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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2014

Open to Public Inspection

<u>A</u>	For the	2014 calen	dar year, or ta		beginn	ing		, 2	2014, and	d endin	g		,		
В	Check if a	pplicable	C Name of orga	anization	JACE	K HALL	HAWAII	HOUSIN	IG COR	PORA	TION	D Employ	er identif	cation nur	nber
	Addr	ess change	Doing busine	ss as								20-	37468	314	
	Name	e change	Number and	street (or F	O pox i	f mail is not d	elivered to stree	t address)		Room/s	uite	E Telepho	ne numbe	er	
	Initial	l return	C/O 451	ATKIN	ISON	DRIVE						(80:	81 86	4-130	17
	Final r	return/terminated					IP or foreign pos	tal code		1		(00	0, 00	74 130	, , , , , , , , , , , , , , , , , , ,
	H	nded return	HONOLULU			-			IIT O	6014		G		. 40	202
	H		F Name and ac		ancinal of	fficer			HI 9	6814	H/a\ le thie r	G Gross return			, 202.
	L. Appli	ication pending		-	•										Yes X No
			LEONARD HOSH						HI 9	6825	If 'No,'	subordinates attach a list (see instru	ctions)	YesNo
<u> </u>		empt status	X 501(c)(3)	501	(c) ()◀	(insert no)	4947(a)	(1) or	527					
<u>J</u>		site: N/						 -			H(c) Group	exemption nu	mber -		<u> </u>
K		forganization	X Corporation	Trus	t	Association	Other ►		L Year	of formatio	n 200	6 M s	State of leg	gal domicile	HI
Pa		Summar													
	1 B	nefly describ	e the organiza	ation's m	noission	or most si	gnıficant act	vities:	TO ST	UPPORT	ACTIV	ITIES C	F AFF	ORDABI	LE_HOUSING
ģ	_														
Activities & Governance	_							. 			. _				
딢	_						_ 								
Š		heck this bo	x ► ∐ ıf the	e organi	zation o	discontinu	ed its operat	ions or dis	posed of	more th	nan 25% o	of its net as	sets.		
<u>ص</u>			ting members										3		5
S			lependent voti										4		5
ŧ			of individuals										5		1
둉			of volunteers										6		0
⋖			d business rev business taxa										7a		0.
	D IV	iei unrelateo	business taxa	ible inco	me iroi	m Form 98	30-1, line 34						7b		0.
		8 Contributions and grants (Part VIII line 1h)								rior Year		Curr	rent Year		
9	8 0	contributions	and grants (Pa	art VIII, I	ine in)	.		<u>``</u>	-ان:	<u> </u>	,022,5	500.		<u>15</u> ,000.
Revenue			ice revenue (F							<u> - [종</u>]-					
ě	10 Ir	ivestment in	come (Part VII	II, colum	n (A), I	ines 3, 4, a	and ((a)	NOV T'S	3 2015	. .O .		35,7	01.		33,202.
_	11 C	iner revenu	e (Part VIII, co	iumn (A), lines	5, 60, 80,	9c, Tuc and	14 (ea) . A .	40\ -	. 1. U. 1.	<u> </u>				
			- add lines 8								1 1	,058,2			48,202.
			mılar amounts					_				260,0	00.	_	
			to or for memb												
ø	1		r compensation		-	-			-			71,4	01.		82,343.
Expenses	16a P	rofessional f	undraising fee	s (Part I	X, colu	ımn (A), lır	ne 11e)						_		
g.	ьт	otal fundrais	ing expenses	(Part IX,	colum	n (D), line	25) ►			0.					
ú	17 C	other expens	es (Part IX, co	lumn (A) lines	11a-11d.	11f-24e)					139,5	97		27,018.
	1		s. Add lines 1		•						1	470,9		<u> </u>	
	ı		expenses. Su		-			•							109,361.
5 °		coveride less	expenses. Ou	ibti act iii	10 11	ioni inte 12		· · · · · ·	• • • • •	· · · ·		587,2		F	<u>-61,159.</u>
a ta	20 T	otal accete /	Part X, line 16	: \								ng of Currer			of Year
Bate	21 T		Fart X, line 10	•								,064,3		5,	988 <u>,</u> 677.
Net Assets Fund Balanc	21		•	•	· · · ·								0.		
			fund balances	s. Subtra	ct line	21 from lir	ne 20	· · · · ·		· · · ·	6	,064,3	399.	5,	988,677.
	rt II	Signatu							=						
Unde	er penalties plete Deck	s of perjury, I dec	lare that I have exe er (other than office	amined this	return, ii	ncluding acco	mpanying scheo	lules and state	ements, and	to the bes	t of my know	ledge and bel	lief, it is tru	ie, correct, a	and
		1. 1.	NE	1								11.10	-1	,	
		Signatu	re of officer	$\overline{\mathbf{m}}$.			ייוונ	Σ		
Siç	gn		•								Da	ite			
He	re		CY TAKANO												
			print name and titl	e 		T			_						
		Print/Type p	reparer's name			Prepare s	gnature		Da	iteU(Q		Check	if F	PTIN	
Pa	id	GREGO	RY USHIJI	MA			\mathcal{N}				118	self-employe	ed]	201452	2851
Pre	eparer		GERA	LD Y.	USH	IJIMA	CPA U								
	e Only		ess - 1110	UNIV			STE 50	8				Firm's EIN	20-	13189	13
	_		HONO						6826-	1508		Phone no) 949	
Ma	the IRS	S discuss the	s return with th		rer sho	own above	? (see instr						_,,000	IXI Ye	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2014)

