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## Form **990-PF**

## EXTENDED TO AUGUST 17, 2015 • Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of.

	ror c	alen	dar year 2014 or tax year deginning			, and ending			
•	H	AW	foundation AIIAN AIRLINES F	OUNDATI	ON			A Employer identification	number
			BANK OF HAWAII  nd street (or P O box number if mail is not	4-6		····		46-4283879	
			BOX 3170, DEPT		address)	Room/	suite	B Telephone number	4505
								(808) 694-	<del></del>
			own, state or province, country, and out OLULU, HI 96802		ostai code			C if exemption application is p	ending, check here
			all that apply: Initial retu		Initial return of a f	ormer public charity		D 4 5	
	• •		Final retu		Amended return	ormer public charity		D 1. Foreign organizations	, check here
			Address		Name change			Foreign organizations me check here and attach co	eting the 85% test,
	H C	heck			cempt private foundation	-· ·		1	
		_	ction 4947(a)(1) nonexempt charitat		Other taxable private found	ation		E If private foundation state under section 507(b)(1)	
	I Fa	_	arket value of all assets at end of year			Accrual		F If the foundation is in a	
	(fr	om F	Part II, col. (c), line 16)	Ot	ther (specify)			under section 507(b)(1)	
	<b>&gt;</b>				mn (d) must be on cash	basis.)			(5), 666
	Pa	rt i	(The total of amounts in columns (b), (c), necessarily equal the amounts in column	S and (d) may not (a) )	(a) Revenue and expenses per books	( <b>b</b> ) Net investme income	ent	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1	Contributions, gifts, grants, etc., rec	eived	200,000.			N/A	
		2	Check if the foundation is not require	to attach Sch B	* * * * * * * * * * * * * * * * * * * *	, 1 × 5 11 11 11 11 11 11 11 11 11 11 11 11 1		- 2,5% (	And the second
		3	Interest on savings and temporary cash investments		2.		2.		STATEMENT 13
		4	Dividends and interest from securiti	es	3,948.	3,9	<u>48.</u>		STATEMENT: 2
			Gross rents			, , , , , , , , , , , , , , , , , , , ,			may a like the same of the
		١	Net rental income or (loss)		11 000		, , ,	a Tarang	二、1964年 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	9	08	Net gain or (loss) from sale of assets not o Gross sales price for all 1 2		11,962.	, , , , , , , , , , , , , , , , , , ,	, '		
	Revenue	7	assets on line 6a L 3  Capital gain net income (from Part IV, line	6,232.		11 0		Man in the fact that the	· 1000 (100 年)
	Re	8	Net short-term capital gain	2)	The second secon	11,9	62.	2 m² ,	
		9	Income modifications						- ************************************
		-	Gross sales less returns and allowances		The state of the s				1 17 3 4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Less Cost of goods sold	······································	, , , , , , , , , ,			The state of the s	
			Gross profit or (loss)						
		11	Other income			<del></del>			
		12	Total. Addilines happing in the	En	215,912.	15,9	12.		1 7;
		13	Compensation of officers, directors; truste	- W- JO	0.		0.		0.
		14	Other employee salaries and wages						
	Š		Pension plans, employee benefits	1015 0					
	nses		Legal fees Accounting fees	1M	1 414		<del>~ .</del>		
	хре	ן מ	Other professional CEDEN		1,414. 1,047.		24.		990.
	Б. П	17	Interest		1,047.	<u>'</u>	85.		262.
	ativ	1		TMT 5	320.		0.	<u> </u>	0.
	istr	19	Depreciation and depletion				<u> </u>		0.
<b>.</b>	Ē		Occupancy						
2015	Ad	21							<del> </del>
<u>~</u>	and Administrative Expen	22	Printing and publications						
-	ng	23	Other expenses						
SCANNED JUL 10	rati	24	Total operating and administrative						
=	Operating		expenses. Add lines 13 through 23		2,781.	1,2	09.	<u> </u>	1,252. 100,000.
C	9	ı	Contributions, gifts, grants paid		100,000.			·	100,000.
Ωij		26	Total expenses and disbursement	3.	405				
5		-	Add lines 24 and 25		102,781.	1,2	09.		101,252.
ζ,		27	Subtract line 26 from line 12:		112 124	•			
Cr.			Excess of revenue over expenses and dis		113,131.	1 4 77	<u> </u>	<u> </u>	
		l	Net investment income (if negative, e	· ·		14,7	<u>U 3 .</u>	37/2	
	4235	<u> </u>	Adjusted net income (if negative, ente	r -U-)	<u> </u>			N/A	<u> </u>

11-24-14 LHA For Paperwork Reduction Act Notice, see instructions.

