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Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

and ending

Open to Public Inspection

OMB No 1545-0047

C Name of organization D Employer identification number Check if Address change WALTER D. MCBRYDE TRUST ESTATE]Name change 75-6768435 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated P.O. BOX 3170, DEPT. 715 (808)694-4525 Amended return City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-96802-3170 HONOLULU, HI H(a) is this a group return pending F Name and address of principal officer. BANK OF HAWAII Yes X No for subordinates? ADDRESS SAME AS ABOVE H(b) Are all subordinates included? I Tax-exempt status. ___ __ 501(c)(3)) ◀ (insert no.) X 4947(a)(1) or 501(c)(If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Corporation X Trust K Form of organization: Association Other > Year of formation: 2005 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities. TO PROVIDE SUPPORT FOR Governance OPERATION OF KUKUIOLONO PARK, LOCATED IN KALAHEO ON THE ISLAND OF Check this box > I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ο. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 0. Contributions and grants (Part VIII, line 1h) 0 Revenue 0 0. Program service revenue (Part VIII, line 2g) 59,737. 95,810 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d), Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e Ο. 95,810 59,737. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A) rines 13) V 1 8 2014 68,398 80.400. Benefits paid to or for members (Part IX, column (A), line 4) О. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5_10) 26,281 27,041 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,783. 1,869 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 96,548 109,224 -738 -49,487. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 593,209. 20 Total assets (Part X, line 16) 1,642,879 21 Total liabilities (Part X, line 26) O Net assets or fund balances Subtract line 21 from line 20 642,879 593 209 Part II | Signature Block 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. Beclaration of preparer Jother than officer) is based on all information of which preparer has any knowledge. Orund OCT Signature of officer Sign BANK OF HAWAII, TRUSTEE Here Type or print name and title PTIN Print/Type preparer's name Check Preparer's signature Paid sett-employed Preparer Firm's name Firm's EIN Use Only Firm's address Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Form 990 (2013) 13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm	990 (2013) WALTER D. MCBRYDE TRUST ESTATE	75-6768435 Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	TO PROVIDE SUPPORT FOR THE OPERATION OF KUKUIOLONO PARK	, LOCATED IN
	KALAHEO ON THE ISLAND OF KAUA'I. THE PARK IS OWNED BY I	KUKUIOLONO PARK
	TRUST ESTATE, A PRIVATE OPERATING FOUNDATION, AND IS OPI	ERATED
	EXCLUSIVELY FOR PUBLIC USE.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X 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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 88,140. including grants of \$ 80,400.) (Reven	ue\$)
	TO PROVIDE SUPPORT FOR THE OPERATION OF KUKUIOLONO PARK	
	KALAHEO ON THE ISLAND OF KAUA'I. THE PARK IS OWNED BY	KUKUIOLONO PARK
	TRUST ESTATE, A PRIVATE OPERATING FOUNDATION, AND IS OP	ERATED
	EXCLUSIVELY FOR PUBLIC USE.	
4b	(Code) (Expenses \$ including grants of \$) (Reven	iue \$)
4c	(Code) (Expenses \$) (Rever	nue \$)
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	
4e	0.0.140	
		Form 990 (2013)