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	990 (2014)			SING CORPORATION		20-3	746814	Page 2
Par	Stat	tement of Progra	m Service	Accomplishments				
_	Chec	k if Schedule O contai	ns a response	or note to any line in this Part	III			
1	Bņefly descr	ibe the organization's	mission					
	TO SUPP	ORT ACTIVITIE	S OF AFFO	ORDABLE HOUSING				
		-						
				 				
								
2	Did the orga	nization undertake any	significant pr	ogram services during the year	which were not	listed on the prior		
	-	· · · · · · · · · · · · · · · · · · ·					TYes	X No
		cribe these new service						٠
3				significant changes in how it co	nducts, any pro	gram services?	Yes	X No
	_	cribe these changes or	_		,,, , ,	5		<u></u>
4		_		omplishments for each of its thr	ee largest progr	ram services, as measu	red by expens	es
·	Section 501	(c)(3) and 501(c)(4) or e, if any, for each progr	ganizations ar	e required to report the amount	of grants and a	llocations to others, the	total expenses	5,
4 a	(Code:) (Expenses	\$ 10	9,361. including grants of	\$	0.)(Revenue	\$	0.)
	TO SUPP	ORT ACTIVITIE	S OF AFF	ORDABLE HOUSING				
							· 	
								
			 					
								
								
								
4 t	(Code) (Expenses	\$	including grants of	\$) (Revenue	\$)
	 .							
				 				
4.	: (Code) (Expenses	Ċ	including grants of	<u> </u>) (Revenue	<u> </u>	
40	. (Code) (Expenses	٧	Including grants of	٧) (Revenue	٧	,
								
							- -	
								·
		 						
								. – – – – -
4 0	Other progr	am services. (Describe	e in Schedule	O.)				
	(Expenses	\$		ding grants of \$)	(Revenue \$)
		am service expenses		109,361.	······································	· · · · · ·		

Part V Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Χ is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 3 Χ 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Χ 6 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х 9 X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Χ 11_b Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х 11 d e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e Χ f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . . . 11f 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a Schedule D, Parts XI, and XII. . . . b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and 12b Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?...... 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 14b Χ Х 15 Χ 16 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 Х 20 20 b

Form 990 (2014) JACK HALL HAWAII HOUSING CORPORATION Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 Χ 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 23 Χ Χ 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c 24d 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I......... Х 25a 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 Χ Schedule L, Part I 25b Х 26 X 27 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) Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If Yes,' complete Schedule L, Part IV Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Χ 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Х 31 32 Х 32 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 Х 35a Χ 35b Χ 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is Х 37

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Form 990 (2014)

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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

