Hi	ghe	st C	ompensated Employee	s (continued)			
(A)	(B)			(C	<b>&gt;</b> )			(D)	(E)	(E)		
Name and title	Average	Ida		Posi		than	nne	Reportable	Reportable	8	stimate	d
	hours per	box	, unle	ss pa	rson	ıs bot	h an	compensation	compensation	a	mount	of
	week	$\vdash$	ceran	dad	recto	r/trus	tee)	from	from related		other	
	(list any	recto						the	organizations		mpensa	
	hours for related	5	8			ate Eg	ļ	organization	(W-2/1099-MISC)		from the	
	organizations	Individual bustee or director	Institutional trustee		   22	Highest compensated employee		(W-2/1099-MISC)			ganızat nd relat	
	below	를	tona		lg l	ie et	_				ganızatı	
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1b Sub-total .		-						26,281.		-		<u>0.</u>
c Total from continuation sheets to Part V	II, Section A							0.	0			0.
d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·					<u> </u>		26,281.	C	<u>.</u>		<u>0.</u>
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	10 (	eceived more than \$100	,000 of reportable			_
compensation from the organization											T	0
											Yes	No
3 Did the organization list any former officer,			e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			
ine 1a? If "Yes," complete Schedule J for s								••	•	3	+	X
4 For any individual listed on line 1a, is the si									the organization		1	
and related organizations greater than \$15										4	-	X
5 Did any person listed on line 1a receive or	•				-		elat	ed organization or indivi	dual for services	1		
rendered to the organization? If "Yes, " con	plete Schedui	e J	for s	uch	per	son				5		X
Section B. Independent Contractors									· <del></del>			
1 Complete this table for your five highest co									•	nsation	from	
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ithir	the organization's tax	/ear			
(A)								(B)			(C)	
Name and business	address	N	INC	<u> </u>				Description of s	ervices	Comp	ensatio	<u> </u>
							- 1					
											<u></u> -	
							_ ]					
							_					
2 Total number of independent contractors (	including but r	ot h	mite	d to	the	se h	sted	above) who received m	ore than		-	-
\$100,000 of compensation from the organi		1				00						
7. 201000 C. Compondation nom the Organi					<u>'</u>	<del>-</del>					990 f	2012

Form 990 (2012)

0

95,810

All other revenue Total, Add lines 11a-11d

Total revenue. See instructions.

810

ecti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mpiete column (A).	П
	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				
	organizations in the United States. See Part IV, line 21	68,398.	68,398.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
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	26,281.	6,570.	19,711.	
6	Compensation not included above, to disqualified				<del>-</del>
	persons (as defined under section 4958(f)(1)) and	(			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes .				
11	Fees for services (non-employees).				
а	Management				
b	Legal				
C	Accounting	1,500.	1,050.	450.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion .				
13	Office expenses				
14	information technology .				
15	Royalties .				
16	Occupancy _				
17	Travel			· · · · · · ·	<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	FOREIGN TAXES WITHHELD	369.		369.	
b					
c					
d					
	All other expenses		-		
25	Total functional expenses. Add lines 1 through 24e	96,548.	76,018.	20,530.	_0.
<u>26</u>	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) Beginning of year End of year 4,299. 398. Cash - non-interest-bearing 1 40,561. 50,970. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net ... 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10c 1,602,733. 1,587,610. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 <u>13</u> 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 643,692 642,879 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 0 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here > 1 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 1,643,692. 30 31 Paid-in or capital surplus, or land, building, or equipment fund Ο. 31 0. 32 32 Retained earnings, endowment, accumulated income, or other funds 1,643,692 33 Total net assets or fund balances 33 643,692 642,879. Total liabilities and net assets/fund balances

Form **990** (2012)

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

Form 990 (2012)

# SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Open to Public** Inspection

OMB No 1545-0047

Name of the organization

WALTER D. MCBRYDE TRUST ESTATE

Employer identification number

		WALTER	D. MCBRYDE I	RUST	<b>ESTAT</b>	E			7	5-6768	435	5		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	) See inst	ructions.						
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox)							
1	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	).						
2			'0(b)(1)(A)(ii). (Attach Sc				(-N-N-30)	-						
3			tal service organization			170(b)(1)	(Δ\/iii)							
4			operated in conjunction					/b)/1)/A)/ii	ii) Enter	the hospital	s nar	ne		
	city, and stat		-,		pilai dodo.		0	(=)( -)()(		oroop.i.a.		,		
5 🗆			benefit of a college or ui	niversity ov	wned or or	perated by	a doverni	mental un	t describ	ed in		<del></del>		
• —		(b)(1)(A)(iv). (Comple		voloky o	Wilca Or Op	Joratoa Dy	a governi	maria am	it deserie	CG				
6 🗀			ent or governmental unr	t describe	d in acetic	n 470/h//	OVAV.A							
7			eives a substantial part					v fram tha	annoral	ouble dece	abad			
,		(b)(1)(A)(vi). (Comple		oi its supp	ion nom a	governine	ma um c	או זוטווו נגופ	generar	public desci	IDea	111		
• 🗀			•	(Calata	D 11.)									
8			section 170(b)(1)(A)(vi).						_			_		
9 🗀			eives: (1) more than 33											
			nctions - subject to certa							_				
			axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization	after June 3	0, 19	75.		
40		509(a)(2). (Complete	•											
10 🖳			perated exclusively to te											
11 X			perated exclusively for the						-			or		
			ations described in secti				2). See <b>se</b> d	ction 509(	(a)(3). Ch	eck the box	that			
		· · · · · · · · · · · · · · · · · · ·	organization and compl		•			. [ <del></del> -] _						
(T)	а 🔛 Туре	•			nctionally i	-		• •		n-functionall	-	-		
e X			t the organization is not											
4			han one or more publicl						9(a)(1) or	section 509	(a)(2)			
f	=		ten determination from t	the IRS tha	atitisa. Iy	ре I, Туре	II, or Type	9 111						
		rganization, check th				_				•		لسحا		
g			organization accepted ar			-								
			lirectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ıı) and (	(III) below		Yes			
	_	· ·	upported organization?							11g(i)	<u> </u>	X		
		•	n described in (i) above?							11g(ii)		X		
	• •	•	person described in (i) o							11g(iii)	Ь	X		
h	Provide the f	ollowing information	about the supported or	ganization	(s).									
	· · · · · · · · · · · · · · · · · · ·	,	T	<del></del>		<del>,</del>				<del></del>				
	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) is organizati	s tne on in col.	(viı) Amount	of mo	onetary		
orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		non in col.	(i) organiz U.S	ed in the	supp	port			
			(see instructions))		<del>,</del>	ļ	,		_	Į.				
*********	07.0370			Yes	No	Yes	No	Yes	No			<del></del>		
	OLONO	600000								ے ا				
PARK	TRUST E	<u>99-6003335</u>	<u>/</u>	X	<del></del>	X	ļ	X	68,398.					
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			ļ	ļ	ļ	<u> </u>			-	ļ				
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						<u> </u>	<u> </u>	<u> </u>						
										1				

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Pa	Support Schedule for (Complete only if you checker fails to qualify under the tests	d the box on line 5	i, 7, or 8 of Part I o	r if the organization			
Sec	ction A. Public Support			····,			<del></del>
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2000	(0) 2009	(6) 2010	(4) 2011	(0) 2012	(i) Total
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						
<b>4</b> 5	Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4			L			
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(1) Total
7	Amounts from line 4						
8	Gross income from interest,	1					
	dividends, payments received on	}					İ
	securities loans, rents, royalties					1	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		[		}		
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	•		1			
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3)	
_	organization, check this box and sto						<u></u> ▶\
<u>5e</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2012 (		•	column (f))		14	9
15	Public support percentage from 2011	Schedule A, Part	: II, line 14	• ••		15	9
16a	a 33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies	as a publicly supp	orted organization	າ .		••	▶∟_
t	o 33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check	this box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			▶∟
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art IV how the org	janization
ŧ	meets the "facts-and-circumstances"  10% -facts-and-circumstances tes	_	•		•	 r 17a, and line 15	▶ ∟ ıs 10% or
•	more, and if the organization meets ti						
	organization meets the "facts-and-cire				-		▶□