1 Is the organization described in section SOT(p(s)) or 4947(p(1) (other than a private foundation)? If "Yes" complete Schedule a director indirect political campagn activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule B, Schedule of Contributor? 3 X 3 X 3 X 3 X 3 X 3 X 3 X 3		r		Yes	<u>No</u>
2 Is the organization required to complete Schedule B. Schedule of Contributions 3 Dd the organization engage in direct or indirect optimized complete Schedule C. Part I 4 Section 501(s)(s) organization. In direct or indirect optimized complete Schedule C. Part II 5 Is the organization as extend 501(s)(s) organization engage in lobbying activities, or have a section 501(s) election in effect during the tax year? If "Yes," complete Schedule C. Part II 5 Is the organization as section 501(s)(s), 501(s)(s), or 501(s)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98 197 if "Yes," complete Schedule C, Part III 6 Did the organization amount amount an any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment funds or accounts for which donors have the right to provide advise on the distribution or investment funds or accounts for which donors have the right to provide control or amounts not large to the organization or creave or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic attributers of If "Yes," complete Schedule D, Part III 7 Did the organization maintain and provide credit counts lings or control treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 Did the organization directly or through a related organization, hold assets in temporally restricted endowments, permanent endowments, or quasa-redowments? If "Yes," complete Schedule D, Part IVI 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 19 If Yes, complete Schedule D, Part IVI 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 19 If Yes, complete Schedule D, Part IVI 11 Did the organization report an expe				Y	
3 Dut the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public offect, if "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year" if "Yes," complete Schedule C, Part III By the organization in ascents of locify(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.157 if "Yes," complete Schedule C, Part III By dit the organization markets 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 III Did the organization market in orbid a conservation essement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization in amount in Part X, line 21, for escrivor or custodel account liability, 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 Did the organization is answer to intrough a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VIII If the organization is answer to intrough a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part XIII If the organization is answer to intrough a related organization, hold assets in emporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for investments - other securities in Part X, line 13 that is		· · · ·			
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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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X 20b	19				,,
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				-	
					 ^
	<u>D</u>	ii res το iiiie zoa, dio the organization attach a copy of its audited financial statements to this return?			(2013)

Form 990 (2013) WALTER D. MCBRYDE TRUST ESTATE
Part IV Checklist of Required Schedules (continued)

			<u>Yes</u>	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	<u>X</u>	<u></u>
22	Did the organization report more than \$5,000 of grants or 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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	İ		
	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 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
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		<u>X</u>
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	ļ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1]	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	<u> </u>	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ļ	İ
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	<u> </u>
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).			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	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	-	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		1	
	Schedule N, Part II	32		X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_	1	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		\ . .	
	Part V, line 1	34	X.	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	İ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 	
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	┼	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7.7
	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 11b and 19?		.	
	Note. All Form 990 filers are required to complete Schedule O	38	X	1 (00*0
		For	n 990	(2013)

Par	990 (2013) WALTER D. MCBRYDE TRUST ESTATE 75-6768 t V Statements Regarding Other IRS Filings and Tax Compliance			age \$
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	110
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b (-		İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 1		ŀ
	(gambling) winnings to prize winners?	1c		Ì
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		1
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
b	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	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	4		ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	ļ	├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	-
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		-	
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a_		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			ĺ
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	╣		
11	Section 501(c)(12) organizations. Enter		}	
a		\dashv		
b	·			
	amounts due or received from them)	┥	.,	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X	+-
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0	4		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1

14b | Form **990** (2013)

X

13a

14a

13b

13c

a Is the organization licensed to issue qualified health plans in more than one state?

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

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Note. See the instructions for additional information the organization must report on Schedule Ob Enter the amount of reserves the organization is required to maintain by the states in which the

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

75-6768435 Page 6 Form 990 (2013) 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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sect	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 1a 1	1									
	If there are material differences in voting rights among members of the governing body, or if the governing		1								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1								
_	officer, director, trustee, or key employee?	2		X							
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	i	X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
5											
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										
,	more members of the governing body?	7a		X							
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
_	persons other than the governing body?	7b	İ	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.										
o a	The governing body?	8a	\mathbf{x}								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	₉		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u></u>									
	tion Di i dilato (mis decilar a requests information about policies not required by the internal revenue decey		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		X							
	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									
11a											
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	11a	Х								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X							
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	Х								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
.5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The appropriate of OFO F and A of D and a propriate of the original original original original original original original original original original original	15a	Х								
a b		15b	Х								
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)										
162	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	,	Х							
h	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?	16b									
Sec	ction 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)	availab	le								
-	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 O)										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd finar	ncial								
	statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation 🕨	> _								
_•	BANK OF HAWAII - (808) 694-4525										
	130 MERCHANT STREET, HONOLULU, HI 96813										

Form 990 (2013)					Highest Compensated	Page 7
C 000 (0013)	WALTER D.	MCDDVDD	mpttcm	TO CONTAINT	75-6768435	0 7

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

Check if Schedule O contains a response or note to any line 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.