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
k	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 1			
k	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	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)?	4 a		х
	o If 'Yes,' enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	-			
6 a	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?	6 a		Х
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).			
é	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
t	o If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			
•	as required?	7 g		
ı	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	openior in g or game and in a management of the control of the con			
	organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		Х
- 1	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
	Section 501(c)(7) organizations. Enter.			
1	a Initiation fees and capital contributions included on Part VIII, line 12			
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Ì	
11	Section 501(c)(12) organizations. Enter.			
•	a Gross income from members or shareholders			
l	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l	
1	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a	}]
	Note. See the instructions for additional information the organization must report on Schedule O			
ı	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b	\vdash	
-	and the second s		000	(2014)

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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10 a b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X 13 14 X Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Χ b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records 1055 KALO PL #203 (808) 949-4111 BOB TANAKA REALTY HONOLULU. 96826 BAA Form 990 (2014) TEEA0106 11/13/14

				(C)						
(A) Name and Title	(B) Average hours per	Pos than	s both	an of ector/	fficer : truste	e)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any nours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LEONARD HOSHIJO PRESIDENT	0.00			Х				0.	0.	0.
VICE PRESIDENT	0.00			Х				0.	0.	0.
(3)_ TRACY_TAKANO SECRETARY/TREASURER	0.00			Х				0.	0.	0.
	0.00	х						0.	0.	0.
(5) REX JOHNSON DIRECTOR	0.00	Х						0.	0.	0.
_(7)										
(9)										
(10)										
<u>(11)</u>										
<u>(12)</u>										-
(13)	-									
(14)										

Part VII Section A. Officers, Directors, Trus	tees,	Key	En	nplo	oye	es,	and	d Highest Con	npensated Em	ploy	ees	(conti	nued)
•	(B)			_((•				ļ				
(A) Name and title	Average hours per	box	, unle	ss pe	more rson	than o s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from	a	Est	(F) mated it of other	er
	week (list any hours for	Individual or director	Institut	Officer	Key employee	Highest co employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	'	fro orga	ensatior m the nization related	1
	- tions	Individual trustee or director	nstitutional trustee	``	nploye	t comp						izations	s
	below dotted line)	stee	ustee		8	Highest compensated employee							
(15)													
<u>(16)</u>													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1 b Sub-total							>	0.	0				0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	0.	 	_			0.
2 Total number of individuals (including but not limited from the organization ►							eive	1		•	nsati	on	
nom the organization												Yes	No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such inc										. [-	3		
For any individual listed on line 1a, is the sum of reporting organization and related organizations greater the sum of the organization and related organizations.	ortable co an \$150,	ompe 0007	ensa P If "	tion Yes'	and	othe	r co	mpensation from hedule J for					
such individual	 mpensat	 tion fi	rom	any	unre	 elated	 d org	ganızatıon or indıvı	dual		4		X
for services rendered to the organization? If 'Yes,' co	mplete S	Sched	dule	J fo	r su	ch pe	rsoi	n			5		X
Complete this table for your five highest compensate compensation from the organization Report compensation.	d indepe sation fo	nder r the	nt co cale	ntra enda	ctor or ye	s that ar en	t rec	eived more than \$ g with or within the	100,000 of organization's tax	year.			
(A) Name and business addres	ss							Description (Cor	(C	s) nsatio	n
								-					
							•						
Total number of independent contractors (including be \$100,000 of compensation from the organization.)	out not lir	nıted	to t	hose	e list	ed at	oove	e) who received mo	ore than				
Too, oo or compensation from the organization													

Page 9

Form 990 (2014) JACK HALL HAWAII HOUSING CORPORATION
Part VIII Statement of Revenue

	Cfleck if Schedule O contains a response or note to any l	ine in this Part VIII			
	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b				
	h Total. Add lines 1a-1f	15,000.			
Program Service Revenue	Business Code 2 a b c d e				
ᅙ	f All other program service revenue				
Prc	g Total. Add lines 2a-2f				
	other similar amounts)	00/000	0.	0.	33,202.
	4 Income from investment of tax-exempt bond proceeds •				
	5 Royalties	•			
	6 a Gross rents b Less: rental expenses c Rental income or (loss)	-			
	7 a Gross amount from sales of (i) Secunties (ii) Other				
	b Less cost or other basis and sales expenses c Gain or (loss)	_			
	d Net gain or (loss)	<u> </u>			
Other Revenue	8 a Gross income from fundraising events (not including: \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b				
퓽	c Net income or (loss) from fundraising events	<u>►</u>	,		
	9 a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				l
	c Net income or (loss) from gaming activities	•			
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory	•			
	Miscellaneous Revenue Business Code				
	11a b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	•			
	12 Total revenue. See instructions		0.	0.	33,202,