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

Schedule A (Form 990 or 990-EZ) 2012

# Schedule: A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
include any "unusual grants.")		l		<u> </u>		
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose		}		1		
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513		1	-			
4 Tax revenues levied for the organ-						
ization's benefit and either paid to		Į				
or expended on its behalf		ļ	1			
5 The value of services or facilities						
furnished by a governmental unit to		Ì	}	}		
the organization without charge			İ			
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and			1		1	
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that			}	1		1
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		•		ļ		(
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6			ļ		<u> </u>	
10a Gross income from interest,			1	-		
dividends, payments received on securities loans, rents, royalties			1			1
and income from similar sources						
<b>b</b> Unrelated business taxable income		Ì				
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business			1	1		
activities not included in line 10b, whether or not the business is				1		
regularly carned on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for t	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sect	on 501(c)(3) organiz	zation,
check this box and stop here				<del> </del>	····	<b></b>
Section C. Computation of Public	Support Pe	rcentage		· <del>-</del>		
15 Public support percentage for 2012 (lir	• • •		column (f))	•	15	
16 Public support percentage from 2011				<del></del>	16	
Section D. Computation of Inves					<del></del>	<del></del>
17 Investment income percentage for 201	2 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	<del></del>
18 Investment income percentage from 2		•			18	
19a 33 1/3% support tests - 2012. If the o						17 is not
more than 33 1/3%, check this box and	d stop here. The	organization qua	ilifies as a publicly	supported organi	zation	►□
b 33 1/3% support tests - 2011. If the c	organization did r	not check a box of	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec		-	•		•	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see ii	nstructions	▶□
232023 12-04-12		- <del></del>	<del></del>	Sc	hedule A (Form 99	0 or 990-EZ) 20

OMB No 1545-0047 Governments, and Individuals in the United States Grants and Other Assistance to Organizations, SCHEDULE I (Form 990)

. 1	Open to Public Inspection	Employer identification number 75-6768435		X Yes	for any	(h) Purpose of grant or assistance	FOR OPERATING SUPPORT.				Schedule I (Form 990) (2012)
		Employer		ection	ırt IV, line 21,		FOR OPER			<b>A A</b>	Schedu
			:	sistance, and the sele	res" to Form 990, Pa	(g) Description of non-cash assistance					
2	t IV, line 21 or 22.			the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection se of grant funds in the United States	ınızatıon answered "\	(f) Method of valuation (book, FMV, appraisal, other)					
	" to Form 990, Par m 990.			grantees' eligibility d States	Complete if the orga	(e) Amount of non-cash assistance	o				
	on answered "Yes" to For ► Attach to Form 990.	<u> </u>		s or assistance, the funds in the Unite	e United States. C	(d) Amount of cash grant	68 398			isted in the line 1 table	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	TRUST ESTATE			d Organizations in the	(c) IRC section if applicable	170(8)(1)(A)(VI)			ganizations listed in th I table	ons for Form 990.
	Сощо	MCBRYDE	nd Assistance	to substantiate the stance?	Governments and 55,000. Part II can	(b) EIN	99-6003335			nd government or	see the Instructi
		on WALTER D. MCBRYDE	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantee critena used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	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. Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	GOLF COURSE			Enter total number of section 501(c)(3) and government organizations I Enter total number of other organizations listed in the line 1 table	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
	Department of the Treasury Internal Revenue Service	ŧ.	Part I General In	1 Does the organiz critena used to a 2 Describe in Part I	Part II Grants and recipient th	1 (a) Name and ad or gov	KUKUIOLONO PARK & GOLF COURSE P.O. BOX 1031 KALAHEO, HI 96741			2 Enter total numbe 3 Enter total numbe	LHA For Paperwork

Page 2

75-6768435

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.