Check this box if neither the organiz (A) Name and Title	(B) Average hours per week	(do box, offic	not cl	(C Posi neck a ss per	tion		one n an	(D) Reportable compensation from	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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)		from the organization and related organizations
1) BANK OF HAWAII	1.00									
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			1							

Total number of independent contractors (including but not limited to those listed above) who received more than

8

332008 10-29-13

\$100,000 of compensation from the organization

Form **990** (2013)

			Check if Schedule O cont	ains a response	or note to any line	n this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1 a	,	Federated campaigns	1a					
ira or a	t		Membership dues	1b					
O Ě			Fundraising events	10					
a it	,		Related organizations	1d					
S.≅	`		Government grants (contribut	1 1					
Sign	ì		All other contributions, gifts, gran				}		ļ
돌	•		similar amounts not included abo						
ĒΟ			Noncash contributions included in lines				}		
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f	11a-11 \$					<u> </u>
			Total, Add lines 1a 11		Business Code				
a	2 :	2			Dusiness Oode				
Ş	_				- 1				
Ser						 			
Program Service Revenue									
ğ	Ì	_							
P.	ì	- •	All other program service reve	anue .					
Ì			Total, Add lines 2a-2f	sinde	•				-
	3		Investment income (including	dividends intere					
	•		other similar amounts)	dividends, intere	st, and	43,830.	43,830.		
	4		Income from investment of ta	v.evemnt hand n	- F	13/0301	137030.		
	5		Royalties	x exempt bond p					1
ì	Ŭ		Tioyanioo	(ı) Real	(II) Personal	 ,			<u> </u>
ļ	6	а	Gross rents	(97.00.	(ii) 1 010011Q				
	_		Less rental expenses	·					
			Rental income or (loss)						
			Net rental income or (loss)	L		*			
			Gross amount from sales of	(ı) Securities	(II) Other				
	•		assets other than inventory	308,351.	(11) (11)				
			Less cost or other basis	300,331.					
			and sales expenses	292,444.					
		_	Gain or (loss)	15,907.					
	l		Net gain or (loss)	13/30/1	<u> </u>	15,907.	15,907.		
4.	ì		Gross income from fundraisin	na events (not					
nue	Ĭ	_	including \$	-	1				
š			contributions reported on line						
Other Reven			Part IV, line 18	а,					1
ŧ		ь	Less. direct expenses	- b					
0	1		Net income or (loss) from fun-				[1
			Gross income from gaming a	-					
	Ī	-	Part IV, line 19	а					
	1	b	Less, direct expenses	b					
			Net income or (loss) from gar		•		İ		
	10		Gross sales of inventory, less	-					
	•	_	and allowances	а					
		b	Less cost of goods sold	- b			1		
			Net income or (loss) from sale						
			Miscellaneous Reveni		Business Code				
	11	а	TVIIGOOIIE TOOGO TTOVOTI				1		1
	``	ь							
		c							
		d							
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.			59,737.	59,737.	0	. 0
_		_							

| Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
	Check if Schedule O contains a respon	(A)	this Part IX (B)	(C)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	80,400.	80,400.		···
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	27,041.	6,760.	20,281.	_
6	Compensation not included above, to disqualified				-
	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)				
··· a	Management				
ь	Legal				
-	Accounting	1,400.	980.	420.	
ď	Lobbying	2/2007	3001		
٠ -	Professional fundraising services. See Part IV, line 17				
•	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				-
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	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	354.		354.	
b	INVESTMENT FEES	29.		29.	
C					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	109,224.	88,140.	21,084.	0
<u>25</u> 26	Joint costs. Complete this line only if the organization		00,140.	21,004.	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	, [
	Check here if following SOP 98-2 (ASC 958-720)	L	1	1	L

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 4,299. Cash · non-interest-bearing 1,316. 1 1 50.970. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 Notes and loans receivable, net 7 7 8 Inventories for sale or use R 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 10b 10c 1,587,610. 1,524,721. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV. line 11 12 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,642,879 1,593,209. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees, iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 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. 1,642,879. 1,593,209. Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 1,642,879. 1,593,209. 33 33 Total net assets or fund balances 1,593,209. Total liabilities and net assets/fund balances 1,642,879.

