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· Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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.

Open to Public

Intern	al Revenu	e Service	▶ Infor	nation about l	Form 990 and its in	structions is at	: www.irs	.gov/form9	90		Inspection
A	or the	2014 caler	dar year, or tax ye		January 1		and endin		mber 3	31	, 20 14
					napter #4, Order of				_		identification number
_	Address		Doing business as						1	-	99-0084961
	Name cha			or P.O box if ma	il is not delivered to str	et address)	Room/su	rte	E Tele		number
		_							- · · · ·	•	
	nitial retu		Crown state of		try, and ZIP or foreign p	nostal code	1		-		308-620-6861
		vterminated	•		ay, and zir or loreign p	osiai code					
_	Amended		Kailua, HI 96734-0			 					eipts \$
⊔ /	Application				r: Lourdes L. Men	rick, Secretary		1	• .		bordinates? ∐ Yes ☑ No
		[P.O. Box 806, Kail	 		<u></u>					ncluded? L. Yes L. No
<u> </u>	Tax-exem	npt status:	☐ 501(c)(3)	☐ 501(c) (10) ◀ (insert no)	4947(a)(1) or	<u> </u>	_¦ ⊪,	'No," atta	ach a li	st (see instructions)
<u>J \</u>	Website:	>						H(c) Grou	p exemp	otion n	umber ▶
K	orm of o	rganization [Corporation Tru	st 📝 Associat	ion ☐ Other ►	L Yea	ar of format	tion: 191	1 MS	State o	f legal domicile. HI
Pa	irt I	Summa	ary								
	1	Briefly de	scribe the organiz	zation's missi	on or most signific	ant activities:	We are	a fraternal	organi	zatior	formed and operated
g,					body under the Ger						
ĕ											November, A.D. 1876.
툁					discontinued its op						
Š				-	rning body (Part Vi		оросса	J	1	3	All members-221
9					s of the governing		line 1h			4	
Sa			•	•	a calendar year 20°	• •				5	221
Activities & Governance					-	14 (Fart V, iii e	: Zaj .			6	
ŧ			iber of volunteers	•					· -		
⋖					Part VIII, column (C				⊢	7a	
\dashv	b	Net unrea	ated business tax	able income	from Form[990-(T;	line 34-) .	 			7b	
	_					1	이	Prior	rear	-	Current Year
Re-Salls	8 Contributions and grants (Part VIII, line 1h) 0										438.00
							<u>ن</u> ا		1,194	1.32	639.59
_€			•), lines <u>3, 4, and 7c</u>		<u>o</u> .	,	103,222	2.70	275,160.00
0	11	Other rev	enue (Part VIII, co	olumn (A), line	s 5, 6d, 8c) 9c, 10	c, and 11e) .	-l . L			-0-	-0
	12	Total reve	nue-add lines 8	through 11 (m	nust-equal Part VIII	column (A), li	ne-12)		105,080	0.02	276,237.59
MAR	13	Grants an	d similar amount	s paid (Part I)	X, column (A), lines	s 1–3)	T				
\mathbf{z}	14	Benefits p	oald to or for men	nbers (Part IX	K, column (A), line	1)	[
SCANNED Expenses				-	penefits (Part IX, co	-	5–10)				
트 3	i		•		olumn (A), line 11			- ,	····		
Se l			_	-	umn (D), line 25)	•	• •				
				-	es 11a-11d, 11f-2			,			
ري ا	1	-	•		equal Part IX, colu		5,	· · · · · · · · · · · · · · · · · · ·	72,137	7 22	60 962 22
JD -	i		less expenses. S	•	•		•	·			69,863.33
		neveriue	iess expenses. S	ubtract line i	o il Oil illie 12 .	:::		Beginning of	32,942		206,374.26 End of Year
IS OF		T-4-1	nto (Dant V. lima de	C)			ŀ			- -	
Sse	•		ets (Part X, line 1	-			}	2	<u>,056838</u>	3.06	2,283,600.31
Net Assets Fund Balanc	L		ilities (Part X, line	•							
				es. Subtract I	ine 21 from line 20			2,	056,838	3.06	2,283,600.3
Pa	art II	Signat	ure Block								
										t of m	y knowledge and belief, it is
true	e, correct	, and comple	ete Declaration of pre	parer (otner than	officer) is based on all	intormation of wh	ich prepare	er nas any kno	wieage		
		 	Caule O. A.	e mass							
Sig		Signa	ature of officer O	.				I	Date	1-	یم
He	re	.	CAROLE J.	DEMOS	5, 2014 SE	CRETARY	l		•	Z,	5-15
		Туре	or print name and title	9	,						
Pa	id	Pnnt/Typ	oe preparer's name		Preparer's signature	-,	D	ate	Ch	eck [PTIN
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	epare		ame ▶	····				-	irm's EIN		
US	e Onl	J	ddress ▶						hone no		
Ma	v the IF			the preparer	shown above? (se	e instructions))			<u> </u>	🗸 Yes 🗌 No
	<u> </u>		ction Act Notice, s					No. 11202V			Form 990 (2014
ror	raperv	TUIK NEUÜ	vuon aut muuce, S	ee uie separa	ルテ かけさい いじいじげる。		∵aτ. l	No 11282Y			FUIII 334 (2014