Form 990 (2014) JACK HALL HAWAII HOUSING CORPORATION Part IX | Statement of Functional Expenses

	to 504/2/2 and 504/2/4)		<u> </u>		
Seci	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a res	npiete all columns. All ot	ner organizations must on this Part IX	complete column (A)	
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 2	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 · · · · · · · · · · · · · · · · · ·			general expenses	едренава
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members		7		
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 salanes and wages	71,479.	71,479.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				<u> </u>
9	Other employee benefits	3,247.	3,247.	0.	0.
10	Payroll taxes	7,617.	7,617.	0.	0.
11	Fees for services (non-employees)				
a	Management				
t	Legal			· · · · · · · · · · · · · · · · · · ·	·
	Accounting	13,273.	13,273.	0.	0.
	Lobbying	13/2/3.	15,275.		
	Professional fundraising services See Part IV, line 17				
	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion				
13	Office expenses	1,636.	1,636.	0.	0.
14	Information technology				
15	Royalties		=		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,909.	10,909.	0.	0.
20	Interest				
21	Payments to affiliates				<u>.</u>
22	Depreciation, depletion, and amortization				
23 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 O)				
á	DUES	1,200.	1,200.	0	0.
)				
	;				
	, -				
	All other expenses				
25	·	109,361.	109,361.	0.	
	' '	109,361.	103,301.	U.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following				
	SOP 98-2 (ASC 958-720)	I		•	

Part X **Balance Sheet** (B) End of year Beginning of year 21,849 1 12,408. 2 2 Savings and temporary cash investments 5,216,184. 5,143,710. 3 3 4 823,970. 829,862. 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 instructions) Complete Part II of Schedule L 6 7 8 9 2,396 2,697 10 a 10b 10 c 11 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 6,064,399 5,988,677 17 17 18 18 19 19 20 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, 22 22 Secured mortgages and notes payable to unrelated third parties 23 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 Total liabilities. Add lines 17 through 25............ 26 0 0. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 6,064,399 27 5,988,677. 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34. 30 Net Assets 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 33 6,064,399 5,988,677 34 6,064,399 5,988,677.

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Form 990 (2014)

	1990 (2014) JACK HALL HAWAII HOUSING CORPORATION 2	0-3	3746	814		Pa	ige 12
Pa	t XI Reconciliation of Net Assets					-	
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> .			
1	Total revenue (must equal Part VIII, column (A), line 12)	\cdot	1			18,2	202.
2	Total expenses (must equal Part IX, column (A), line 25)	• [2				361.
3	Revenue less expenses Subtract line 2 from line 1	. [3				59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. [4				399.
5	Net unrealized gains (losses) on investments		5				63.
6	Donated services and use of facilities		6				
7	Investment expenses	L	7				
8	Prior period adjustments	- 1	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. [9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
Da	column (B)).	لــــــــــــــــــــــــــــــــــــــ	10		5,9	38,6	<u> 577.</u>
Га	rt XII 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. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?				2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	na		-			
- 1	Were the organization's financial statements audited by an independent accountant?				2 b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis						
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit	· ·	[2 c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	٠.			3 a		х
- 1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require						1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			<u></u>	3 b		
BAA	L				Form	990 (2014)

TEEA0112 05/28/14

SCHEDULE A (Form 990 or 990-EZ)

(E)

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

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service Inspection at www.irs.gov/form990. Name of the organization Employer Identification number JACK HALL HAWAII HOUSING CORPORATION 20-3746814 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g 11 X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 2 g 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 (iv) is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? (see instructions)) Yes (A) JACK HALL KONA MEMORIAL 99-0168454 Х n Х WAIPAHU JACK HALL MEMORIAL 99-0193074 0 (C) (D)

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)