Form 990 (2013)

orm	990 (2013) WALTER D. MCBRYDE TRUST ESTATE	75-676	8435	Pag	e 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
		ľ			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	59	7.	<u>37.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	109	, 2:	<u>24.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-49	,48	<u>87.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,642	2,8	<u>79.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-1	83.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,593	3,2	<u>09.</u>
Par	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		i	
	consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		ļ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		- 1	
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

332012 10-29-13 Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(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 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization

OMB No 1545-0047

Open to Public Inspection

Name of t	he organizati	on						Er	nployer i	identification number
_		WALTER	D. MCBRYDE T	RUST	ESTAT	E			75	<u>5-6768435</u>
Part I	Reason	for Public Chari	ity Status (All organiza	ations mus	st complete	e this part) See inst	ructions		
The organ	zation is not a	private foundation l	pecause it is: (For lines 1	through 1	1, check o	only one be	ox.)			
1 🔲	A church, coi	nvention of churches	s, or association of churc	ches descr	ribed in se	ction 170(b)(1)(A)(i).			
2			0(b)(1)(A)(ii). (Attach Scl							
з 🔲	A hospital or	a cooperative hospit	tal service organization of	described i	n section	170(b)(1)(A)(iii).			
4 🔲			perated in conjunction					(b)(1)(A)(iii	i). Enter t	he hospital's name,
	city, and stat	e								
5 🗀	An organizati	on operated for the	benefit of a college or un	niversity ov	vned or op	erated by	a governn	nental unit	describe	ed in
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)							
6 🗀	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 🗔	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general p	oublic described in
	section 170(b)(1)(A)(vi). (Comple	te Part II)							
8 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi). (Complete	Part II.)					
9 🗀	An organizati	on that normally rec	eives (1) more than 33 1	/3% of its	support fr	om contril	outions, m	embershij	p fees, ar	nd gross receipts from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross investment
	income and i	inrelated business ta	axable income (less sect	ion 511 ta	x) from bus	sinesses a	cquired b	y the orga	nization a	after June 30, 1975.
	See section	509(a)(2). (Complete	Part III)							
10	An organizati	on organized and op	perated exclusively to te	st for publi	c safety S	ee sectio	n 509(a)(4)).		
11 X	_		perated exclusively for th						•	
	more publicly	supported organiza	ations described in section	on 509(a)(1	I) or sectio	n 509(a)(2) See se c	tion 509(a	a)(3). Che	eck the box that
		· · · · · · · · · · · · · · · · · · ·	organization and comple		_					
(-	a Type		•	ype III - Fui	=	_				n-functionally integrated
e X	-	•	it the organization is not		•	•	•		•	
		=	han one or more publicly		_				9(a)(1) or	section 509(a)(2)
f			ten determination from t	the IRS tha	at it is a ⊺y	ре І, Туре	II, or Type) []]		
		rganization, check th							•	L
g	_		organization accepted ar			-				
		•	irectly controls, either al	one or tog	etner with	persons o	escribed	n (II) and (I	iii) below,	
			upported organization?							
		•	n described in (i) above? . person described in (i) (-2					11g(ii) X 11g(iii) X
h			about the supported or							
h	Flovide tile i	ollowing information	about the supported on	yanızanonı	(5).					
(:) Nome	of auganostad	(II) CINI	(III) Turn of accounts	(iv) Is the c	rnanization	(v) Did voi	notify the	(vi) Is	the	(will) Amount of monotony
• •	e of supported anization	(ii) EIN		in col. (i) lis				organizátio (i) organiz	on in col. I	(vii) Amount of monetary support
org	amzation		above or IRC section	governing				U.S	.? " " "	συρροιτ
			(see instructions))	Yes	No	Yes	No	Yes	No	
KUKUI	OLONO			_						
		99-6003335	7	х		х		x		80,400.
				1						
				ļ. <u>. </u>					ļļ	
]		
				 	<u> </u>	ļ		<u> </u>	 	
Total	1									80.400.

