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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. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990of. OMB No 1545-0052

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Department of the Treasury Internal Revenue Service For calendar year 2014 or tax year beginning and ending A Employer identification number Name of foundation BANK OF HAWAII FOUNDATION C/O BANK OF HAWAII, DEPT 715 99-0210467 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number P.O. BOX 3170 808-694-4525 City or town, state or province, country, and ZIP or foreign postal code C if exemption application is pending, check here HONOLULU, HI 96802-3170 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ( Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(8), check here 13,027,803. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income income 2,296,356  $N/\overline{A}$ Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 537 537 STATEMENT 1 rG 291,329 291,329. STATEMENT' 4 Dividends and interest from securities 5a Gross rents SCANNED AUG b Net rental income or (loss) 68 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Ō. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications <del>OGDEI</del> 10a Gross sales less returns and allowances . U i 36,814. STATEMENT 13,853. STATEMENTb Less. Cost of goods sold 22,961 c Gross profit or (loss) 11 Other income 2,611,183 291,866. 12 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 21,604. 8,722. STMT 5 12,882. **b** Accounting fees 34,710. 3,942. STMT 6 30,768. c Other professional fees 17 Interest 30,285 STMT 7 10,020. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 8 46,761. 0 45,369. 23 Other expenses 24 Total operating and administrative 133,360 12,664 99,039. expenses. Add lines 13 through 23 1,994,371. 1,994,371. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,127,731 12,664 2,093,410. Add lines 24 and 25 27 Subtract line 26 from line 12: 483,452 & Excess of revenue over expenses and disbursements 279,202 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (it negative, enter -0-) 2 Form 990-PF (2014)

LHA For Paperwork Reduction Act Notice, see instructions.

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BANK OF HAWAII FOUNDATION

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n	irt l	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
Pa	irt i	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
T	1	Cash - non-interest-bearing	4,361.	18,070.	18,070.
	2	Savings and temporary cash investments	2,223,790.	1,137,259.	1,137,259.
-	3	Accounts receivable ►			
		Less; allowance for doubtful accounts ▶			
l	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			·
	5	Grants receivable			<del></del>
	6	Receivables due from officers, directors, trustees, and other			
-		disqualified persons			
	7	Other notes and loans receivable	,		
		Less; allowance for doubtful accounts			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
ď	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 11	1,253,475.	1,253,476.	9,031,312.
	C	Investments - corporate bonds			
	11	Investments - land, buildings, and equipment basis	- •		·
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 12	447,532.	447,532.	2,840,762.
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
		Other assets (describe STATEMENT 13)	518.	400.	400.
	16	Total assets (to be completed by all filers - see the			
_		instructions. Also, see page 1, item I)	3,929,676.	2,856,737.	13,027,803.
	!	Accounts payable and accrued expenses	505 000	199 950	
	18	Grants payable	505,000.	477,750.	
Sen	19	Deferred revenue			، سو
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			l ·
Lia	21	Mortgages and other notes payable  Other liabilities (describe ▶ )		<del></del>	•
	**	Other habilities (describe		<u> </u>	
	23	Total liabilities (add lines 17 through 22)	505,000.	477,750.	1
_	1	Foundations that follow SFAS 117, check here	30370001	277,730.	· ·
		and complete lines 24 through 26 and lines 30 and 31.			·
98	24	Unrestricted			i .
aŭ	25	Temporarily restricted			
Fund Balanc	26				
pu	ì	Foundations that do not follow SFAS 117, check here			1
Ī		and complete lines 27 through 31.			
SO	27	Capital stock, trust principal, or current funds	3,424,676.	2,378,987.	}
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	]
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	ļ
Net	30	Total net assets or fund balances	3,424,676.	2,378,987.	]
	1				]
_	31	Total liabilities and net assets/fund balances	3,929,676.	2,856,737.	<u> </u>
F	art	Analysis of Changes in Net Assets or Fund E	Balances		

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30					
	(must agree with end-of-year figure reported on prior year's return)				1	3,424,676.
2	Enter amount from Part I, line 27a				2	483,452.
3	Other increases not included in line 2 (itemize)	SEE	STATEMENT	9	3	27,250.
4	Add lines 1, 2, and 3				4	3,935,378.
5	Decreases not included in line 2 (itemize)	SEE	STATEMENT	10	5	1,556,391.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line	30			6	2,378,987.

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9	a		$^{\circ}$	7	1	Λ	A	_	7
7	7	-	U.	/.	1	u	4	n	•