rt		nent of Program Service			
			esponse or note to any line in this P	art III	<u></u>
	-	be the organization's mission			
		ımmary, Line 1			
			ficant program services during the year]Yes ☑
		cribe these new services on			_ 162 (<u>₹</u>)
}	Did the orga	anization cease conducting	, or make significant changes in h	-]Yes ☑
		cribe these changes on Scho			
•	expenses. Se	ection 501(c)(3) and 501(c)(4	vice accomplishments for each of its b) organizations are required to report or each program service reported.		
a	(Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$)
		•••••			
Ь	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		*			
ŀc	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
					··
					·
ld	Other progra	am services (Describe in Sch	edule (C.)		

Form **990** (2014)

Part I	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 Schedule A	1		✓
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	}	1
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	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 services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	1
	If "Vee" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	 	† *

	0 (2014)			Page 4
Part	Checklist of Required Schedules (continued)			
21	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	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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 Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		0 /2014

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· ·	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-		res	NO
Ь	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	1		}
	reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	· · ·		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		ļ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1		
	account)?	4a		✓
b	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			ŀ
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		✓
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	İ]	
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
Ө	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ļ		ļ
_	sponsoring organization have excess business holdings at any time during the year?	8	L_	✓
9	Sponsoring organizations maintaining donor advised funds.	ļ		ļ
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	ļ	/
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ.,,	✓
10	Section 501(c)(7) organizations. Enter:	1		1
a	Initiation fees and capital contributions included on Part VIII, line 12	4		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	┥		
11	Section 501(c)(12) organizations. Enter:	1		
a b	Gross income from members or shareholders	┨		
100	· · · · · · · · · · · · · · · · · · ·			ļ
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Is the organization licensed to issue qualified health plans in more than one state?	42-		<u> </u>
а	Note. See the instructions for additional information the organization must report on Schedule O.	13a	 	\vdash
b	Enter the amount of reserves the organization is required to maintain by the states in which			l
.,	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	 	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Company of the C								
	Check if Schedule O contains a response or note to any line in this Part VI							
Section	on A. Governing Body and Management		•					
000111	on A. Gotoming Body and Management		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 208							
	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 . 1b							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?	2		1				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1				
6	Did the organization have members or stockholders?	6	✓	<u> </u>				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_	,					
	one or more members of the governing body?	7a	✓					
b	stockholders, or persons other than the governing body?		✓	ŀ				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		 				
0	the year by the following:							
а	The governing body?	8a	1	 				
b	Each committee with authority to act on behalf of the governing body?	8b	1					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		<u> </u>					
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1				
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue								
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	l						
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ļ					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		1				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a		ļl				
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12b	\vdash	1				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		 •				
·	describe in Schedule O how this was done	12c	ļ					
13	Did the organization have a written whistleblower policy?	13		1				
14	Did the organization have a written document retention and destruction policy?	14		1				
15	Did the process for determining compensation of the following persons include a review and approval by	ļ —						
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		1				
b	Other officers or key employees of the organization	15b	ļ	1				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	İ	1					
16a		-	ļ	 				
	with a taxable entity during the year?	16a	 	1				
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?	16b	 					
Secti	on C. Disclosure	1 .00	1	<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ▶ None	-						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	(c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.							
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	polic	y, and				
^~	financial statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: ▶					
	Lourdes L. Merrick, Secretary, P.O. Box 806, Kailua, Hawaii 96734-0806, Ph: (808) 620-6861							