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Part II Support Schedule for 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)

Sec	tion A. Public Support		_				
ale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	·					
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		<u> </u>				
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	1					
	governmental unit or publicly	1		İ			
	supported organization) included	1				1	
	on line 1 that exceeds 2% of the	i					
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4		<u> </u>	1			<u> </u>
	ction B. Total Support				,	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	Amounts from line 4	 			 		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		<u> </u>				
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.)		1			<u> </u>	
	Total support. Add lines 7 through 10	-4- (<u> </u>	J	12	<u> </u>
	Gross receipts from related activities,	•	•	ed formula or fifth	tay year as a sast		
13	First five years. If the Form 990 is for organization, check this box and stop	-	S mst, second, m	ra, ioaitii, or illiir	lax year as a secti	011 301(0)(3)	▶□
Se	ction C. Computation of Publ		ercentage				
14	Public support percentage for 2013 (line 6, column (f) (divided by line 11.	column (f))		14	%
	Public support percentage from 2012		-	\ "		15	%
16a	33 1/3% support test - 2013. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly sup	ported organizatio	n			
t	33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3	% or more, check t	this box
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			
178	10% -facts-and-circumstances tes	t - 2013. If the or	ganization did not	check a box on lir	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 P	art IV how the orga	ınızatıon
	meets the "facts-and-circumstances"	test The organiz	ation qualifies as a	a publicly supporte	ed organization		▶∟
ı	10% -facts-and-circumstances tes	t - 2012. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, o	r 17a, and line 15 is	10% or
	more, and if the organization meets to	he "facts-and-circ	umstances" test, e	check this box and	d stop here. Expla	in in Part IV how th	ie
	organization meets the "facts-and-cire		-				▶Щ
<u>18</u>	Private foundation, If the organization	on did not check a	a box on line 13, 1	6a, 16b, 17a, or 17			
					Scl	nedule A (Form 99	0 or 990-EZ) 2013

332022 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 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

Sec	tion A. Public Support	now, picase comp	Siete Lait II J				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-				<u> </u>		
•	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried 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	the organization	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	ation,
	check this box and stop here			·			▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	ercentage			- _T	
15	Public support percentage for 2013 (I	ine 8, column (f) o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Par	t III, line 15			16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage)	·	<u> </u>	
17	Investment income percentage for 20	113 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from :	2012 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2013. If the			on line 14, and lin	e 15 is more than	33 1/3%, and line	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
1	o 33 1/3% support tests - 2012. If the	•					and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶□

Schedule A	(Form 990 or 990-EZ) 2013 WALTER D. MCBRYDE TRUST ESTATE	75-6768435 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line Also complete this part for any additional information (See instructions)	e 17a or 17b; and Part III, line 12
	Also somplete this part of any additional information (ose instructions)	
		· · · · · · · · · · · · · · · · · · ·
		

SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States

OMB No 1545-0047	2013	Open to Public	Inspection

ž **Employer identification number** 75-6768435 FOR OPERATING SUPPORT, (h) Purpose of grant or assistance 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 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 Information about Schedule I (Form 990) and its instructions is at www irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Ö (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 ▶ Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 80,400 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ESTATE 99-6003335 170(B)(1)(A)(VI) (c) IRC section if applicable TRUST Enter total number of other organizations listed in the line 1 table WALTER D. MCBRYDE General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization KUKUIOLONO PARK & GOLF COURSE or government Name of the organization KALAHEO, HI 96741 Department of the Treasury Internal Revenue Service P.O. BOX 1031 Part

332101 10-29-13

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

Schedule I (Form 990) (2013)

Page 2

75-6768435

WALTER D. MCBRYDE TRUST ESTATE

Schedule I (Form 990) (2013)

SCHEDULE 0 (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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Nome of the average street