Sec	tion A. Public Support				, . <u> </u>		
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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						
Sec	tion B. Total Support	.		,			
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 a organization, check this box and s						▶ □
Sec	tion C. Computation of Pu						
14	Public support percentage for 201						%
15	Public support percentage from 20	013 Schedule A, P	art II, line 14 · · ·			<u> 15</u>	%
16	a 33-1/3% support test — 2014. If and stop here. The organization of	the organization d qualifies as a publi	d not check the bo cly supported orga	ox on line 13, and the initial state of the initial	the line 14 is 33-1/3	3% or more, check	this box ▶
l	a 33-1/3% support test — 2013. If the and stop here. The organization	the organization di qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, anization	and line 15 is 33-1/	/3% or more, check	this box
17:	a 10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st, check this box	and stop here. Ex	plain in Part VI how	/
	or more, and if the organization morganization meets the 'facts-and-	eets the 'facts-and -circumstances' tes	-circumstances' te st. The organization	st, check this box n qualifies as a pu	and stop here. Ex blicly supported or	plaın in Part VI how ganızatıon	/ the
18	Private foundation. If the organiz	zation did not chec	k a box on line 13,	16a, 16b, 17a, or			<u></u>
					_	hadula A /Carro 00	

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.)

Sect	tion A. Public Support						
	dar year (or fiscal yr beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 business under section 513 .						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	governmental unit to the organization without charge.						
	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support			•	·	· <u> </u>	
	dar year (or fiscal yr beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	()	. ,		(1,7)		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
11	acquired after June 30, 1975 Add lines 10a and 10b 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 VI.)						
13	Total support. (Add lines 9, 10c, 11 and 12)						
14	First five years. If the Form 990 is organization, check this box and s						
$\overline{}$	tion C. Computation of Pu						
15	Public support percentage for 201		-			<u> </u>	15 %
16	Public support percentage from 20	013 Schedule A, Pa	art III, line 15		<u> </u>		16 %
Sec	tion D. Computation of Inv	estment Inco	ne Percentag	е			
17	Investment income percentage for	2014 (line 10c, co	lumn (f) divided b	y line 13, column (f))	[17 용
18	Investment income percentage fro	m 2013 Schedule	A, Part III, line 17			[18 %
19 a	33-1/3% support tests — 2014. If is not more than 33-1/3%, check t	the organization d	id not check the beere. The organiza	ox on line 14, and ition qualifies as a	line 15 is more that publicly supported	ın 33-1/3%, ar organizatıon	nd line 17
	33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%,	the organization d	id not check a box stop here. The o	c on line 14 or line organization qualific	19a, and line 16 is es as a publicly suj	more than 33 oported organi	-1/3%, and ization ▶
20	Private foundation. If the organiz	ation did not check	c a box on line 14,	19a, or 19b, chec	k this box and see	instructions.	· · · · · · · · · · · · · · · ·

Part IV Supporting Organizations

Section A. All Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe			
	the designation If historic and continuing relationship, explain	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was			
	described in section 509(a)(1) or (2)	2		Х
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b)			
	and (c) below	3a		X
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization			
	made the determination	3b		ļ ,
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and			
•	if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		X
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled			
	or supervised by or in connection with its supported organizations	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that			
	all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported			
	organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by	ļ		
	amendment to the organizing document)	5a		Х
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		-	
		5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	anyone other than (a) its supported organizations, (b) individuals that are part of the chantable class benefited by one			
	or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with			
	regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)	_	ļ	
		8_		Х
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		Х
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the	Ja		
	supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from,		ļ	
	assets in which the supporting organization also had an interest? If Yes,' provide detail in Part VI	9c		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If Yes,'			
	answer (b) below	10a		Х
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine			<u> </u>
	whether the organization had excess business holdings)	10h	1	l

	nedule A (Form 990 or 990-EZ) 2014 JACK HALL HAWAII HOUSING CORPORATION 20-3746814		F	age 5
Pa	art IV Supporting Organizations (continued)			-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
	-			
	b A family member of a person described in (a) above?	11b		X
S-	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		X_
<u> </u>	Chorris. Type i Supporting Organizations	 -	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities if the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	NO
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		Х
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
	of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations			
			Yes	No
			·	
,	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2	X	-7
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		X
Se	ction E. Type III Functionally-Integrated Supporting Organizations			<u>' </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction).	ns)		
2	2 Activities Test Answer (a) and (b) below.	· 	Yes	No
	ſ		162	NO
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the			
,	organization's involvement	2b	_	
	., ., .,			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		