46-4283879

Page 2

Ps	art l	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
- 1	1	Cash - non-interest-bearing		218.	
	2	Savings and temporary cash investments		3,428.	3,428.
	3	Accounts receivable ►		on the second of	to a sur or a subject of the subject
		Less: allowance for doubtful accounts			
l	4	Pledges receivable >	Land to the of the control of the	Such a set is a fire	The same of the same of the
		Less: allowance for doubtful accounts		200,000,000	The state of the s
	5	Grants receivable		···	
ı	6	Receivables due from officers, directors, trustees, and other			
l		disqualified persons			
	7	Other notes and toans receivable		Just of war it is a	Control of the same
		Less: allowance for doubtful accounts	The state of the s	33833 -1784 ) 1 (50) (-1) 7 7+	The same of the sa
2	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
۲ ۲	10a	Investments - U.S. and state government obligations	<del></del>	<del></del>	
		Investments - corporate stock			
		Investments - corporate bonds			
		Investments - land, buildings, and equipment basis			
		Less accumulated depreciation	and the second of the second o	West of the and the Tollier	THE VIEW OF THE STATE OF THE ST
	12	Investments - mortgage loans			
		Investments - other STMT 6	0.	109,485.	114,625.
		Land, buildings, and equipment basis			
		Less accumulated depreciation	to the state of the section of the section of	The face of the first of the fi	The state of the same of the s
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
	"	instructions. Also, see page 1, item 1)	0.	113,131.	118,271.
_	17	Accounts payable and accrued expenses	0.	113,131.	110,2/1.
	18	Grants payable			
LO.	19	Deferred revenue			
Liabilities	20	•			
į	21	Mortgages and other notes payable			
ڐ		Other liabilities (describe )			
		Carol Habilitios (Gosolibe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_	-	Foundations that follow SFAS 117, check here		V .	
		and complete lines 24 through 28 and lines 30 and 31.			
es	24	Unrestricted			
Net Assets or Fund Balanc	25	Temporarily restricted		<del> </del>	
3al	26	• •			
ā	20	Foundations that do not follow SFAS 117, check here			
Ē	l	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	113,131.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	0.	· · · · · · · · · · · · · · · · · · ·	
et/	30	Total net assets or fund balances	0.	113,131.	
Z	"	Total liet assets of Idiid Datalices	<u> </u>	113,131.	
	31	Total liabilities and net assets/fund balances	0.	113,131.	
_			<del></del>	113,131.	4
P	art	Analysis of Changes in Net Assets or Fund I	Balances		
1	Tota	al net assets or fund balances at beginning of year - Part II, column (a), line	e 30		T
•		st agree with end-of-year figure reported on prior year's return)	0 00		0
2		er amount from Part I, line 27a			113,131.
3		er increases not included in line 2 (itemize)		2	113,131.
4		lines 1, 2, and 3		3	113,131.
5		reases not included in line 2 (itemize)		4	
8		al net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (h) line 20		113,131.
<u>~</u>	. 0 10	a not assets or fund balances at one of year time 4 millus line 3) - Part II, I	column (n), mis 30	6	113,131.

		OF HAWAII		In a comp					46-428	3879	Page 3
		sses for Tax on In		Income	T 763 E	Ow 200	nuirod I		<del></del>		
2-story brick wa	rehouse; c	id(s) of property sold (e.g. or common stock, 200 shs			Į P∙	low acc - Purch - Donat	ase	(c) D: (mc	ate acquired o., day, yr.)	( <b>d)</b> Dat (mo., da	
1a PUBLICLY TRADE						I	9	VAI	RIOUS	VARI	ous
b CAPITAL GAINS	DIVII	ENDS	·		<u> </u>						
С					<u> </u>				<del></del>		
d			<u></u>		ļ						
	(4) 5		(-) ()		<del></del>			<u></u>		<del></del>	
(e) Gross sales price	(f) L	Depreciation allowed (or allowable)	(g) Cost plus ex	or other basis opense of sale				(e)	h) Gain or (loss plus (f) minus	(g)	
a 134,359.				124,27	70.					10	,089.
b 1,873.										1	,873.
С											
<u>d</u>											
e Complete and of the control of		calumn (b) and award by	the foundation	10/01/00					10.1.01		
Complete only for assets showing							c	(I) Gair ol (k)	is (Col. (h) gair but not less tha	n minus an -0-) or	
(i) F.M.V. as of 12/31/69	'	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any	- 1				ses (from col.		
				(1),						10	,089.
<u>a</u> b			<del> </del>	<del></del>						1	,873.
C		·								=	7075.
d											
е				<del></del>							
2 Capital gain net income or (net ca	apital loss	If gain, also ente	r ın Part I, line )- ın Part I, line	7 7	}	2			<u> </u>	11	,962.
3 Net short-term capital gain or (lo	ss) as defi										
If gain, also enter in Part I, line 8,			na ( <i>0 j</i> .		J						
If (loss), enter -0- in Part I, line 8					<u> </u>	3			N/2	A	
Part V   Qualification U		<del></del> _					nent l	ncom	ie	<u></u>	
(For optional use by domestic privat	e foundati	ons subject to the section	4940(a) tax on	net investment	incom	e.)					
If section 4940(d)(2) applies, leave t	this part b	ank.									
Was the foundation liable for the sec	stion 4942	tay on the distributable as	nougt of any w	oar in the bace n	aria d2					☐ Vac	X No
If "Yes," the foundation does not qua				•	ei iou r					163	(2 <u>3</u> ) NU
1 Enter the appropriate amount in					entrie	s.					
(a)		(b)			(c	)			Diete	(d)	
Base periód years Calendar year (or tax year beginn	ıng ın)	Adjusted qualifying dis	stributions	Net value of n	oncha	íritable-	-use ass	ets	(col. (b) d	ribútión ratio livided by co	il. (c))
2013			0.					0.			00000
2012											
2011											
2010			<del> </del>								
2009		<u> </u>									
0.7 ************************************										,	
2 Total of line 1, column (d)	E voce he	an normadduuda tha tatal	on line 1 his E	a. b., tha ab				-	2	• •	00000
3 Average distribution ratio for the the foundation has been in exist	-	•	on line 2 by 5,	or by the numb	er or y	ears			3	(	00000
the foundation has been in exist	ence in ies	s man 3 years						H	3		<del>30000</del>
4 Enter the net value of noncharita	hle-use a	ssets for 2014 from Part X	line 5						4	163	3,066.
, Ellion and not value of monorial a	.510 400 4	3000 101 20 1 1 110111 1 111 1	, 11110 0					F	-		
5 Multiply line 4 by line 3									5		0.
,,,								F			
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)						ļ	6		147.
								Γ			
7 Add lines 5 and 6								L	7		147.
								ſ			
8 Enter qualifying distributions fro				-1-4- 4 <sup>1</sup> - 4		407 1		L	8	10	1,252.
If line 8 is equal to or greater that See the Part VI Instructions.	ın iine /, (	meck the dox in Part VI, lir	ie 10, and com	piete that part us	sing a	i% tax	rate.				