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization no	r any related	d orga	aniz	atio	n c	ompe	nsa	ited any curren	it officer, directo	r, or trustee.
				((C)					
(A)	(B)	Position (do not check more than						(D)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from related	
	week (list any hours for	유급	Ins	Officer	<u>چ</u>	용	Former	from the	organizations	other compensation
	related	direc		icer	err	ploy	Tier	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	학교	ona		Key employee	88		(W-2/1099-MISC)	ļ	organization and related
	line)	Individual trustee or director	Institutional trustee		8	n per				organizations
		96	stee			Highest compensated employee				
(4)										
(1) Lourdes L. Merrick	·			/					_	
Worthy Matron	ļ			-	├	 	-	-0-	-0-	-0
(2) Jose A. Ragiles		}		/	1		ł		1	1
Worthy Patron		 	┢╌	-	├	 	├	-0-	-0-	-0
(3) Carole J. DeMoss Secretary		Ì		/	ŀ			-0-	-0-	-0
(A) Legger 11 Magaziela	 		╁┈	\ <u> </u>	 	 	├		-0-	
Treasurer	+			1		1		-0-	-0-	-0
(5) Domboro I. Creith	+			Ė	t^-		\vdash			
(3) Barbara L. Smith Trustee	- 	1						-0-	-0-	-0
(6) Kay L. Macariola					†		1	1	<u> </u>	
Trustee		1	1	1				-0-	-0-	-0
(7) James N. DeMoss										
Trustee		✓						-0-	-0-	-0
(8)									,	
(9)					†		<u> </u>			
(10)			-		╁╌		-	ļ 		
(11)			<u> </u>		╀		-			
			<u> </u>							
(12)										
(13)		-			ļ	1				
(14)	 							<u> </u>		
	1	1	1		1		1	1	1	I

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (co	ntinue	d)		
	(A) Name and title	(B) Average hours per week (list any	box, i	ot ch unles	Pos eck s pe d a d	rson	than o	an ee)	(D) Reportable compensation from	(E) Reportable compensation f	rom	Estin	nated unt of ner	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		compe from organ and re		
(15)								ļ						
(16)														
(17)					<u> </u>							······································		
(18)								_		· · · · · · · · · · · · · · · · · · ·				
(19)								-						
(20)														
(21)		<u> </u>											<u> </u>	
(22)			-			 								
(23)	,													
(24)								_				· · · · · · · · · · · · · · · · · · ·		
(25)			-											••••
1b c d	Sub-total			•	•		· ·	▶ ▶	-0- -0-		-O- -O-			-0- -0-
2	Total number of individuals (including bu reportable compensation from the organ	t not limited				ted	abov	e) w		ore than \$10	_	of		
3	Did the organization list any former o	fficer, direc						emp	oloyee, or high	nest compen	sated		Yes	
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	e sum of re	porta	ble	cor	npe	nsatio	on a	and other comp	ensation fro	m the	3		<u>✓</u>
	organization and related organizations individual			•				-			•	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indi		5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Re year.													ax
	(A) Name and business ad	dress							(B) Description of s	services	С	(C) compens	ation	
								F						
	Total number of independent contract	ore finclud	ing h	ı ı† •	20*	limi	tad +	<u></u>	hose listed ab	ovel who				
2	received more than \$100,000 of comper							J (1	nose nsteu au	OVE, WITO				