Pai	τ V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	ınızat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Section 1.	lovemb tions A	per 20, 1970 See instru through E	ictions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
á	Average monthly value of secunties	1 a		
1	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
•	d Total (add lines 1a, 1b, and 1c)	1 d		
	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	***************************************	2		
3		3		-
	Enter greater or mile 2 or mile	4		1
5		5		1
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	d Type		
BA	A		Schedule A (F	orm 990 or 990-EZ) 2014

Par	V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpose	es		
2	Amounts paid to perform activity that directly furthers exempt purposes on excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of suppor	ted organizations		
	Amounts paid to acquire exempt-use assets		*	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	• "		
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions) \(\)			
3	Excess distributions carryover, if any, to 2014			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount		- Carlo tara independental della	
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b				
С				
d	Excess from 2013			
e	Excess from 2014			

Supplemental Information. 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 D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2014

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

OMB No 1545-0047

	JACK HALL HAWAII HOUSING CO	ORPORATION			20-374	6814		
Par	Organizations Maintaining Dono	or Advised Funds or Othe	r Similar Fun	ds or Ac	counts.			
	Complete if the organization answ	ered 'Yes' to Form 990, Pa	rt IV, line 6.					
		(a) Donor advised fur	nds	(b)	Funds and c	other acco	ounts	
1	Total number at end of year							
2	Aggregate value of contributions to (during year)							
3	Aggregate value of grants from (during year)							
4	Aggregate value at end of year		ļ	•				
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's property.	advisors in writing that the assets ganization's exclusive legal control	s held in donor ad	vised funds	· [Yes		No
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or for	any other purpos	se conferring	ġ 👝	ີYes	_	No
	<u>'</u>				<u></u> _			110
Har	Conservation Easements. Complete if the organization answ	ered 'Ves' to Form 990 Pa	rt IV line 7					
1	Purpose(s) of conservation easements held by the							
•	Preservation of land for public use (e.g., reci	· · · · · ·	Preservation of	a historicali	ly important	land area	,	
	Protection of natural habitat	- Cauchi Si Sadaalisii,	Preservation of		,		•	
	Preservation of open space	L						
2	Complete lines 2a through 2d if the organization	held a qualified conservation con	tribution in the for	m of a cons	servation ea	sement o	n the	
	last day of the tax year.	·		[
					Held at the	End of t	he Ta	x Year
	a Total number of conservation easements							
	b Total acreage restricted by conservation easeme							
	Number of conservation easements on a certifie			· 2 c				
(d Number of conservation easements included in (structure listed in the National Register							
3	Number of conservation easements modified, tratax year ►	ansferred, released, extinguished	or terminated by	the organiz	ation during	the		
4	Number of states where property subject to cons	servation easement is located 🟲		_				
5	Does the organization have a written policy rega	rding the periodic monitoring, ins	pection, handling	of violations	š, _–	٦.,		٦
_	and enforcement of the conservation easements				L	Yes	L	No
6	Staff and volunteer hours devoted to monitoring,	, inspecting, and enforcing consei	vation easements	during the	year			
7	Amount of expenses incurred in monitoring, insp	pecting, and enforcing conservation	on easements dun	ng the year				
8	Does each conservation easement reported on I	ine 2(d) above satisfy the require	ments of section 1	170(h)(4\(B))(ı) _	_		_
0	and section 170(h)(4)(B)(ii)?		• • • • • • • • •		· · · · · <u> </u>	Yes		No
	include, if applicable, the text of the footnote to t conservation easements.	he organization's financial statem	ents that describe	es the orgar	nization's ac	counting f	for	
Par	Organizations Maintaining Collection Complete if the organization answ	vered 'Yes' to Form 990, Pa	reasures, or art IV, line 8.	Other Si	milar As:	sets. 		
1 :	a If the organization elected, as permitted under S art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its financia	eld for public exhibition, educatio	n, or research in fi	atement and urtherance	balance sh of public sei	neet works rvice, prov	s of vide,	
l	b If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items	FAS 116 (ASC 958), to report in for public exhibition, education, o	its revenue statem r research in furth	nent and ba erance of p	lance sheet ublic service	works of e, provide	art, the	
	(i) Revenue included in Form 990, Part VIII, lin							
	(ii) Assets included in Form 990, Part X				-			
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	historical treasures, or other simil (ASC 958) relating to these item	lar assets for finar ms	ncial gaın, p	rovide the f	ollowing		
	a Revenue included in Form 990, Part VIII, line 1							
	b Assets included in Form 990, Part X	 			▶ \$			