HAWAIIAN AIRLINES FOUNDATION

Form 990-PF (2014) C/O BANK OF HAWAII		46-4	283879	<b>)</b> F	Page 4
Part VI Excise Tax Based on Investment Income (Section 494	40(a), 4940(b), 4940(e), or 4	948 - s	ee instr	uction	18)
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ and	enter "N/A" on line 1.				• 1
Date of ruling or determination letter: (attach copy of letter if ne	ecessary-see instructions)		C	-,	
<b>b</b> Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ 🛣 and enter 1%	1		1	<b>47</b> .
of Part I, line 27b				-, , +	. 2/3
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4	% of Part I, line 12, col. (b). 丿			ا جار ب د ا	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	2			0.
3 Add lines 1 and 2		3		1	<u>47.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5		1	47.
6 Credits/Payments:		•	•		4 15.3
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a 320.	,	2,	1 7	
<b>b</b> Exempt foreign organizations - tax withheld at source	6b	. '	* * .	" [].	
c Tax paid with application for extension of time to file (Form 8868)	8c			3,14	2
d Backup withholding erroneously withheld	6d		,		
7 Total credits and payments. Add lines 6a through 6d		7		3	20.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	ttached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>&gt;</b>	9			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	. <b>.</b>	10		_ 1	73.
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax	173 . Retunded ➤	11			0.
Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	gislation or did it participate or intervene	: In		Yes	
any political campaign?			1 <u>a</u>		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purp	poses (see instructions for the definition	)?	16		Х
If the answer is "Yes" to $_{1a}$ or $_{1b}$ , attach a detailed description of the activities $_{1a}$	and copies of any materials publish	ed or	-		
distributed by the foundation in connection with the activities.				212	
c Did the foundation file Form 1120-POL for this year?			10		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during t			٠,	<b>3</b> .2	333
(1) On the foundation. > \$ 0 . (2) On foundation manage		_			
e Enter the reimbursement (if any) paid by the foundation during the year for political exper	nditure tax imposed on foundation				
managers. > \$0.					ME E
2 Has the foundation engaged in any activities that have not previously been reported to the	e IRS?		2		X,
If "Yes," attach a detailed description of the activities.			10	2 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	·	or	- ·	: 14° £	1439
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the char	_		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the y	/ear?		48		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	_	N/		$\overline{}$	<del></del>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	ar?		5	<del></del>	X
If "Yes," attach the statement required by General Instruction T.					1
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	d either:		1	± 1,5	710 50
By language in the governing instrument, or			.	15	3,67
<ul> <li>By state legislation that effectively amends the governing instrument so that no manda</li> </ul>	tory directions that conflict with the star	e law		1, 17	T. Call
remain in the governing instrument?			6		<del> </del>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of	complete Part II, col. (c), and Part X	V	7	' X	<del>                                     </del>
8a Enter the states to which the foundation reports or with which it is registered (see instruc	ctions) -		<del></del>		
HI	a Attamas Canaral ( daytr)		<del></del>		1 5 5
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	e Auorney General (or designate)				A
of each state as required by General Instruction G? If "No," attach explanation	Footbon 4040(3/0) 4040(3/5) (		8		+
9 Is the foundation claiming status as a private operating foundation within the meaning of		endar	١.	.   • * -	•
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,	•	2 mwm	7		X
10 Did any persons become substantial contributors during the tax year? # "Yes," attach a sch	nedule listing their names and addresses	STMT		<u>0   X</u> 90-PF	(2014)
			רטוווו ש	シリーアド	(41 02)

423531 11-24-14

HAWAIIAN AIRLINES FOUNDATION C/O BANK OF HAWAII 46-4283879 Form 990-PF (2014) Page 5 Part VII-A Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 X 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) 12 13 X 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A 14 The books are in care of ► BANK OF HAWAII Telephone no.  $\triangleright$  (808) 694-4525 Located at ▶111 S. KING STREET, DEPT. 758. HONOLULU, ▶96813 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the year 15 Yes No 16 At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, 16 securities, or other financial account in a foreign country? X See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required No Yes File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available \_\_ Yes 🗶 No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations X section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 16 Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014? 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(i)(3) or 4942(i)(5)); a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? Yes X No If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/Astatement - see instructions.) 2b c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

Form **990-PF** (2014)