Page 3

Part IV   Capital Gains ar		or Tax on Inv	estment	Income				, ,	021	0 <del>2</del> 0 7	aye s
(a) List and describ 2-story brick ware	e the kind(s) of pr	operty sold (e.g., r	eal estate,		` P -	ow ac Purch Dona	iase i '	c) Date a (mo., da		(d) Date sol (mo., day, yi	
1a											
b NON	E									·	
<u>c</u>	<u>,</u>	<del></del>									
d	<del></del>				<u> </u>					···-	
<u>e                                      </u>	(f) Depressions	a ellowed	/=\ C==	•4b b	٠.,			/b) 0-	(!)		
(e) Gross sales price	(f) Depreciation (or allow			t or other basis xpense of sale				(n) Ga (e) plus	in or (loss) (f) minus (	a)	
a	<u>.</u>	<u> </u>	<u> </u>	·				V-77	( )	<del>-</del>	
b											
C										•	
d											
<u>e</u>											
Complete only for assets showing	<u> </u>	<del></del>					(I)	Gains (Co	ol. (h) gain ot less thai	minus	
(i) F.M.V. as of 12/31/69	(j) Adjuste as of 12/			cess of col. (i) col. (j), if any					from col. (		
å .										·····	
<u>b</u>		<del></del>			$\rightarrow$						
d	<del></del>									<del> </del>	
e											
	(	If gaın, also enter ıı	n Part I line	7	7	_		-			
2 Capital gain net income or (net cap		lf (loss), enter -0- i			<b>)</b>	2					
Net short-term capital gain or (loss if gain, also enter in Part I, line 8, co		tions 1222(5) and	(6):		7	•					
If (loss), enter -0- in Part I, line 8  Part V. Qualification Ur	der Section	4940(e) for	Reduced	Tax on Ne	t Inv	estn	ent Inc	ome			
(For optional use by domestic private t									<del></del>		
						,					
If section 4940(d)(2) applies, leave thi											
Was the foundation liable for the section					riod?					Yes X	J No
If "Yes," the foundation does not qualif	y under section 4	940(e). Do not com	plete this pa	irt.							
1 Enter the appropriate amount in ea	ich column for ea		tructions be	tore making any				<del></del>		(d)	
Base period years Calendar year (or tax year beginnin	, in) Adius	(b) ted qualifying distr	butions	Net value of n	(c) oncha	) ritable-	use assets		Distril	oution ratio vided by col. (c))	
2013	<del>,                                    </del>		2,374.				1,413		(coi. (b) div	. 149	
2012			3,173.				$\frac{2,469}{2}$			.164	
2011			7,842.				6,730		<u> </u>	.283	
2010			7,478.		7	,10	5,014	•		.184	
2009		1,290	748.	L	6	,10	5,349	•		.211	41
2 Total of line 1, column (d)								2		.992	<u>79</u>
3 Average distribution ratio for the 5			n line 2 by 5,	or by the number	r of ye	ears				100	
the foundation has been in existen	ce ii iess tilan 5 yi	ears						3		.198	<u> </u>
4 Enter the net value of noncharitable	e-use assets for 2	014 from Part X. li	ne 5					4	1	1,877,9	66
		·									
5 Multiply line 4 by line 3								5		2,358,4	<u>.77</u>
6 Enter 1% of net investment incom	e (1% of Part I, Iir	e 27b)						6		2,7	92
7 Add Care 6 16										0 0 0 0 0	
7 Add lines 5 and 6								7		2,361,2	69
8 Enter qualifying distributions from	Part XII, line 4							8	i	2,093,4	110
If line 8 is equal to or greater than See the Part VI instructions.		oox in Part VI, line	1b, and com	plete that part us	ing a 1	% tax	rate.	ت_			

BANK OF HAWAII FOUNDATION

Form 990-PF (2014) C/O BANK OF HAWAII, DEPT 715 99  Part VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	9-0210			ge 4
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1 300 11	- Istiuci	10118	<del>"</del>
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				- 1
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	.	5	, 58	1
of Part I, line 27b	<del>-  </del>		, 50	<del>-</del>
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	, i.		ar.	U.
	3		, 58	4
	4		, 50	0.
rangan kanangan kana	5		, 58	<u> </u>
6 Credits/Payments:	<del></del>		, 56	
		^* - ₹.	يدو و محمد داند م	
	4			4
b Exempt foreign organizations - tax withheld at source  6b	,	, ·		Ywa
c Tax paid with application for extension of time to file (Form 8868)			,	3. 1
d Backup withholding erroneously withheld  7. Table and assembly Add less for through fid.	The Pa		76	ે.ં.ેં <b>ક</b>
7 Total credits and payments. Add lines 6a through 6d	7	12	,76	<u> </u>
8 Enter any penalty for underpayment of estimated tax. Check here \( \frac{1}{2} \) if Form 2220 is attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		1 7	_
, , ,	10		<u>, 17</u>	
	11			0.
Part VII-A Statements Regarding Activities		1		<del></del>
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			es	No
any political campaign?		1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		15		X
If the answer is "Yes" to 18 or 16, attach a detailed description of the activities and copies of any materials published	or		; c 2	, ]
distributed by the foundation in connection with the activities.			ತಪ್ಪ ಚ	
c Did the foundation file Form 1120-POL for this year?		1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1 2		7
(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
managers. ▶ \$0.		4	_::·   6	(F)
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u>X</u> ,
If "Yes," attach a detailed description of the activities.		'	·* [	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		1 1 1 1	3° 5	· ]
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		$\frac{\mathbf{x}}{\mathbf{x}}$
<ul> <li>4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?</li> <li>b if "Yes," has it filed a tax return on Form 990-T for this year?</li> </ul>	NT / N	4a	$\rightarrow$	
•	N/A	4b		<del>-</del>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
If "Yes," attach the statement required by General Instruction T.  6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either;		1 .		, ;
By language in the governing instrument, or		<b>\</b>		
			ļ,	- 1
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state la	.W		┰┢	• 1
remain in the governing instrument?			X X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	<del>^</del>	—-
8a Enter the states to which the foundation reports or with which it is registered (see instructions)		1 1	١	1
HI			J	
b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			- 1	• 1
of each state as required by General Instruction G? If "No," attach explanation		8b	хİ	1
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	lar		<del></del> +	—
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	iui	9	1	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	+	$\frac{x}{x}$
and a scriedura instruguies names and addresses	For	rm <b>990</b> -	PF (	