WALTER D. MCBRYDE TRUST ESTATE	75-6768435
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
KAUA'I. THE PARK IS OWNED BY KUKUIOLONO PARK TRUST ESTAT	E, A PRIVATE
OPERATING FOUNDATION, AND IS OPERATED EXCLUSIVELY FOR PUB	BLIC USE.
FORM 990, PART VI, SECTION B, LINE 11:	<u> </u>
EXPLANATION: FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF	F BANK OF HAWAII
AS CORPORATE TRUSTEE. BEFORE IT IS FILED, THE TAX RETURN	I IS REVIEWED BY AN
ADMINISTRATIVE OFFICER OF THE CORPORATE TRUSTEE.	
FORM 990, PART VI, SECTION B, LINE 12C:	····
EXPLANATION: 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 HAWA	AII REQUIRES ALL
EMPLOYEES TO PARTICIPATE IN REGULARLY SCHEDULED TRAINING	RELATED TO
COMPLIANCE WITH CONFLICT OF INTEREST AND OTHER RELATED PO	DLICIES.
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: THE TRUST DOES NOT HAVE A CEO, OFFICERS OR E	EMPLOYEES. UNDER
THE TERMS OF THE TRUST DOCUMENT, BANK OF HAWAII AS TRUSTE	EE IS ENTITLED TO
STATUTORY FEES FOR ITS SERVICES. UNDER HAWAII LAW, A TRU	JSTEE FOR A
CHARITABLE TRUST IS ENTITLED TO REASONABLE COMPENSATION.	BANK OF HAWAII'S
PUBLISHED FEE SCHEDULE FOR CHARITABLE TRUSTS APPLIES TO T	THIS TRUST. IN
ESTABLISHING THE TRUSTEE'S FEE SCHEDULE, CONSIDERATION WA	AS GIVEN TO THE
DUTIES, LIABILITIES AND EXPERTISE OF THE CORPORATE TRUSTE	EE, AS WELL AS TO
COMPARABLE FEES FOR SIMILAR SERVICES PROVIDED BY SIMILAR	ORGANIZATIONS.

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization WALTER D. MCBRYDE TRUST ESTATE	Employer identification number 75-6768435
PRESENTED TO THE HAWAII ATTORNEY GENERAL, WHOSE OFFICE IS	RESPONSIBLE FOR
OVERSIGHT OF HAWAII'S CHARITABLE TRUSTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE TRUST DOCUMENT AND ACCOUNT STATMENTS ARE	PROVIDED TO THE
BENEFICIARY ORGANIZATION IDENTIFIED IN THE TRUST DOCUMENT	(KUKUIOLONO PARK
AND GOLF COURSE). BANK OF HAWAII, CORPORATE TRUSTEE, HAS	A CONFLICT OF
INTEREST POLICY, WHICH IS AVAILABLE TO THE BENEFICIARY OR	GANIZATION UPON
REQUEST. AUDITED FINANCIAL STATEMENTS ARE NOT PREPARED F	OR THE TRUST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RETURN OF CAPITAL	-183.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

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

➤ See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 75-6768435

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income ਉ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) WALTER D. MCBRYDE TRUST ESTATE Primary activity Name, address, and EiN (if applicable) of disregarded entity Part I Parti

(e)	(q)	(0)	(p)	(e)	()	(g	1200,13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?	olled ty?
				501(c)(3))		Yes	S _N
KUKUIOLONO PARK & GOLF COURSE - 99-6003335							
P.O. BOX 1031							
6741	PUBLIC PARK & GOLF COURSE	HAWAII	170(B)(1)(A) 501(C)(3)		N/A		×
	,						

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

Schedule R (Form 990) 2013

75-6768435 Page 2

Schedule R (Form 990) 2013 WALTER D. MCBRYDE TRUST ESTATE

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

3	General or Percentage managing ownership												ore related
9	Seneral o nanaging partner?	Yes No		 _	\dashv		 _	 	 _	 	_	\dashv	or mc
ε	Code V-UBI	K-1 (Form 1065) Y	_					-					because it had one
£	Disproportionate allocations?	Yes No					 -			 			rt IV, line 34
(6)	Share of end-of-year	doodio											on Form 990, Pa
()	Share of total income												in answered "Yes"
(e)	Predominant income (related, unrelated,	sections 512-514)											nplete if the organizatio
(p)	Direct controlling entity					-		•					oration or Trust Corr
(2)	Legal domicile (state or	foreign country)											as a Corp
(Q)	Primary activity												ganizations Taxable a
(a)	Name, address, and EIN of related organization												Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year
													Pa