X

3**b** 

4a

N/A

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

-	_			
0	BANK	OF	HAWAII	46-4283879

orm 990-PF (2014) C/O BANK OF HAWAII			16-42838°	79 r	Page 6
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be R	equired (continu	ed)		
5a During the year did the foundation pay or incur any amount to:					1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye:	3 X No		l i
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire	ctly,			
any voter registration drive?		Ye:	s 🗶 No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye:	s 🗓 No		
(4) Provide a grant to an organization other than a charitable, etc., organization	in described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or fo	Or .			
the prevention of cruelty to children or animals?		☐ Ye	s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described in	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instri	uctions)?		N/A	5 <b>b</b>	·
Organizations relying on a current notice regarding disaster assistance check	here			÷	•
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it maintai	ned	ļ	İ	1
expenditure responsibility for the grant?	N	/A Ye	s No		. 1
If "Yes," attach the statement required by Regulations section 53.494	15-5(d).			<i>"</i> '	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				1 . 1
a personal benefit contract?		☐ Ye	s X No	,	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870	•				<b>—</b> ;
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	☐ Ye	s X No	-	1
b If "Yes," did the foundation receive any proceeds or have any net income attrib				7b	<del>                                     </del>
Part VIII Information About Officers, Directors, Trus		nagers, Highly			
Paid Employees, and Contractors	•				
1 List all officers, directors, trustees, foundation managers and their					
(=) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exp	pense t other
(a) Name and address	to position	enter -0-)	and deferred compensation	allowa	inces
ANN BOTTICELLI	PRESIDENT				
P.O. BOX 20008					
HONOLULU, HI 96820-0008	1.00	0.	0.		0.
SCOTT TOPPING	VP/SECRETARY/	TREASURER			
P.O. BOX 20008					
HONOLULU, HI 96820-0008	1.00	0.	0.		0.
			:		
		<u> </u>	<u> </u>	<u> </u>	
2 Compensation of five highest-paid employees (other than those in		, enter "NONE."	1 /61/0	T 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred	accoun	pense it, other
	devoted to position		compensation	allow	ances
NONE	_			İ	
	_		Ļ	1	
				<u> </u>	
	_			1	
		ļ		<b></b>	
	<b>⊣</b>	1			
		<u> </u>	ļ	<u> </u>	
		-			
		<u> </u>	L	<u> </u>	
Total number of other employees paid over \$50,000			<u> </u>	225 ==	0
			Earn	OOA-DE	≖ /2014N

C/O BANK OF HAWAII

(b) Type of service	(c) Compensation
	<b>&gt;</b>
information such as the	Expenses
s 1 and 2.	Amount
	information such as the d, etc.

Page 8

C/O BANK OF HAWAII

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: a Average monthly fair market value of securities 1a 146,310. 1b 19,239. b Average of monthly cash balances c Fair market value of all other assets 1c d Total (add lines 1a, b, and c) 1**d** e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 2 165,549. Subtract line 2 from line 1d 3 2,483. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 163,066. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 Minimum investment return. Enter 5% of line 5 6 .153. Part XIII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here 

and do not complete this part.) Minimum investment return from Part X, line 6 8,153. 147 Tax on investment income for 2014 from Part VI, line 5 Income tax for 2014. (This does not include the tax from Part VI.) 2b 147. Add lines 2a and 2b 2c 8,006. Distributable amount before adjustments. Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 5 8,006. Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 8,006. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 16 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a **b** Cash distribution test (attach the required schedule) 3b 101,252. Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,		Tours prior to 2010	2013	2014
line 7				8,006.
2 Undistributed income, if any, as of the end of 2014	<del></del>			0,000.
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years:		···		
		0.		1
3 Excess distributions carryover, if any, to 2014:				1
a From 2009			` ,	]
<b>b</b> From 2010		,		
c From 2011		,		
dFrom 2012	•		·	. 1
eFrom 2013			•	· -
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ►\$ 101,252.		*	, ,	· ·
a Applied to 2013, but not more than line 2a	-		0.	1
<b>b</b> Applied to undistributed income of prior	-			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			, ,
d Applied to 2014 distributable amount				8,006.
e Remaining amount distributed out of corpus	93,246.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	•			2.
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	93,246.	,		
b Prior years' undistributed income. Subtract	73,240.		<u>- ' ' ' ' ' ' ' '</u>	· '
line 4b from line 2b		0.	,	-
c Enter the amount of prior years'		U .		`
undistributed income for which a notice of	*			
deficiency has been issued, or on which	-			,
the section 4942(a) tax has been previously assessed		0.	,	
d Subtract line 6c from line 6b. Taxable	<del></del>			
amount - see instructions	*	0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.		` -	0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must		•	<u> </u>	
be distributed in 2015		1		0.
7 Amounts treated as distributions out of	<del>, , , , , , , , , , , , , , , , , , , </del>			<del> </del>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	93,246.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				]
c Excess from 2012				1
d Excess from 2013				
e Excess from 2014 93,246.				