#### BANK OF HAWAII FOUNDATION

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Pą	rt 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		х
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		12	<del>-</del>	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address   N/A	13	X	
4.4		<b>A A</b>	<u> </u>	
14			222	
	Located at ► 130 MERCHANT STREET, HONOLULU, HI ZIP+4 ► 96	18T3		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	, , , , , , , , , , , , , , , , , , , ,	. 1	Yes	No
	securities, or other financial account in a foreign country?	18		<u> </u>
	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		1,	
	foreign country	<u> 1</u>	1	· · · · · ·
Pi	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	a During the year did the foundation (either directly or indirectly):		4,7,1 4.3	100
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	- 1	432	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1		
	a disqualified person?			, î
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	. !	1	
	(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	1 :		
	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			
	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			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	,	2.3	:x-13
	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?	1c	, ,222.7 EV	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	<u> </u>	2 *	٠٠. ا
	defined in section 4942(j)(3) or 4942(j)(5)):		2	304
	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		32	ř
	before 2014?		25	7
	If "Yes," list the years ▶	-	10.75	
	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			, '3
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	İ		, 1
	statement - see instructions.) N/A	2Ь	, ,	1
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		2 "	
			•	4.1
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		• 7	· · ·   ]
	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		1.	1
	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,		1.	
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	3b	ľ	ľ
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48	t	Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		x '

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		equired (continu				
5a During the year did the foundation pay or incur any amount to:				$\neg$		$\neg$
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						
(2) Influence the outcome of any specific public election (see section 4955);	• • •				1	1
any voter registration drive?	,		x X No	- 1		į
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		X No			1
(4) Provide a grant to an organization other than a charitable, etc., organization						1
4945(d)(4)(A)? (see instructions)	ii described in section		s X No	1		-
* ** ** *	or advectional purposes or fe		S LAS INU			1
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational purposes, or R		s X No		-	1
the prevention of cruelty to children or animals?	1. 16		ן פאובבו פ		١.	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	1 Regulations	37 / 3		, 5	1
section 53.4945 or in a current notice regarding disaster assistance (see instr	•		N/A	5b		;
Organizations relying on a current notice regarding disaster assistance check			<b>~</b> []		12	1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		_				. 4
expenditure responsibility for the grant?	N	/A Ye	s L No			- 1
If "Yes," attach the statement required by Regulations section 53 494	5-5(d)		Ì		-	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	_			'	4
a personal benefit contract?		Ye	s 🗓 No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		I	6 <b>b</b>	<u>                                     </u>	ζ_
If "Yes" to 6b, file Form 8870						
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			N/A	7b		
Part VIII Information About Officers, Directors, Trus		nagers, Highly	,		<del></del>	
Paid Employees, and Contractors		J				
1 List all officers, directors, trustees, foundation managers and their	compensation.					
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to	$\Box$	(e) Expens	se
(a) Name and address	nours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	'  a	iccount, otr allowance:	ner S
······································			oompenaesen	+		
	1					
SEE STATEMENT 14	†	0.	0		C	o.
SEE STATEMENT 14		0.	0	•		<u>.</u>
SEE STATEMENT 14	1	0.	0	-	(	<u>.</u>
SEE STATEMENT 14	·	0.	0	•	(	<u>.</u>
SEE STATEMENT 14		0.	0	•	(	0.
SEE STATEMENT 14	-	0.	0		(	0.
SEE STATEMENT 14		0.	0	-	(	0.
SEE STATEMENT 14		0.	0		(	0.
SEE STATEMENT 14		0.	0		(	0.
SEE STATEMENT 14		0.	0		(	0.
			0		(	0.
2 Compensation of five highest-paid employees (other than those in	<del></del>					
	(b) Title, and average	enter "NONE."	( <b>d</b> ) Contributions to employee benefit plan		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	<del></del>		(d) Contributions to		(e) Expens account, oth allowance	se her
Compensation of five highest-paid employees (other than those in	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her
Compensation of five highest-paid employees (other than those in     (a) Name and address of each employee paid more than \$50,000	(b) Title, and average	enter "NONE."	(d) Contributions to employee benefit and deferred		(e) Expens	se her

#### BANK OF HAWAII FOUNDATION

Form 990-PF (2014) C/O BANK OF HAWAII, DEPT 715	99-0	210467Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A: Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers product	al information such as the ced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

Form **990-PF** (2014)

Form 990-PF (2014)

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 10,309,547. 1,749,302. 1b b Average of monthly cash balances c Fair market value of all other assets 10 12,058,849. 14 d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 Acquisition indebtedness applicable to line 1 assets 12.058,849 3 Subtract line 2 from line 1d 180,883 4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 11,877,966. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 5 593,898. 8 Minimum investment return. Enter 5% of line 5 Part XI. 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.) 593,898. Minimum investment return from Part X, line 6 1 5,584. 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 5,584 Add lines 2a and 2b 588.314. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 588,314 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 588,314 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 2,093,410. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a b Cash distribution test (attach the required schedule) 3b 2,093,410. 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 5 income. Enter 1% of Part I, line 27b 2,093,410 Adjusted qualifying distributions. Subtract line 5 from line 4 6