,					1									,	
	<u></u>	olled ty?	ž												
	_ S	512(I	Yes					İ							
	ε	Percentage 512(bX13) ownership controlled entity?													
	(6)	Share of end-of-year	assers												
	ε	Share of total income													
	(e)	Type of entity (C corp, S corp,	or trust)												
	Ð	Direct controlling entity													
	(၁)	Legal domicile (state or	country)												
ring the tax year	(q)	Primary activity													
organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN of related organization													
Variation 1															

Schedule R (Form 990) 2013

332162 09-12-13

Yes

Schedule R (Form 990) 2013 WALTER D. MCBRYDE TRUST ESTATE

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Form 990, Part IV, line 34, 35b,
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Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	I in Parts II-IV?			
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)				4	×	ŀ
c Gift, grant, or capital contribution from related organization(s)				5		×
d Loans or loan guarantees to or for related organization(s)				14		×
e Loans or loan guarantees by related organization(s)				1	_	×
 Dividends from related organization(s) 				=		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				두		×
i Exchange of assets with related organization(s)				Ę		×
j Lease of facilities, equipment, or other assets to related organization(s)				ī		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	1	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			ŧ		×
o Shanng of paid employees with related organization(s)				9		×
p Reimbursement paid to related organization(s) for expenses				10	_	×
q Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				;		×
s Other transfer of cash or property from related organization(s)				15		×
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	is line, including covered	relationships and transaction thresholds		Ì	1
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)	i					
(2)				j		!
				j		1
(4)						
(5)			Total Control of the			
(9)						1
332163 09-12-13	23		Schedul	Schedule R (Form 990) 2013	990) 2	013

Page 4

24

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

Share of bisphotor Code V-UBI Ceneral or Percentage bonder and allocations? of Schedule K-1 assets ves No (Form 1065) yes No				
Are all partners sec 501(c)(3) total ongs 7 on come				
(d) Predominant income (related, unrelated, excluded from tax under section 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Schedule R	(Form 990) 2013	WALTER D.	MCBRYDE	TRUST	ESTATE	75-6768 4 35 Pag	1e 5
Part VII	(Form 990) 2013 Supplemental Info	rmation					
				abadula D.			
	Provide additional inform	ation for responses t	o questions on S	cnedule H (see instructions)		
				•			
							
							
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Form **8868**

(Rev. January 2014)

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.

▶ Information about Form 8868 and its instructions is at www rs gov/form8868.

OMB No 1545-1709

				_		v	
•	are filing for an Automatic 3-Month Extension, complet	-		thus for		\triangleright \mathbf{X}	
	are filing for an Additional (Not Automatic) 3-Month Ext						
	complete Part II unless you have already been granted a						
	nic filing (e-file). You can electronically file Form 8868 if y						
•	to file Form 990-T), or an additional (not automatic) 3-mor						
	o file any of the forms listed in Part I or Part II with the exc						
Persona	I Benefit Contracts, which must be sent to the IRS in paper	er format ((see instructions). For more details o	on the elec	tronic filing of	this form,	
ısıt ww	w irs.gov/efile and click on e-file for Chanties & Nonprofits			1 1			
Part							
4 corpo	ration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and	complete		. —	
art I or	•						
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time		
o file in	come tax returns.			r -	r's identifying		
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	Employer identification number (
print							
- 1 - 1 - 14 -	WALTER D. MCBRYDE TRUST EST	<u> PATE</u>			75-6768435		
file by the due date f		ee instruct	tions.	Social se	(SSN)		
filing your eturn Sec	P.O. BOX 3170, DEPT. 715						
nstruction		oreign add	ress, see instructions.				
	HONOLULU, HI 96802-3170						
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
Applica	tion	Return	Application			Return	
ls For		Code	Is For				
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)	07			
Form 990-BL			Form 1041-A	08			
Form 4720 (individual)			Form 4720 (other than individual)	09			
Form 990-PF			Form 5227	10			
Form 990-T (sec 401(a) or 408(a) trust)			Form 6069	11			
Form 990-T (trust other than above)			Form 8870				
	BANK OF HAWAII						
• The	books are in the care of > 130 MERCHANT S'	TREET	- HONOLULU, HI 96	813			
	phone No ► (808) 694-4525	-	Fax No.				
	e organization does not have an office or place of busines	s in the Ur	nited States, check this box			ightharpoons	
	s is for a Group Return, enter the organization's four digit			If this is fo	r the whole gr	oup, check this	
	. If it is for part of the group, check this box						
	request an automatic 3-month (6 months for a corporation						
•			ition return for the organization nam		The extension	1	
- 15	for the organization's return for:	Ū	•				
	X calendar year 2013 or						
	tax year beginning	. ar	nd endina				
		,	<u> </u>		_		
2 1	the tax year entered in line 1 is for less than 12 months, o	check reas	son Initial return	Final retur	'n		
_ "	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
3a I	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069	enter the tentative tax less any				
	conrefundable credits. See instructions	, 5, 5553,	one to reality lang loss arry	3a	\$	0.	
_		anter on	v refundable credits and	- 58			
	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and stimated tax payments made. Include any prior year overpayment allowed as a credit				\$	0.	
-				3b	—		
	Balance due. Subtract line 3b from line 3a. Include your pa					0.	
	y using EFTPS (Electronic Federal Tax Payment System).			3c 8453-EO a			
Cautio	n. If you are going to make an electronic funds withdrawa	i (airect de	ouy with this Form 8868, see Form	o+oo-e∪ a	nu FUNII 00/8	-LO IOI Payment	