11-24-14

	OF HAWAII				83879 Page 10
Part XIV   Private Operating For	<del></del>		II-A, question 9)	N/A	
1 a If the foundation has received a ruling or d	letermination letter that	it is a private operating			
foundation, and the ruling is effective for 2		-	▶		
b Check box to indicate whether the foundat	ion is a private operatin	g foundation described	ın section	4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		]
income from Part I or the minimum	(a) 2014	( <b>b</b> ) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed			1		
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.		ļ			
Subtract line 2d from line 2c		]	}		
3 Complete 3a, b, or c for the					<u> </u>
alternative test relied upon;			ļ		
a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying		<del> </del>			
under section 4942(j)(3)(B)(i)  b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed		ļ			
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section			ł		
512(a)(5)), or royalties)		<b></b>			<del></del>
(2) Support from general public and 5 or more exempt					
organizations as provided in			1		
section 4942(j)(3)(B)(iii)		<del> </del> -			
(3) Largest amount of support from					
an exempt organization		ļ			
(4) Gross investment income		<u> </u>	· · · · · · · · · · · · · · · · · · ·	 	<u> </u>
Part XV Supplementary Informat any time during the	rmation (Comple	ete this part oni	y if the foundation	on nad \$5,000 or n	nore in assets
			·		<del></del>
<ul> <li>Information Regarding Foundation</li> <li>a List any managers of the foundation who</li> </ul>	•	than 29/ of the total or	antributions resoured by t	ha faundation hafara tha a	loop of any toy
year (but only if they have contributed m			muloudons received by i	ne iounication before the c	iose of any tax
NONE		. , , , ,			
b List any managers of the foundation who	own 10% or more of t	he stock of a corporation	on (or an equally large po	rtion of the ownership of a	partnership or
other entity) of which the foundation has				·	
NONE					<del></del>
2 Information Regarding Contributi					
Check here  if the foundation of the foundation makes gifts, grants, etc. (					
a The name, address, and telephone numb			·····		
SEE STATEMENT POLICY		,			
b The form in which applications should b SEE STATEMENT POLICY		ation and materials the	y should include:		
c Any submission deadlines: SEE STATEMENT POLICY	-1				
d Any restrictions or limitations on awards		cal areas, charitable fiel	ds, kinds of institutions.	or other factors:	
SEE STATEMENT POLICY		,			

Form 990-PF (2014) C/O BANK OF HAWAII

Part XV Supplementary Information (continued)

46-4283879

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3 Grants and Contributions Paid During the		ayment		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
HO'OKAAKO'O CORPORATION			KUALUAPU'U SCHOOL'S	
1360 S. BERETANIA STREET, #202			STEM EDUCATION AND	
HONOLULU, HI 96814			STUDENT SUPPORT	
·		<del></del>	SERVICES	50,000
PA'I FOUNDATION			SUPPORT FOR MAOLI ARTS	
P.O. BOX 17483			MONTH 2015	
HONOLULU, HI 96817				25,000
PAPAHANA KUAOLA			REPROPOGATING OF	
46-403 HAIKU ROAD			NATIVE SPECIES ON	
KANEOHE, HI 96744			ACREAGE IN HE'EIA,	
			OAHU	25,000
Total		<del></del>	▶ 3a	100,000
<b>b</b> Approved for future payment				
NONE				
NONE		ļ		
Total			<b>▶</b> 3b	(

423611 11-24-14

C/O BANK OF HAWAII

I dit val. Windildio of moonio , todaomi i vontini	ļ	Part XVI-A	Analysis of Income-Produci	ng Activities
--	---	------------	----------------------------	---------------

nter gross amounts unless otherwise indicated.	Unrelated	business income		d by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Alliount	Tunction income
a	_				
b	_				
c	_				
d	_				
e	_				
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments		·			
3 Interest on savings and temporary cash					
investments	L		14	2.	
4 Dividends and interest from securities	<u> </u>		14	3,948.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	1		_		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	<u> </u>		18	11,962.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	1		1 1		
b					
C					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)			0.	15,912.	0
13 Total. Add line 12, columns (b), (d), and (e)				13	15,912
(See worksheet in line 13 instructions to verify calculations	s.)				

### Relationship of Activities to the Accomplishment of Exempt Purposes

ine No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
3621	

423621 11-24-14

	\	BANK OF HAWAI	<u> </u>			46-4283	387 <u>9</u>	Pa	ge 13
Part X	Information Re Exempt Organ	egarding Transfers	To a	nd Transactions a	nd Relationship	s With Noncha	ritable	•	
1 Did th	ne organization directly or indi		ollowing	with any other organization	n described in section (	501(c) of	$T^{T}$	Yes	No
	ode (other than section 501(c			•		(-, -			
a Trans	sfers from the reporting found	lation to a noncharitable exe	mpt orga	anization of:					. 1
(1)							1a(1)		X
	Other assets						1a(2)		X
	r transactions:	able average argenting					45/45		<b>₩</b>
	Sales of assets to a noncharita Purchases of assets from a no		ation				1b(1) 1b(2)		X
٠,	Rental of facilities, equipment	• •	auon				1b(3)	<u> </u>	X
,	Reimbursement arrangement	•					1b(4)		X
	Loans or loan guarantees						1b(5)		X
(6)	Performance of services or m	embership or fundraising sc	olicitation	ns			1b(6)		X
	ing of facilities, equipment, m			•			1c	<u>L</u> .,	X
	answer to any of the above is							sets,	
	ervices given by the reporting mn (d) the value of the goods			ed less than fair market valu	e in any transaction or	sharing arrangement, s	how in		
a)Line no	<del></del>			exempt organization	(d) Description of	ransfers, transactions, and	sharing a	rrangem	ents
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		I/A						<del></del>
						····			
		<u> </u>		<del></del>					
	<del> </del>	<del></del>				<del></del>			
				· · · · · · · · · · · · · · · · · · ·					-
		<del> </del>				<del></del>			
	<u> </u>					<del></del>			
				<del></del>	<del></del>	<del> </del>			
	ne foundation directly or indirection 501(c) of the Code (other	•		, ,	izations described	Г	Yes	. 5	<b>∑</b> No
	es," complete the following so		) III 3661	1011 327 1		L	165	• 🖽	טאו בב
	(a) Name of o	A CONTRACTOR OF THE CONTRACTOR		(b) Type of organization	(c)	Description of relations	ship		
	N/A								
	<del></del>	<del></del>			<u> </u>				
	Under penalties of perjury, I decla	are that I have examined this retur	n anclada	ng accompanying schedules and	1 statements, and to the he	et of my knowledge			
Sign	and belief, it is true, correct and o					s any knowledge Re	ay the IHS turn with t	the prepa	arer
Here	W 80	Hicelle		16/30/15	Treside	u +   sh	X Ye		nstr )?
	Signature of officer or trust	tee		Date	Title			<b>5</b>	140
	Print/Type preparer's	name Pre	parer's s	signature	Date C	heck if PTIN			
			741	120000 -	JUN 2 5 2015 s	elf- employed			
Paid	JONI ORIM		<i></i>	wm	<u> </u>		074		5
Prepa	arer Firm's name BA	NK OF HAWAIL	/			Firm's EIN ▶ 99-0	033	900	·