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	( <b>d</b> ) 2014
1 Distributable amount for 2014 from Part XI, line 7				588,314.
2 Undistributed income, if any, as of the end of 2014				300/314/
a Enter amount for 2013 only	·		0.	
b Total for prior years:	-			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3 Excess distributions carryover, if any, to 2014:	<del></del>	0.	,	
a From 2009 990, 725.	•			
bFrom 2010 959, 313.	• •			
eFrom 2011 1,777,310.				
dFrom 2012 1,123,769.	, .	}.  -	•	
eFrom 2013 1,107,247.	•		•	
f Total of lines 3a through e	5,958,364.	*		
4 Qualifying distributions for 2014 from		,		
Part XII, line 4: ▶\$ 2,093,410.			,	
a Applied to 2013, but not more than line 2a	· •	· - 1	0.	10000000000000000000000000000000000000
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	-1	4 4 6
c Treated as distributions out of corpus			-	
(Election required - see instructions)	0.		<b>.</b> € 2	
d Applied to 2014 distributable amount				588,314.
e Remaining amount distributed out of corpus	1,505,096.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.		,	0
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	7,463,460.	* ·		
b Prior years' undistributed income. Subtract	7,403,400.			
line 4b from line 2b	**	0.	/ * 5 mg	
c Enter the amount of prior years'		0.		, , ,
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		<u> </u>		,
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				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
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	000 505			
not applied on line 5 or line 7	990,725.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	6 470 725			
10 Analysis of line 9:	6,472,735.			
a Excess from 2010 959, 313.			-	
b Excess from 2011 1,777,310.				
c Excess from 2012 1,123,769.				
dExcess from 2013 1,107,247.		ł		
e Excess from 2014 1,505,096.				
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	C OF HAWAII		<u> </u>	99-02	10467 Page 10
Part XIV   Private Operating Fo			A, question 9)	N/A	
1 a if the foundation has received a ruling or					
foundation, and the ruling is effective for		*	▶		
b Check box to indicate whether the founda		ng foundation described in		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 00 (0)	Prior 3 years		4 N
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed				<u> </u>	
b 85% of line 2a					
c Qualifying distributions from Part XII,				1	
line 4 for each year listed					
d Amounts included in line 2c not					1
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:			_		
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	I				
2/3 of minimum investment return shown in Part X, line 6 for each year	1				}
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross		1			
investment income (interest, dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)			ļ		<u> </u>
(3) Largest amount of support from					
an exempt organization			ļ		<u> </u>
(4) Gross investment income			<u> </u>		<u></u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t		tructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh year (but only if they have contributed n	o have contributed more	e than 2% of the total cont section 507(d)(2) )	tributions received by the	e foundation before the clo	ose of any tax
• • • • • • • • • • • • • • • • • • • •	1016 than \$5,000). (Gee	36611011 307 (0)(2).)			
NONE	100/ 22	No short of a second	/		
b List any managers of the foundation who other entity) of which the foundation ha	.0 OWN 10% OF MORE OF I	the stock of a corporation	(or an equally large port	ion of the ownership of a	partnership or
- • • • • • • • • • • • • • • • • • • •	3 a 1070 of greater inter-	<b></b>			
NONE					
2 Information Regarding Contribut					
Check here  if the foundation of the foundation makes gifts, grants, etc.		s to preselected charitable			
	<del>`</del>	·			
a The name, address, and telephone num	DEL OF CHIMAII BUUTESS OF	i me person to wnom appi	ications should be addr	555CU.	
SEE STATEMENT 15					
	he cultimited and info	antion and materials there is	hould include:	<del></del>	<del></del>
b The form in which applications should t	normilled and inform	iauun anu materiais they s	noula include:		
c Any submission deadlines:		·			
e Any Submission deadines.					

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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

3 Grants and Contributions Paid During to	<u> </u>	Payment		
Recipient	If recipient is an individual,			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
,				
SEE STATEMENT GRANT-1	NONE			1,994,371
	<del></del>			1,994,371
		ļ		
	1	1		
			ļ	
Total		1	<b>▶</b> 3a	1,994,371
b Approved for future payment				
SEE STATEMENT GRANT-2	NONE			
SEE STATEMENT GRANT-2	NONE			477,750
		<del> </del>	<del>                                     </del>	
		1		
			<u> </u>	
Total			<b>▶</b> 3b	477,750

Form 990-PF (2014)

#### Part XVI-A **Analysis of Income-Producing Activities**

nter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(C) Exclu- sian	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	Amount	Tunction income
ā	_				
b	_				
c	_		$\perp$		
d	_				<del></del>
e	_		4		
	_		4		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash	1				
investments			14		
4 Dividends and interest from securities			14	291,329.	
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					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			05	22,961.	
11 Other revenue:					
a					
b	_				
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		(	).	314,827.	
13 Total. Add line 12, columns (b), (d), and (e)				13	314,82
(See worksheet in line 13 instructions to verify calculations	s.)			_	

#### Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line 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).	
		_
	<del></del>	_
		_
		_
		_
		<u>-</u> -
$\longrightarrow$		_
		_
		_
		_
		_
423621 11-24-14	Form <b>990-PF</b> (20	14)

(a)Line no

(5) Loans or loan guarantees

(b) Amount involved

(6) Performance of services or membership or fundraising solicitations

1b(5)

