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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable

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

C Name of organization

AIO FOUNDATION

FKA HWB FOUNDATION

Number and street (or P O box, if mail is not delivered to street address)

1000 BISHOP STREET, SUITE 610

City or town, state or country, and ZIP + 4

HONOLULU, HI 96813

D Employer identification number

94-3278794

E Telephone number

(808) 537-9500

F Group Exemption
Number ►G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►H Check ☐ if the organization is not
required to attach Schedule B

I Website: ►

J Tax-exempt status
(check only one)☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

(Form 990 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 116,349.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I. ☒

1	Contributions, gifts, grants, and similar amounts received	1	38,500.
2	Program service revenue including government fees and contracts	2	214.
3	Membership dues and assessments	3	
4	Investment income	4	7,815.
5a	Gross amount from sale of assets other than inventory	5a	69,820.
b	Less cost or other basis and sales expenses	5b	69,499.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	321.
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	46,850.
10	Grants and similar amounts paid (list in Schedule O)	10	6,704.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	2,618.
14	Occupancy, rent, utilities, and maintenance	14	128.
15	Printing, publications, postage, and shipping	15	2,121.
16	Other expenses (describe in Schedule O)	16	35,033.
17	Total expenses. Add lines 10 through 16	17	46,604.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	246.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	318,909.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	8,591.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	327,746.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II ☒ X

		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments ATTACHMENT 4	314,923.	22	328,235.
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O) ATTACHMENT 5	4,000.	24	0
25	Total assets	318,923.	25	328,235.
26	Total liabilities (describe in Schedule O) ATTACHMENT 6	14.	26	489.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) . .	318,909.	27	327,746.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III ☒ X

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	ATTACHMENT 8		
	(Grants \$) If this amount includes foreign grants, check here ▶	<input type="checkbox"/>	28a 33,713.
29			
	(Grants \$) If this amount includes foreign grants, check here ▶	<input type="checkbox"/>	29a
30			
	(Grants \$) If this amount includes foreign grants, check here ▶	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ▶		32 33,713

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV X

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0, section 4912 ▶ 0, section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ HI		
42 a The organization's books are in care of ▶ BONNY AMEMIYA Telephone no ▶ 808-537-9500 Located at ▶ 1000 BISHOP STREET, SUITE 610 HONOLULU, HI ZIP + 4 ▶ 96813		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶	Yes	No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X
c At any time during the calendar year, did the organization maintain an office outside the U S ?		X
If "Yes," enter the name of the foreign country ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
----	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
-----	--	---

b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

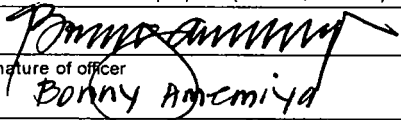
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		0

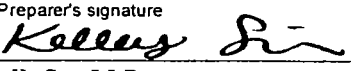
d Total number of other independent contractors each receiving over \$100,000 . . . ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer 	Date <u>8/5/13</u>
	Type or print name and title <u>Bonny Amemiya Vice Pres / Director</u>	

Paid Preparer Use Only	Print/Type preparer's name Kelley Simon	Preparer's signature 	Date 07/25/2013	Check <input type="checkbox"/> if self-employed	PTIN P00791436
	Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 4370 LA JOLLA VILLAGE DR. STE 500			Phone no 808-535-7200	
	SAN DIEGO, CA 92122				

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☒ No

Form 990-EZ (2012)

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

2012

Open to Public Inspection

Name of the organization **AIO FOUNDATION**

FKA HWB FOUNDATION

Employer identification number

94-3278794

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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")	4,800	1,094	2,400	38,000	38,500	84,794
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	8,420			176	214	8,810
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	13,220	1,094	2,400	38,176	38,714	93,604
7a Amounts included on lines 1, 2, and 3 received from disqualified persons				20,500	18,000	38,500
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b				20,500	18,000	38,500
8 Public support (Subtract line 7c from line 6)						55,104

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	13,220	1,094	2,400	38,176	38,714	93,604
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,494	561	148	143	7,815	16,161
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	7,494	561	148	143	7,815	16,161
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
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)	20,714	1,655	2,548	38,319	46,529	109,765
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	50.20 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	57.02 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	14.72 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	8.51 %

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

Employer identification number
94-3278794

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

AMOUNT

DIVIDEND INCOME	7,797.
INTEREST INCOME	18.
TOTAL	<u>7,815.</u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