Form **990-PF** (2014)

Phone no. (808) 694-4478

Use Only

Firm's address ▶ P.O. BOX 3170, DEPT. 715

HONOLULU, HI 96802-3170

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

OMB No 1545-0047

Name of the organization

HAWAIIAN AIRLINES FOUNDATION C/O BANK OF HAWAII Employer identification number

46-4283879

Organization type (check one).						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)( ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note. Only a section 50	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a any one contri	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ibutor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 0-EZ, line 1. Complete Parts I and II.					
year, total con	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the stributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for no forcuelty to children or animals. Complete Parts I, II, and III.					
year, contribu is checked, er purpose. Do n	exation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box inter here the total contributions that were received during the year for an exclusively religious, charitable, etc., not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious totaling \$5,000 or more during the year					
	ion that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), or on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
HAWAIIAN AIRLINES FOUNDATION
C/O BANK OF HAWAII

Employer identification number

46-4283879

Part I	Contributors	(see instructions)	. Use duplic	cate copies of	Part I if addition	al space is needed.
--------	--------------	--------------------	--------------	----------------	--------------------	---------------------

(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	HAWAIIAN AIRLINES	į	Person X
			Payroll
İ	3375 KOAPAKA STREET, SUITE G350	\ \\$00,000.	Noncash
	110110111111111111111111111111111111111	İ	(Complete Part II for
	HONOLULU, HI 96819		noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.
		<del></del>	noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contributio
			Person
			Payroll
		\$	Noncash
		1	(Complete Part II for
		<del></del>	noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions
			noncash contributions
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person
			Payroll
			Noncash
			(Complete Part II for
	-05-14		noncash contribution m 990, 990-EZ, or 990-PF)

Name of organization HAWAIIAN AIRLINES FOUNDATION C/O BANK OF HAWAII

Employer identification number

46-4283879

art II ! Nonca	ash Property (see instructions) Use duplicate copies of Pa	art II if additional space is needed.	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			990, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) \* Name of organization Employer identification number HAWAIIAN AIRLINES FOUNDATION C/O BANK OF HAWAII 46-4283879 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part i (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE		(A REVEI PER BO	NUE NET	(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
BANK OF HAWAII A/C		2.	2.		
TOTAL TO PART I, LI	NE 3		2. 2.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SE	CURITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENU		
BANK OF HAWAII A/C #135304905	5,821	. 1,87	3. 3,9	48. 3,94	48.
TO PART I, LINE 4	5,821	1,87	3. 3,9	3,94	48.
FORM 990-PF		ACCOUNTI	NG FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
TAX PREPARATION FEE	ES	1,414.	42	24.	990.
TO FORM 990-PF, PG	1, LN 16B	1,414.	42	24.	990.
FORM 990-PF	C	THER PROFES	SIONAL FEES	3	STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
MANAGEMENT FEES	_	1,047.	78	35.	262.
TO FORM 990-PF, PG	1, LN 16C	1,047.	78	35.	262.
	=		· <del></del>		

FORM 990-PF	TAX	ES	STATEMENT			5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
2014 FEDERAL ESTIMATED INCOME TAX	320.		0.			0.
TO FORM 990-PF, PG 1, LN 18	320.		0.			0.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	6
DESCRIPTION		LUATION ETHOD	во	OK VALUE	FAIR MARKE VALUE	T
SEE STATEMENT INV-1		COST		109,485.	114,6	25.
TOTAL TO FORM 990-PF, PART I	I, LINE 13			109,485.	114,6	25.
	F SUBSTANTIA PART VII-A,		BUTOR	S	STATEMENT	7
NAME OF CONTRIBUTOR	ADDR	RESS				
HAWAIIAN AIRLINES		KOAPAKA		•		