1b(6)

(d) Description of transfers, transactions, and sharing arrangements

Page 13

#### Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 16(1) (2) Purchases of assets from a noncharitable exempt organization 16(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4)

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(c) Name of noncharitable exempt organization

2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of pgrayr, I declare that I have agamined this return, including accompanying schedules and statements, and to the best of my knowledge	<del></del>	<del></del>	N/A		+		<del></del>
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship			·····				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  (b) Type of organization  (c) Description of relationship							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  (b) Type of organization  (c) Description of relationship	L						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  (b) Type of organization  (c) Description of relationship							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship							
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  (b) Type of organization  (c) Description of relationship							<del></del>
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  (b) Type of organization  (c) Description of relationship					1		
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship			· ·				······································
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship				· · · · ·			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  If "Yes," complete the following schedule.  (a) Name of organization  N/A  (b) Type of organization  (c) Description of relationship						· · · · · · · · · · · · · · · · · · ·	
b If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship	2a Is the fou	ndation directly or indirectly affil	liated with, or related to, one	or more tax-exempt organiz	ations described		
b If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship	in section	501(c) of the Code (other than	section 501(c)(3)) or in sect	ion 527?			Yes X No
(a) Name of organization (b) Type of organization (c) Description of relationship  N/A							
			ion	(b) Type of organization	-	(c) Description of re	lationship
Linder possition of paramy. I declare that I have examined this column probability and extension and in the heart of an invalidation.		N/A	· · · · · · · · · · · · · · · · · · ·		*		
Linder condition of corrun, I declare that these examined this return probability accompanying orbitality and extension and in the heart of corrunt.							···
Under possition of paramy I declare that I have examined this return probable and extension and to the heart of paramy I declare that I have examined this return probable and extension and to the heart of paramy I declare that I have examined this return probable and extension and to the heart of paramy I declare that I have examined this return probable and extension and to the heart of paramy I declare that I have examined this return probable and extension and the heart of paramy I declare that I have examined this return probable and extension and the heart of paramy I declare that I have examined this return probable and extension and the heart of paramy I declare that I have examined this return probable and extension and the heart of paramy I declare that I have examined this return probable and extension and the heart of paramy I declare that I have examined this return probable and extension and the heart of paramy I declare that I have examined the paramy I declare that I have examined the paramy I declare that I have examined the paramy I declare that I declare that I have examined the paramy I declare that I declare						-	<del></del>
Under possition of paramy I declare that I have examined this seture possibility accompanying exhedules and extension and to the heat of any installed			· · · · · · · · · · · · · · · · · · ·			<del></del>	
Under populties of persons I declare that I have examined this return uncluding appropriate and extension and exte		<del></del>	* . *.*.				<del></del>
							May the IVS discuss this
Sign   Sign   return with the preparer	Sign	pelief, it is true, correct, and complete	Declaration of preparer (other than	_ 1 1	nation of which preparer	has any knowledge	return with the preparer
Here   None   See    Here	But),	Fuci	18/14/15	rens	UME		
Signature of difficer or trustee Date Title	Sigi	nature of officer or trustee	<del></del>	Date	Title		
Print/Type preparer's name Preparer's signature Date Check if PTIN		Print/Type preparer's name	Preparer's s	ignature	Date	Check if	PTIN
ALIC 1 2 2018 self- employed			$\sim$		AUG 1 2 2018	<u></u>	
Paid WENDY OTA Orange The A00 12 2013 P00639415	Paid	WENDY OTA	10 ren	1/2 /2/2	AUG 1 2 2013	, -	P00639415
Preparer Firm's name ▶ BANK OF HAWAII Firm's EIN ▶ 99-0033900	Preparer		OF HAWATT	<del></del>	L	Firm's FIN > 9	
Use Only	Use Only		<del></del>				
Firm's address ▶ P.O. BOX 3170, DEPT. 715	•		BOX 3170. DF	PT. 715	~	<del> </del>	·
HONOLULU, HI 96802-3170 Phone no. (808) 694-4478		номог	LULU. HT 9680	2-3170		Phone no ( A	08) 694-4478
		1		2 31/0		TT HOHE HO. (O	Form <b>990-PF</b> (2014)

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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 www.irs.gov/form990 ·

OMB No 1545-0047

**Employer identification number** 

2014

BANK OF HAWAII FOUNDATION C/O BANK OF HAWAII, DEPT 715 99-0210467 Organization type (check one). Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note, Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions, General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(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 any one contributor, 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, or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

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)

purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

Caution. An organization 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), but it must answer "No" 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

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Employer identification number

Part I Contributors (see instructions). Use duplicate copies of Part Lif additional space is needed.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANK OF HAWAII CORPORATION  130 MERCHANT STREET  HONOLULU, HI 96813	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
2	PETER HO P.O. BOX 2900 HONOLULU, HI 96846	\$\$ \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DEAN SHIGEMURA P.O. BOX 2900 HONOLULU, HI 96846	\$\$, 5,475.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ALLAN LANDON P.O. BOX 2608 PARK CITY, UT 84060	s10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MARY E. SELLERS  P.O. BOX 2900  HONOLULU, HI 96846	\$\$	Person X Payroli
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WAYNE HAMANO P.O. BOX 2900 HONOLULU, HI 96846	sss	Person X Payroll
423452 11-		Schedule B (Form	1 990, 990-EZ, or 990-PF) (2014