WALTER D. MCBRYDE TRUST ESTATE

Schedule I (Form 990) (2012)

PartIII

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

WALTER D. MCBRYDE TRUST ESTATE

Employer identification number 75-6768435

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
KAUA'I. THE PARK IS OWNED BY KUKUIOLONO PARK TRUST ESTATE, A PRIVATE
OPERATING FOUNDATION, AND IS OPERATED EXCLUSIVELY FOR PUBLIC USE.
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: THE TRUST DOES NOT HAVE A CEO,
OFFICERS OR EMPLOYEES. UNDER THE TERMS OF THE TRUST DOCUMENT, BANK OF
HAWAII AS TRUSTEE IS ENTITLED TO STATUTORY FEES FOR ITS SERVICES. UNDER
HAWAII LAW, A TRUSTEE FOR A CHARITABLE TRUST IS ENTITLED TO REASONABLE
COMPENSATION. BANK OF HAWAII'S PUBLISHED FEE SCHEDULE FOR CHARITABLE
TRUSTS APPLIES TO THIS TRUST. IN ESTABLISHING THE TRUSTEE'S FEE SCHEDULE,
CONSIDERATION WAS GIVEN TO THE DUTIES, LIABILITIES AND EXPERTISE OF THE
CORPORATE TRUSTEE, AS WELL AS TO COMPARABLE FEES FOR SIMILAR SERVICES
PROVIDED BY SIMILAR ORGANIZATIONS. THE PROCESS OF ESTABLISHING AN
APPROPRIATE FEE AS "REASONABLE" WAS ALSO PRESENTED TO THE HAWAII ATTORNEY  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2012)

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

# Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

137.

2012 Copen to Public Inspection

Employer identification number 75-6768435

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) WALTER D. MCBRYDE TRUST ESTATE

Part

Direct controlling entity End-of-year assets **e** Total income ₤ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

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)

, , , , , , , , , , , , , , , , , , , ,							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled	2(b)(13)
				501(c)(3))		Yes	2
KUKUIOLONO PARK & GOLF COURSE - 99-6003335			i				
P.O. BOX 1031							
KALAHEO HI 96741	PUBLIC PARK & GOLF COURSE HAWAII	HAWAII	170(B)(1)(A) 501(C)(3)		N/A		×
	1						
	•						
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232161 12-10-12 LHA

Schedule R (Form 990) 2012

75-6768435

Page 2

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Schedule R (Form 990) 2012 WALTER D. MCBRYDE TRUST ESTATE

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.)

(a)	(Q)	(2)	(q)	(e)	€	(8)	ε	(0)	3	۹. (x)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing Ownership partner?
		Commo					2			
								_		
	<b>T</b> -									
	<del>-</del>									
	<del></del>				•					
							+		_	
								-		
									-	
	·									
Identification of Belated Organizations Taxable as a Corporation	coanizations Taxable	S a Corpo	eration or Trust (Co	or Trust (Complete if the organization answered "Yes" to Form 990. Part IV, line 34 because it had one or more related	on answered "Yes	" to Form 990. Pa	ut IV. line 34	because it had or	ne or mo	re related

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered organizations treated as a corporation or trust during the tax year.) Pat≥

Schedule R (Form 990) 2012 Yes No (i) Section 512(b)(13) controlled entity? Percentage ownership (g)
Share of
end-of-year
assets Share of total income Type of entity (C corp, S corp, or trust) e (d)
( Direct controlling entity Legal domicile (state or foreign country) Q Primary activity Name, address, and EIN of related organization