## HAWAIIAN AIRLINES FOUNDATION EIN# 46-4283879 OTHER INVESTMENTS TAX YEAR 2014

Description	Units	Tax Cost	Market Value
ABERDEEN INTERNATIONAL EQUITY FUND INST	334.2950	4,823.88	4,797
ABERDEEN ASIA-PACIFIC EX-JAPAN EQUITY FUND INSTITUTIONAL CLAS	359.2400	3,869.01	4,081
COLUMBIA ACORN INTERNATIONAL CL R5	64.1820	2,843.26	2,677
FEDERATED STRATEGIC VALUE DIVIDEND FUND CL INST	1,762.9390	9,890.09	10,419
FEDERATED TOTAL RETURN BOND FUND	789.4110	8,714.02	8,715
GOLDMAN SACHS LARGE CAP VALUE FD - INST	321.7060	5,124.78	5,710
HARBOR INTL FD	74.7470	5,521.56	4,842
JOHN HANCOCK III DISC M/C-IS	220.2780	3,824.03	4,399
NATIXIS LOOMIS SAYLES LTD GOV AND AGCY FD CL Y	441.2280	5,171.19	5,131
MAINSTAY LARGE CAP GROWTH FUND CL I	551.4050	5,519.57	5,768
MAINSTAY HIGH YIELD CORP BOND FUND CL I	48.0510	291.19	276
T ROWE PRICE INSTITUTIONAL EMERGING MARKETS EQUITY FUND	141.0290	3,775.34	4,169
CONGRESS MID CAP GROWTH-INS	274.8250	3,732.13	4,012
RS GLOBAL NATURAL RESOURCES FUND CL Y	80.6830	2,819.07	2,056
T ROWE PRICE INSTITUTIONAL FLOATING RATE FUND CL I	24.6540	253.69	247
SPDR S&P 500 ETF TRUST	38.0000	6,669.76	7,811
TEMPLETON GLOBAL BOND FUND CL AD	110.0210	1,403.87	1,365
THIRD AVENUE REAL ESTATE VALUE FUND CL IS	98.4160	2,766.48	3,097
VANGUARD TOTAL INTL ST INDEX FUND-ADM	197.0340	5,189.20	5,123
VANGUARD TOTAL BOND MARKET INDEX FUND ADM	379.7040	4,070.43	4,127
VANGUARD TOTAL BOND MARKET ETF	94.0000	7,642.16	7,743
VANGUARD TOTL STK MKT IND-AD	350.0090	15,570.35	18,060
TOTAL OTHER INVESTMENTS		109,485.06	114,625

EIN: 46-4283879 FYE: 12/31/2014

### **Hawaiian Airlines Foundation**

The Hawaiian Airlines Foundation was established in 2013 to provide support to Hawai'i-based organizations that promote individual and community well being in three areas:

#### Education

As one of the largest employers in Hawai'i, Hawaiian Airlines is committed to furthering the education of its future workforce. Hawaiian Airlines will provide a single annual grant of \$50,000 to support programs or projects that seek to improve student achievement in Hawai'i.

#### Culture

As a destination carrier, Hawaiian Airlines' singular focus is carrying guests to and between the Hawaiian Islands with service that embodies the unique hospitality that springs from the host culture. The airline will provide a single annual grant of \$25,000 to support programs or projects that perpetuate Hawaiian cultural knowledge and awareness.

#### Environment

Hawai'i's comparative advantage as a destination lies in its incomparable climate and natural beauty. Hawaiian Airlines will provide a single annual grant of \$25,000 to support programs that protect and preserve the ecology and ecosystems of the state.

#### **Policy**

Each year, the Hawaiian Airlines Foundation will invite three programs in each category to submit applications for the grant offered. One applicant will be selected to receive the entire grant amount.

Applicants are invited to submit proposals by April 30 of the calendar year.

Grants will be awarded on July 1 of each calendar year.

#### Applicants must:

- Have a 501(c)3 non-profit status.
- Provide a clear plan that articulates the proposed use of the grant and its alignment to the program mission and identifies measurable and achievable outcomes.

Grants are not awarded to individuals, endowments or for capital programs or ongoing operational expenses.

Multiple-year grants will not be considered.

Programs must be within the State of Hawai'ı.

Grantees must submit a final report reflecting on the successes and challenges of the initiative funded by the grant.

EIN: 46-4283879 FYE: 12/31/2014

#### Application process

Submit 4 (four) completed sets of the proposal containing:

- A cover sheet to be placed on top of each set.
- A description of the program, the program's purpose, population served and program staffing.
- A description of how the grant would be used to further the program's objectives and mission.
- A budget and timeline for the expenditure of the grant.
- Metrics that will be used to evaluate the success of the initiative funded by the grant.
- A copy of the program's 501(c)3 Internal Revenue Service determination letter.
- Current Board members.
- Program charter and bylaws.
- Operating budget for current and subsequent Fiscal Years.
- Income statement for the most recently completed Fiscal Year.
- · Current Balance Sheet.

#### Mailing Address

Proposals should be mailed to:

Postal Service
Hawaiian Airlines Foundation
c/o Bank of Hawaii
Charitable Foundation Services #758
P.O. Box 3170
Honolulu, HI 96802-3170

Delivery Address
Hawaiian Airlines Foundation
c/o Bank of Hawaii
Charitable Foundation Services #758
111 S. King Street
Honolulu, HI 96813

#### Contact information

Carol Tom, Vice President & Team Leader

Email: carol.tom@boh.com Phone: 808-694-4525 Fran Scott, Trust Administrator Email: <u>fran.scott@boh.com</u> Phone: 808-694-4399

Fax: 808-694-4647

EIN: 46-4283879 FYE: 12/31/2014

## Hawaiian Airlines Foundation

Funding Request Cover Sheet

Organization Information (m	nust be a 501(c)3 tax-exempt organization)	
Name:		
Address:		
Phone:	Fax:	
Website:		
Executive Director of applica	ant organization (if no ED, name chief compe	nsated staff
person)	,	
Name:		
Address:		
Phone:	Email:	
Contact person for this appli	lication	
Name:	Title:	
Address:		
Phone:	Email:	
Project information		
Project Title:		
Purpose of project (one senter	ence)	
Two signatures are required	ed	
Executive Director (Chief Compensa Staff)	Board Chair or President (Chief Volunteer)	<del></del>
Print or type name and title Da	Print or type name and title Date	

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.irs.gov/form8868 .