Employer identification number

Part I	<b>Contributors</b>	(see instructions). Use du	plicate copies of Part I	I if additional space is needed.
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No.   Name, address, and ZIP + 4   Total contributions   Type of contributions   Type of contributions	Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
P.O. BOX 2900   S			•	(d) Type of contribution
No.   Name, address, and ZIP + 4   Total contributions   Type of contributions   Type of contributions	7	P.O. BOX 2900	\$\$.	
P.O. BOX 2900   \$ 230				(d) Type of contribution
No.   Name, address, and ZIP + 4   Total contributions   Type of 6	8	P.O. BOX 2900	\$230.	
130 MERCHANT STREET   \$ 13,735.   Payroll Noncas (Complete noncash of the complete noncash of the co		• •	i -	(d) Type of contribution
No.   Name, address, and ZIP + 4   Total contributions   Type of the state of the	9	130 MERCHANT STREET	\$13,735.	
P.O. BOX 2900 \$ 405.   Payroll Noncas (Complete noncash complete noncash c		, ,		(d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions Type of    11   BANK OF HAWAII CORPORATION   Person Payroll	10	P.O. BOX 2900	\$ <b>405.</b>	1
130 MERCHANT STREET   \$ 381,850.   Noncast (Complete noncash c	1	1		(d) Type of contribution
	11	130 MERCHANT STREET	sssssss	Person Payroll Noncash X (Complete Part If for noncash contributions.)
				(d) Type of contribution
130 MERCHANT STREET  S 376,641.  Payroll Noncar (Complete noncash of noncash		130 MERCHANT STREET HONOLULU, HI 96813		Person Payroll Noncash X (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
13	BANK OF HAWAII CORPORATION  130 MERCHANT STREET  HONOLULU, HI 96813	\$ 401,900.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BANK OF HAWAII CORPORATION  130 MERCHANT STREET  HONOLULU, HI 96813	\$396,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	LUKE YEH P.O. BOX 2900 HONOLULU, HI 96846	\$8,165.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	KENT LUCIEN  P.O. BOX 2900  HONOLULU, HI 96846	\$ 7,230.	Person X Payroll   Noncash   (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	OFFICEMAX NORTH AM, INC.  1590 FIRST AVENUE  OTTAWA, IL 61350	\$\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part III Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	2014 LIVE KOKUA GIVING CAMPAIGN: WINE	\$ <u>230.</u>	08/18/14
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	2014 LKGC: 350 TOTES, 200 HYDROFLASH, 458 T-SHIRTS, 150 POWERBANK, DRESSDOWN BUTTONS-STICKERS, ETC.	\$\$.	VARIOUS
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
10	2014 LKGC: GRILL & GRIDDLE, AUTOGRAPHED COOK BOOKS, COOKWARE SET, 2 TICKETS-MICHIGAN FOOTBALL GAME	\$\$	08/18/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
11	5,500 VISA, INC. CLASS B COMMON STOCK	s381,850.	02/05/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
12	5,700 VISA, INC. CLASS B COMMON STOCK	\$376,641.	06/23/14
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
13	5,700 VISA, INC. CLASS B COMMON STOCK		
		\$ 401,900.	09/17/14 990, 990-EZ, or 990-PF)

BANK OF HAWAII FOUNDATION
C/O BANK OF HAWAII, DEPT 715

Employer identification number

irt II   No	oncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4,	700 VISA, INC. CLASS B COMMON STOCK		<del></del>
14		\$396,000.	12/10/14
(a)			<del></del>
No. rom 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 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
_		.   \$	
3453 11-05-14			990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization **Employer identification number** BANK OF HAWAII FOUNDATION C/O BANK OF HAWAII, DEPT 715

Part III. 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

\$ \incres \text{\$\text{SUSIVE}\$}\$ 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 Part I (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (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

FORM 990-PF INTERE	ST ON SAVING	S AND TEMPOR	ARY CASH I	NVESTMENTS	STATEMENT 1
SOURCE		(A) REVENUE PER BOOK		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
BANK OF HAWAII ACCO #2008 BANK OF HAWAII ACCO #4403		5	4.	4.	
TOTAL TO PART I, LI	NE 3		37.	537.	
FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVES MENT INCO	
BANK OF HAWAII ACCOUNT NO. #2008 BANK OF HAWAII	10,160.	0.	10,160	. 10,16	0.
ACCOUNT NO. #4403 VISA INC	274,092.	0.	274,092	. 274,09	2.
DIVIDEND	7,077.	0.	7,077	7,07	'7 <b>.</b>
TO PART I, LINE 4	291,329.	0.	291,329	291,32	29.