TRAVEL	3,542.
PERMITS & LICENSES	20
ADVERTISING	191.
AUTO EXPENSE	102.
BROADCASTING EXPENSE	18,857.
GENERAL EXCISE TAX	10.
OFFICE EXPENSE	3,441.
MEALS & ENTERTAINMENT	2,623.
REGISTRATION FEE	25.
FINANCIAL ADVISORS FEE	2,159.
MANAGEMENT FEE	3,969.
FOREIGN TAXES PAID	94.
TOTAL	<u>35,033.</u>

ATTACHMENT 3

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

UNREALIZED GAIN	8,591.
TOTAL	<u>8,591.</u>

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

Employer identification number
94-3278794

ATTACHMENT 4

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

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
SAVINGS	314,923.	328,235.
TOTALS	<u>314,923.</u>	<u>328,235.</u>

ATTACHMENT 5

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	4,000.	
TOTALS	<u>4,000</u>	

ATTACHMENT 6

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	14.	489.
TOTALS	<u>14.</u>	<u>489.</u>

ATTACHMENT 7

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

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

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

Name of the organization AIO FOUNDATION
FKA HWB FOUNDATION

Employer identification number
94-3278794

ATTACHMENT 8

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

PROGRAM SERVICE ACCOMPLISHMENT 1

SPELLING BEE : THE AIO HAWAII STATE SPELLING BEE IS AN EDUCATIONAL TRADITION IN OUR ISLANDS THAT PROMOTES SPELLING AS A FUNDAMENTAL SKILL. THE SPELLING COMPETITION IS OPEN TO ALL STUDENTS WHO ARE CURRENTLY IN GRADES 4 THROUGH 8, AND ENROLLED AT A PUBLIC, PRIVATE, CHARTER, OR HOME SCHOOL ORGANIZATION IN HAWAII. REGISTRATION FOR THE ANNUAL COMPETITION STARTS IN THE FALL (LATE AUGUST). HAWAII SCHOOLS MAY SIGN UP BY VISITING SPELLINGBEE.COM. THE AIO HAWAII STATE SPELLING BEE CHAMPION RECEIVES AN ALL-EXPENSES-PAID TRIP TO COMPETE IN THE SCRIPPS NATIONAL SPELLING BEE. THE PURPOSE OF THE SCRIPPS NATIONAL SPELLING BEE IS TO HELP STUDENTS IMPROVE THEIR SPELLING, INCREASE THEIR VOCABULARIES, LEARN CONCEPTS, AND DEVELOP CORRECT ENGLISH USAGE THAT WILL HELP THEM ALL THEIR LIVES. THE AIO FOUNDATION BECAME THE TITLE SPONSOR IN 2010, A FEW WEEKS AFTER THE SEARCH FOR A REPLACEMENT SPONSOR STARTED. HAWAII'S BELOVED STATE SPELLING BEE COMPETITION WAS SAVED FROM CANCELLATION. THE AIO FOUNDATION PARTNERED WITH THE HAWAII STATE DEPARTMENT OF EDUCATION (DOE) AND THE HAWAII ASSOCIATION OF INDEPENDENT SCHOOLS (HAIS) TO HELP IMPLEMENT THESE ADDITIONAL SCHOLASTIC OPPORTUNITIES. THE AIO FOUNDATION ALSO TEAMED UP WITH PBS HAWAII AND ESPN 1500 TO BROADCAST THE LIVE COMPETITION ON TELEVISION AND OVER OAHU'S AIRWAVES.

AIO FOUNDATION

94-3278794

ATTACHMENT 9

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	REPORTABLE COMPENSATION (FORM W-2/ 1099-MISC)	HEALTH BENEFITS, CONTRIBUTION TO EMPLOYEE BENEFIT PLANS AND DEFERRED COMPENSATION	ESTIMATED AMOUNT OF OTHER COMPENSATION
EICHOR, SUSAN	PRESIDENT/DIRECTOR	1.50	0	0
1000 BISHOP STREET, SUITE 610 HONOLULU, HI 96813				
HIRASHIMA, LYNN	SECRETARY	.50	0	0
1000 BISHOP STREET, SUITE 610 HONOLULU, HI 96813				
KURISU, HERVY	DIRECTOR	.50	0	0
1000 BISHOP STREET, SUITE 610 HONOLULU, HI 96813				
AMEMIYA, BONNY	VICE PRESIDENT/DIRECTOR	.50	0	0
1000 BISHOP STREET, SUITE 610 HONOLULU, HI 96813				
GRAND TOTALS		0	0	0