OMB No. 1545-1709

Form 8868 (Rev. 1 2014)

Application Return Application	sion
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporate equired to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an exter of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Cartain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form 1914 automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or print  C/O BANK OF HAWAII  Number, street, and room or suite no. If a PO box, see instructions.  P.O. BOX 3170, DEPT. 715  City, town or post office, state, and ZiP code. For a foreign address, see instructions  HONOLULU, HI 96802-3170  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Code Is For  Form 990-T (corporation)  Form 990-PF  F	sion
equired to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an exter filme to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form rest www.wrs. gov/etile and click on e-file for Chantes & Nonprofits.  Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete ant lonly and other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.    Name of exempt organization or other filer, see instructions.   Employer identification number class states and room or suite no. If a PO box, see instructions.    P. O. BOX 3170   DEPT - 715	sion
Firme to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form is tww.wirs qov/efile and click on e-file for Chanties & Nonprofits.  Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time income tax returns.  Type or or into the exempt organization or other filer, see instructions.  HAWAITAN AIRLINES FOUNDATION  C/O BANK OF HAWAII  A6-4283879  City, town or post office, state, and ZIP code. For a foreign address, see instructions  HONOLULU, HI 96802-3170  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Is For  Code  Return  Application  Is For  Code  Form 990-T (corporation)  Form 990-PE  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (corporation)  Form 990-T (corporation)  BANK OF HAWAII  The books are in the care of ▶ 111 S. KING STREET, DEPT. 758 - HONOLULU, HI 96813  Telephone No ▶ (808) 694-4525  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box	
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Application         Return         Application         Is For           Form 990 or Form 990 EZ         01         Form 990-T (corporation)           Form 990-BL         02         Form 1041-A           Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870           BANK OF HAWAII           • The books are in the care of ▶ 111 S. KING STREET, DEPT. 758 - HONOLULU, HI 96813           Telephone No ▶ (808) 694-4525         Fax No. ▶           • If the organization does not have an office or place of business in the United States, check this box	
Application         Return         Application         Is For           Form 990 or Form 990 EZ         01         Form 990-T (corporation)           Form 990-BL         02         Form 1041-A           Form 4720 (individual)         03         Form 4720 (other than individual)           Form 990-PF         04         Form 5227           Form 990-T (sec. 401(a) or 408(a) trust)         05         Form 6069           Form 990-T (trust other than above)         06         Form 8870           BANK OF HAWAII           • The books are in the care of ▶ 111 S. KING STREET, DEPT. 758 - HONOLULU, HI 96813           Telephone No ▶ (808) 694-4525         Fax No. ▶           • If the organization does not have an office or place of business in the United States, check this box	) 4
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Form 990 or Form 990-EZ  Form 990-BL  Form 4720 (individual)  Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  Form 990-T (trust other than above)  BANK OF HAWAII   The books are in the care of ▶ 111 S. KING STREET, DEPT. 758 - HONOLULU, HI 96813  Telephone No ▶ (808) 694-4525  If the organization does not have an office or place of business in the United States, check this box	Code
Form 990·BL  Form 4720 (individual)  Form 990·PF  O4 Form 5227  Form 990·T (sec. 401(a) or 408(a) trust)  Form 990·T (trust other than above)  BANK OF HAWAII   The books are in the care of ▶ 111 S. KING STREET, DEPT. 758 - HONOLULU, HI 96813  Telephone No ▶ (808) 694-4525  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box	07
Form 4720 (individual)  Form 990-PF  Form 990-T (sec. 401(a) or 408(a) trust)  O4  Form 6069  Form 990-T (trust other than above)  O5  Form 8870  BANK OF HAWAII   The books are in the care of ▶ 111 S. KING STREET, DEPT. 758 - HONOLULU, HI 96813  Telephone No ▶ (808) 694-4525  Fax No. ▶  If the organization does not have an office or place of business in the United States, check this box	08
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BANK OF HAWAII  The books are in the care of ► 111 S. KING STREET, DEPT. 758 - HONOLULU, HI 96813  Telephone No ► (808) 694-4525  Fax No. ►  If the organization does not have an office or place of business in the United States, check this box	12
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• If the organization does not have an office or place of business in the United States, check this box	
	k this
box   If it is for part of the group, check this box   and attach a list with the names and EINs of all members the extension is for	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until	
AUGUST 15, 2015 , to file the exempt organization return for the organization named above. The extension	
is for the organization's return for:	
► X calendar year 2014 or	
tax year beginning, and ending	
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return	
Change in accounting period	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
nonrefundable credits. See instructions.	320.
b 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.	320.
c Balance due, Subtract line 3b from line 3a. Include your payment with this form, if required,	<u> v •</u>
by using EFTPS (Electronic Federal Tax Payment System). See instructions.	
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for	Ω.
instructions.	0. avment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

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