FORM 990-PF	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10		STATEMENT 3
INCOME			
2. RETURNS AND ALLOWA	ANCES	36,814	36,814
	D (LINE 15) E 3 LESS LINE 4)	13,853	22,961
	LINES 5 AND 6)		22,961
9. MERCHANDISE PURCH. 10. COST OF LABOR	NNING OF YEAR	518	
12. OTHER COSTS		13,735	14,253
	OF YEAR	400	13,853

FORM 990-PF COST	OF GOODS SOI	LD - OTHER COS	TS S	STATEMENT	4
DESCRIPTION				AMOUNT	
LIVE KOKUA GIVING CAMPAIGN LO	GO ITEMS		_	13,73	35.
TOTAL OTHER COSTS			<del>-</del>	13,73	35.
FORM 990-PF	ACCOUNTI	NG FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
BANK OF HAWAII TAX PREPARATION FEES AUDIT FEES	10,400. 11,204.			7,2 5,6	
TO FORM 990-PF, PG 1, LN 16B	21,604.	8,722.		12,8	82.
FORM 990-PF (	OTHER PROFES	SIONAL FEES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
BANK OF HAWAII INVESTMENT MANAGEMENT FEES BANK OF HAWAII CHARITABLE	19,710.	3,942.		15,7	68.
FOUNDATION SERVICES GRANTS ADMINISTRATION FEES	15,000.	0.		15,0	00.
TO FORM 990-PF, PG 1, LN 16C	34,710.	3,942.		30,7	68.
<b>_</b>		= <del></del>			

FORM 990-PF	PF TAXES			STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
2013 FEDERAL EXCISE TAX PAYMENT 2014 FEDERAL EXCISE TAX	7,504.	0.		0.		
PAYMENTS GENERAL EXCISE TAX	12,760. 8,990.	0. 0.		0. 8,989.		
PENALTY ON GENERAL EXCISE TAX INTEREST ON GENERAL EXCISE	808.	0.		808.		
TAX	223.	0.		223.		
TO FORM 990-PF, PG 1, LN 18	30,285.	0.		10,020.		
FORM 990-PF	OTHER E	XPENSES	S'	PATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES		
BANK OF HAWAII LIVE KOKUA GIVING CAMPAIGN EXPENSES BANK OF HAWAII LIVE KOKUA	13,969.	0.		12,577		
CREDIT CARD FEES 2014 BANK OF HI FOUNDATION	3,759.	0.		3,759		
MIKE LYONS COMMUNITY LEADERSHIP AWARDS EVENT 2014 BANK OF HI FOUNDATION MONTY RICHARDS COMMUNITY	6,208.	0.		6,208		
LEADERSHIP AWARDS EVENT	11,113.			11,113		
GE LICENSE FEE BANK OF HAWAII FOUNDATION	20.	0.		20		
SCHOLARSHIP RECEPTION	11,670.	0.		11,670		
POSTAGE & DELIVERY FEES	18.			18		
BANK FEE	4.	0.		4		
TO FORM 990-PF, PG 1, LN 23	46,761.	0.		45,369		

FORM 990-PF OTHER INCREASES IN	I NET ASSETS OR FUN	ID BALANCES	STATEMENT	9
DESCRIPTION			AMOUNT	
CHANGE IN TOTAL GRANTS APPROVED	FOR FUTURE PAYMENT	e .	27,2	50.
TOTAL TO FORM 990-PF, PART III,	LINE 3		27,2	50.
FORM 990-PF OTHER DECREASES	IN NET ASSETS OR FU	JND BALANCES	STATEMENT	10
DESCRIPTION			AMOUNT	
UNREALIZED GAIN ON 21,600 VISA,	INC. CLASS B COMMO	ON SHARES	1,556,3	91.
TOTAL TO FORM 990-PF, PART III,	LINE 5		1,556,3	91.
FORM 990-PF	CORPORATE STOCK		STATEMENT	11
DESCRIPTION		BOOK VALUE	FAIR MARKE VALUE	T
BANK OF HAWAII CORPORATION COMMO	ON STOCKS	1,253,476.	9,031,3	12.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	1,253,476.	9,031,3	12.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT	12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE VALUE	ET
SEE STATEMENT INV-1 VISA INC. CLASS B COMMON STOCKS	COST	447,532.	506,8 2,333,9	
TOTAL TO FORM 990-PF, PART II,	LINE 13	447,532.	2,840,7	762.
	:			

FORM 990-PF	OTHER ASSETS		STATE	MENT 13
DESCRIPTION		END OF YEAR BOOK VALUE		MARKET LUE
LIVE KOKUA GIVING CAMPAIGN LOGO	518.	400.		400.
TO FORM 990-PF, PART II, LINE 15	518.	400.		400.
	ST OF OFFICERS, I		STATE	EMENT 14
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- BE		EXPENSE ACCOUNT
DONNA A. TANOUE P.O BOX 3170 HONOLULU, HI 96802	PRES/DIR 35.00	0.	0.	0.
PETER S. HO P.O BOX 3170 HONOLULU, HI 96802	CHAIRMAN OF TO	HE BOARD/DIRE	0.	0.
STAFFORD J. KIGUCHI P.O BOX 3170 HONOLULU, HI 96802	VP 0.00	0.	0.	0.
MARK A. BURAK P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
TERRY T. SASAMURA P.O BOX 3170 HONOLULU, HI 96802	SECRETARY 0.00	0.	0.	0.
SHARLENE K. BLISS P.O BOX 3170 HONOLULU, HI 96802	ASSISTANT SEC	RETARY 0.	0.	0
MARY G.F. BITTERMAN P.O BOX 3170	DIRECTOR 0.00	0.	0.	0

HONOLULU, HI 96802

'BANK OF HAWAII FOUNDATION	C/O BANK OF HA		99-	0210467
MICHAEL J. CHUN P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
CLINTON R. CHURCHILL P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
DAVID A. HEENAN P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
ROBERT A. HURET P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
MARTIN A. STEIN P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
DONALD M. TAKAKI P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
BARBARA J. TANABE P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
ROBERT W. WO P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
ALTON T. KUIOKA P.O BOX 3170 HONOLULU, HI 96802	VP/DIRECTOR 0.00	0.	0.	0.
KENT LUCIEN P.O BOX 3170 HONOLULU, HI 96802	TREASURER/DIRECT 0.00	OR 0.	0.	0.
S. HAUNANI APOLIONA P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
RAYMOND P. VARA P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
VICTOR K. NICHOLS P.O BOX 3170 HONOLULU, HI 96802	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF,	PAGE 6, PART VIII	0.	0.	0.