Part	VIII	Statement of Reve							
		Check if Schedule O	contains	a res	ponse or note to	any line in this		· · · · · ·	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क क	1a	Federated campaigns	· · · · ·	1a					1 012 014
ira Jun	b	Membership dues .		1b	438.00				
S, G	С	Fundraising events .		1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d					
imil	е	Government grants (con	tributions)	1e					
tion S.	f	All other contributions, g							
ibu		and similar amounts not inc	luded above	1f	•				
F O	g	Noncash contributions include							
	h	Total. Add lines 1a-1	<u>f </u>	<u> </u>	<u> ▶</u>	438.00			
E .					Business Code				
eve.	2a	Membership Fees				40.00			
e R	b	Bank Interest				3.09			
Zic	С	Dinner Receipts				417.00			
လို	d	Donations				-0-			
Program Service Revenue	е					179.50			
rog	f	All other program ser			L		·	l	<u> </u>
	3	Total. Add lines 2a-2 Investment income				639.59		T ** ·	<u></u>
		and other similar amo	. –			105 401 20			
	4	Income from investmen	•			105,481.28			· · · · · · · · · · · · · · · · · · ·
	5	—		•		-0-			
		,	(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses	· · · · · · · · · · · · · · · · · · ·		1				
	С	Rental income or (loss)	······································						
	d	Net rental income or	(loss) .		>	-0-			
	7a	Gross amount from sales of	(i) Secunt	ies	(ii) Other				,
		assets other than inventory	275,1	60.00					
	b	Less. cost or other basis						ļ	
		and sales expenses .		99.35	 				
	С	Gain or (loss)	132,2	60.65					
	d	Net gain or (loss) .			<u> ▶</u>	275,160.00			
anne	8a	Gross income from fuevents (not including \$	undraising						
Other Rever		of contributions reporte							
亨		See Part IV, line 18 .		_					
ŏ	1	Less: direct expenses			<u> </u>				
	1	Net income or (loss) f Gross income from ga		_	events . ►	-0-		<u> </u>	
	94	See Part IV, line 19 .							
	ь	Less: direct expenses							
		Net income or (loss) f				-0-			
		Gross sales of in	_	_		-0-)		<u> </u>	· · · · · · · · · · · · · · · · · · ·
		returns and allowance				1			ļ
	b	Less: cost of goods s				j			
	c	Net income or (loss) f				-0-			
		Miscellaneous F	Revenue		Business Code				
	11a								
	b								
	С								
	d	All other revenue .		-					
	e	Total. Add lines 11a-				-0-			<u> </u>
	12	Total revenue. See in	nstructions			276,237.59		1	1

	Part IX Statement of Functional Expenses										
Sectio	n 501(c)(3) and 501(c)(4) organizations must com				olumn (A).						
	Check if Schedule O contains a respon-										
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	-0-									
2	Grants and other assistance to domestic individuals. See Part IV, line 22	-0-									
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	-0- -0-									
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-									
7 8	Other salaries and wages	-0-									
9	section 401(k) and 403(b) employer contributions) Other employee benefits	-0- -0-	······								
10	Payroll taxes	-0-									
11	Fees for services (non-employees):										
· a	Management	-0-									
b	Legal	-0-	·····								
C	Accounting	-0-		ļ							
d	Lobbying	-0-									
e	Professional fundraising services. See Part IV, line 17	-0-									
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	-0-									
12	Advertising and promotion	-0-									
13	Office expenses	3,268.95									
14	Information technology	-0-									
15	Royalties	-0-		1							
16	Occupancy	4,800.00									
17	Travel	-0-									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-									
19	Conferences, conventions, and meetings .	-0-									
20	Interest	-0-									
21	Payments to affiliates	678.00									
22	Depreciation, depletion, and amortization .	-0-									
23	Insurance	751.00		<u> </u>							
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.)										
а	Records Storage	1,762.36									
b	Memorial Donations/Flowers	1,478.31		.	·						
C	Monthly Refreshments Members Christmas & Birthday Dinners	2,170.68									
ď		2,475.72									
е 25	All other expenses Charitable Donations Total functional expenses. Add lines 1 through 24e	52,478.31 69,863.33		 							
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) if	03,003.33									

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Total liabilities and net assets/fund balances . . .