	The personnegge in inter 24, 25, and 25 chould equal 100.00.		
3 a	Are there endowment funds not in the possession of the organization that are held and administered for the organization by.	Yes	No
	(i) unrelated organizations		
	(ii) related organizations		
Ł	a If 'Yes' to 3a(ıı), are the related organizations listed as required on Schedule R?		
1	Describe in Part XIII the intended uses of the organization's endowment funds		

Rank WI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land			(* · · · · · · · · · · · · · · · · · ·	·
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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Schedule **D** (Form 990) 2014

(a) Description of security or category (including name of security)	(b) Book value	art IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation Cost or end-of-year market value
Financial derivatives	(=) DOOK 10100	(a) Michiga of Valuation Cost of Charact-Year market value
Closely-held equity interests	<u></u>	
Other		
		
		-7
	<u></u>	
	<u></u> .	
)		
al (Column (b) must equal Form 990, Part X, column (B) line 12) ►		
art VIII Investments — Program Related. Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market valu
1)		
2)		
3)		
4)		
(5)		
(6)		
(7)		
(8)		
(9)		
10)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 13).		<u> </u>
Other Assets. Complete if the organization answered "	Yes' to Form 990 F	Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
10)		
otal. (Column (b) must equal Form 990, Part X, column (B),	line 15.)	
Part X Other Liabilities.		
Complete if the organization answered 'Yes' to F		
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	 	
(10)		
(11)		
	_	1
		and also are the first and the grant to be the first to be the
Liability for uncertain tax positions In Part XIII, provide the text of the foo	tnote to the organization's fina	
Fotal (Column (b) must equal Form 990, Part X, column (B) line 25) 2. Liability for uncertain tax positions In Part XIII, provide the text of the footax positions under FIN 48 (ASC 740) Check here if the text of the footnote BAA	tnote to the organization's fina	

2 b 2 c 3 109,361. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 40 109,361 Part XIII | Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

BAA

Schedule **D** (Form 990) 2014

Schedule I (Form 990) (2014) TO SUPPORT CHA <u>2</u> (h) Purpose of grant or assistance Open to Public Inspection OMB No 1545-0047 2014 Employer identification number × Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to 20-3746814 (g) Description of non-cash assistance Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (f) Method of valuation (book, FMV, appraisal, other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. TEEA3901 06/19/14 Grants and Other Assistance to Organizations, Governments, and Individuals in the United States (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 10,000 (c) IRC section if applicable BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (c) 3 3 Enter total number of other organizations listed in the line 1 table ... General Information on Grants and Assistance 68-0544935 HALL HAWAII HOUSING CORPORATION (P) EIN CENT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 (a) Name and address of organization or government HAWAII HOMEOWNERSHIP _1259_AALA_ST._#201_ HONOLULU HI 96817 Department of the Treasury Internal Revenue Service Name of the organization I SCHEDULE I (Form 990) | | ļ 1 1 ١ JACK Part I E සු € ළු 3 ତ୍ର E

Schedule I (Form 990) (2014)

ACK HALL HAWAII HOUSING CORPORATION

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

1 1 Type or grant or assistance 2 3 4 4	(b) Number of recipients	(cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
6 7 Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the information	required in Part I, Ii	ne 2, Part III, colum	n (b), and any other ad	ditional information.

Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JACK HALL HAWAII HOUSING CORPORATION

Employer identification number

20-3746814

Each year, the Secretary/Treasurer of the Corporation shall review and circulate the Form 990 and audited annual financial statements prior to filing. Each year at the annual meeting, the Board of Directors of the Corporation shall review and approve the Form 990 and the audited financial statements for the preceeding year.

Pt VI, Line 11b