Form 88	68 (Rev. 1·2014)					Page 2		
	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	omplete only Part II and check this	box		▶ X		
-	nly complete Part II if you have already been granted an a				3868.			
	are filing for an Automatic 3-Month Extension, complet							
Part I	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	ppies need	<u>ed).</u>		
	Enter filer's identifying number, see in							
Type or Name of exempt organization or other filer, see instructions				Employer identification number (EIN) or				
print	WALMED D WODDYDE MDUGM EGMAME				75-6768435			
File by the due date fo				Social security number (SSN)				
filing your return See	Number, Steet, and John of State No. 12 F. O. DOX, See Institutions				carry mamber	(0014)		
instruction								
	HONOLULU, HI 96802-3170	.						
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)		•	0 1		
		1						
Applica	tion	Return	Application	Return				
Is For		Code	Is For	Code				
	00 or Form 990-EZ	01	F 1041 A					
Form 99		02	Form 1041-A Form 4720 (other than individual)			08		
	/20 (individual)	03	Form 5227			10		
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust)			Form 6069			11		
Form 990-T (trust other than above)			Form 8870			12		
	Do not complete Part II if you were not already granted	an autor	natic 3-month extension on a prev	ously file	d Form 8868	3.		
	BANK OF HAWAII							
• The	books are in the care of 130 MERCHANT ST	TREET	- HONOLULU, HI 96	813				
Tele	phone No ► <u>(808) 694–4525</u>		Fax No ▶					
	e organization does not have an office or place of business					•		
	s is for a Group Return, enter the organization's four digit	٠ .	· · · · · · · · · · · · · · · · · · ·					
box ▶			ach a list with the names and EINs of BER 15, 2014	r all memb	ers the exten	sion is for		
	or calendar year 2013, or other tax year beginning	NOVEM	<u>DER 15, 2014</u> , and endin	0				
	the tax year entered in line 5 is for less than 12 months, or	heck reas		Final r	eturn			
]	Change in accounting period	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
7 S	tate in detail why you need the extension							
<u> 2</u>	ADDITIONAL TIME IS NEEDED TO	GATHE	R THE INFORMATION	NECES	SARY TO) FILE A		
<u>C</u>	COMPLETE AND ACCURATE RETURN.							
				 -				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any	8a	\$	0		
_	nonrefundable credits. See instructions.							
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated							
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.					0.		
_	Balance due, Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
	EFTPS (Electronic Federal Tax Payment System). See instructions					0.		
			st be completed for Part II	enly.]_\$			
Under p	enalties of perjury, I declare that I have examined this form, includ	ding accom	panying schedules and statements, and t	o the best o	of my knowledg	je and belief,		
it is true	, correct, and complete, and that I am authorized to prepare this for	orm.			AUG	0 5 2014		
Signatu		TRUST	EE	Date				
	By				Form 8	868 (Rev 1-2014)		

Vice Fresident