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 1 2 Savings and temporary cash investments 2 96,684.91 397,326.19 3 3 -0--0-4 4 -0--0-Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. -0--0-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 -0--0-7 7 -0--0-8 8 Inventories for sale or use -0--0-Prepaid expenses and deferred charges . -0--0-10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10b Less: accumulated depreciation 10c -0--0-11 11 Investments—publicly traded securities 1,949,868.07 1,886,274.12 12 Investments—other securities. See Part IV. line 11 . -0-12 -0-13 Investments—program-related. See Part IV, line 11 . . . 13 Ф--0-14 14 -0-<u>-0-</u> 15 15 -0--0-16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 2,056,838.06 2,283,600.31 17 Accounts payable and accrued expenses 17 -0--0-18 18 -0--0-19 19 -0--0-20 20 -0--0-Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 -0--0-Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 -0--0-23 Secured mortgages and notes payable to unrelated third parties . . . -0-23 -0-Unsecured notes and loans payable to unrelated third parties . . . 24 24 -0--0-Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 -0--0-Total liabilities. Add lines 17 through 25 26 -0--0-Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 -0--0-28 28 -0-Ф--0-29 -0-Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 -0--0-31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . -0--0-32 32 Retained earnings, endowment, accumulated income, or other funds. ♣ -0-33 33 -0--0-

2.056.838.06

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2,283,600.31 Form **990** (2014)

Form 99	90 (2014)				P	age 12
Part	XI Reconciliation of Net Assets		•	-		
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1			276,	237.59
2	Total expenses (must equal Part IX, column (A), line 25)	2			69,	863.33
3	Revenue less expenses. Subtract line 2 from line 1	3			146,	100.92
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
		10				
Part	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 Cash Other		_ 1			1 1
	If the organization changed its method of accounting from a prior year or checked "Other," expl	ain i	in			1 1
	Schedule O.		L			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .			2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	ed (or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		_			<u></u>
b	Were the organization's financial statements audited by an independent accountant?		_	2b		1
	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:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		L			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_				
	of the audit, review, or compilation of its financial statements and selection of an independent account		1_	2c		✓
	If the organization changed either its oversight process or selection process during the tax year, exp	lain	in			
	Schedule O.				L	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth	in 🗍			
	the Single Audit Act and OMB Circular A-133?			3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	-				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.	1	3b		✓

Form **990** (2014)

SCHEDULE I ATTACHMENT

Taxpayer: Harmony Chapter #4, Order of the Eastern Star

EIN: 99-0084961

Year End: December 31, 2014

REF: Form 990

2014 Donations Detail

<u>Donee</u>	Amount
Aloha Shriners Patient Transportation Fund	\$10,000.00
American Heart Association, Hawaii Affiliate	\$ 5,000.00
American Cancer Society, Hawaii Division	\$ 5,000.00
Scottish Rite Foundation of Hawaii	
(Childhood Language Disorders)	\$ 5,000.00
Salvation Army - Hawaii Division	\$ 6,000.00
Hawaii Food Bank	\$ 9,000.00
Institute for Human Services	\$ 6,450.00
Child & Family Services (Abused Family Safe Haven)	\$ 3,000.00
Aloha for Puna (Hurricane Relief on Hawaii Island	\$ 1,000.00
Grand Assembly International Order of Rainbow for Girls	\$ 500.00
Honolulu Assembly #1	
International Order of Rainbow for Girls	\$ 500.00
	\$52,250.00

SCHEDULE "O" ATTACHMENT

Taxpayer: Harmony Chapter #4, Order of the Eastern Star

EIN: 99-0084961

Year End: December 31, 2014

REF: Form 990, Part VI, Lines 11a and 19:

(RE: Line 11a) All members of Harmony Chapter #4 are advised that the appropriate

Federal Tax Form 990 has been submitted to the IRS and further advised that upon a proper request a copy will be furnished to them for their review and returned to the Chapter Secretary following such review.

(RE: Line 19) Inasmuch as Harmony Chapter #4 is a 501C(10) organization and does not

solicit monetary donations to the Chapter from either its members or any non-members, it is the decision of the Voting Chapter Members that it will not make its governing documents, conflict of interest policy, and financial

statements available to the public.