21

Schedule R (Form 990) 2012

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

(a) (b)	(Q)	3	9	(e)	9	(6)	ε	Θ	9	(£
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant incom (related, unrelated,	6 partners sec 501(c)(3) orgs 7	ָּה ַ	Share of end-of-year	Dispropor- tionate allocations?	Dispripor Code V-UBI General or Percentage botate amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	under section 512-51	es No	income	assets	Yes No	(Form 1065)	Yes No	
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Schadulen A	R (Form 990) 2012	WALTER D.	MCBRYDE	TRUST	ESTATE	<u>75-6768435</u>	Page 5
Part VII	(Form 990) 2012 Supplemental Info	rmation					
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	Complete this part to pro	ovide additional infor	nation for respons	es to ques	tions on Schedule R (see instru	ctions).	
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(Rev January 2013) 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

Form 8868 (Rev 1 2013)

<ul><li>If you a</li></ul>	ire filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			<b>▶</b> L <b>X</b>			
• If you a	ire filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of t	his form)					
Do not co	omplete Part II unless you have already been granted	an automa	itic 3-month extension on a previous	ly filed Fo	rm 8868				
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tim	e to file (	6 months for	a corporation			
	o file Form 990-T), or an additional (not automatic) 3-mo								
,	file any of the forms listed in Part I or Part II with the ex		•		•				
	Benefit Contracts, which must be sent to the IRS in page	-							
	urs gov/efile and click on e-file for Charities & Nonprofits		(see matructions) To more details o	iii tile cic	ctroine ming t	) (III3 10/III			
Part I	Automatic 3-Month Extension of Time		submit original (no copies nec	eded)					
	ation required to file Form 990-T and requesting an autor								
•	· -	nanc omi	onth extension theck this box and t	ompiere					
Part I only									
	corporations (including 1120-C filers), partnerships, REM ome tax returns	iiCs, and t	rusts must use Form 7004 to reques	t an exter	ision of time				
Type or	Name of exempt organization or other filer, see instru	ctions		Employe	r identification	n number (EIN) or			
print									
File by the	WALTER D. MCBRYDE TRUST ES'	<u> </u>			75-67	<u>68435                                    </u>			
due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions	Social se	curity number	er (SSN)			
filing your return See	P.O. BOX 3170, DEPT. 715								
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions								
	HONOLULU, HI 96802-3170_								
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
		·	,						
Application	on	Return	Application			Return			
Application Return Application Return Is For Code									
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07									
Form 990-BL 02 Form 1041-A 08									
	0 (individual)	03	Form 4720			09			
Form 990		03	Form 5227			10			
					· · · · · · · · · · · · · · · · · · ·				
	T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	T (trust other than above)	06	Form 8870			12			
	BANK OF HAWAII	************		24.2					
	loks are in the care of $\triangleright$ 130 MERCHANT ST	LKEET.		813					
	one No ▶ <u>(808) 694-4525</u>		FAX No 🕨		<del></del>				
	rganization does not have an office or place of business								
<ul><li>If this is</li></ul>	s for a Group Return, enter the organization's four digit								
box 🟲 L	If it is for part of the group, check this box				ers the exten	ision is for			
	quest an automatic 3-month (6 months for a corporation								
	AUGUST 15, 2013 , to file the exemp	t organizat	tion return for the organization name	d above	The extensio	n			
	or the organization's return for								
►L	X calendar year 2012 or								
▶[	tax year beginning	, an	d ending						
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2 If the	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on Initial return F	inal retur	n				
	Change in accounting period								
3a If the	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	oter the tentative tax less say		l				
	refundable credits. See instructions	,, 0003, EI	nor the tentative tax, less any	_ ا		^			
	·	ontor an		3a	\$	0.			
	is application is for Form 990-PF, 990 T, 4720, or 6069,	-				^			
	mated tax payments made Include any prior year overp		<del></del>	3b	_\$	0.			
	ance due. Subtract line 3b from line 3a Include your pa		• • •			_			
	ising EFTPS (Electronic Federal Tax Payment System)			3c	\$	<u> </u>			
Caution. I	f you are going to make an electronic fund withdrawal v	vith this Fo	orm 8868, see Form 8453 EO and Fo	rm 8879	EO for payme	ent instructions			
LHA Fo	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 84	868 (Rev 1 2013)			

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