15

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

BANK OF HAWAII FOUNDATION, C/O BANK OF HI, CHARITABLE FOUNDATION SERVICES P.O. BOX 3170, DEPT. 758 HONOLULU, HI 96802-3170

#### FORM AND CONTENT OF APPLICATIONS

NONPROFIT ORGANIZATIONS SHOULD SUBMIT A LETTER REQUEST, PROVIDING THE ORGANIZATION'S MISSION AND PROPOSED USE OF FUNDS, TOGETHER WITH DOCUMENTATION REFLECTING TAX-EXEMPT STATUS.

#### ANY SUBMISSION DEADLINES

GRANT REQUESTS MAY BE SUBMITTED AT ANY TIME.

#### RESTRICTIONS AND LIMITATIONS ON AWARDS

GEOGRAPHIC AREAS: STATE OF HAWAII, GUAM, SAIPAN AND AMERICAN SAMOA.

EIN: 99-0210467

Payee Organization	Foundation Status	Purpose of grant or contribution	<u>Amount</u>
Aloha United Way 200 North Vineyard Boulevard, Suite 700 Honolulu, HI 96817-3938	PC	2013 Live Kokua Giving Campaign	\$64,639.10
American National Red Cross, Hawaii State Chapter 4155 Diamond Head Road Honolulu, HI 96816	PC	2013 Live Kokua Giving Campaign	\$8,318.39
American Red Cross, Guam Chapter Bldg. 285, Rt. 4 Hagatna, GU 96910	PC	2013 Live Kokua Giving Campaign	\$1,994.97
Boys and Girls Club of Hawaii 345 Queen Street, Suite 900 Honolulu, HI 96813-4724	PC	2013 Live Kokua Giving Campaign	\$7,947.07
Catholic Charities Hawaii 1822 Keeaumoku Street Honolulu, HI 96822	PC	2013 Live Kokua Giving Campaign	\$13,557.19
Domestic Violence Action Center P.O. Box 3198 Honolulu, HI 96801-3198	PC	2013 Live Kokua Giving Campaign	\$8,455.30
Family Programs Hawaii 250 Vineyard Street Honolulu, HI 96813-2445	PC	2013 Live Kokua Giving Campaign	\$4,688.67
Hawaii Foodbank, Inc. 2611 Kilihau Street Honolulu, HI 96819	PC	2013 Live Kokua Giving Campaign	\$14,677.35
Hawaii Island United Way 76 Keaa Street Hılo, HI 96720-4764	PC	2013 Live Kokua Giving Campaign	\$4,784.39

EIN: 99-0210467

	Foundation	Purpose of grant or	
Payee Organization	<u>Status</u>	<u>contribution</u>	<u>Amount</u>
Hawaii Meals on Wheels, Inc. P.O. Box 61194 Honolulu, HI 96839-1194	PC	2013 Live Kokua Giving Campaign	\$17,263.64
Honolulu Theatre for Youth 1149 Bethel Street, Suite 700 Honolulu, HI 96813	PC	2013 Live Kokua Giving Campaign	\$3,744.58
Hospice Hawaii Inc 860 Iwilei Road Honolulu, HI 96817-5018	PC	2013 Live Kokua Giving Campaign	\$17,920.16
Institute for Human Services 546 Ka'aahi Street Honolulu, HI 96817	PC	2013 Live Kokua Giving Campaign	\$7,061.89
Kauai United Way P.O. Box 1087 4374 Kukuı Grove Street, Ste. 201 Lihue, HI 96766	PC	2013 Live Kokua Giving Campaign	\$2,625.12
Maui United Way 270 Hookahi Street, Suite 301 Wailuku, HI 96768	PC	2013 Live Kokua Giving Campaign	\$9,608.83
Moiliili Hongwanji Mission Project Dana 2720 Nakookoo Street Honolulu, HI 96826	PC	2013 Live Kokua Giving Campaign	\$8,841.75
Molokai Community Service Council Friendly Isle United Fund P. O. Box 2047 Kaunakakai, HI 96748	PC	2013 Live Kokua Giving Campaign	\$300.04
National Committee for Prevention of Child Abuse Prevent Child Abuse Hawaii P.O. BOX 147 Honolulu, HI 96810	PC	2013 Live Kokua Giving Campaign	\$14,369.26

EIN: 99-0210467

Payee Organization Palolo Chinese Home 2459 Tenth Avenue Honolulu, HI 96816-3098	Foundation Status PC	Purpose of grant or <u>contribution</u> 2013 Live Kokua Giving Campaign	<u>Amount</u> \$1,929.51
Parents and Children Together 1485 Linapuni Street, Suite 105 Honolulu, HI 96819-3575	PC	2013 Live Kokua Giving Campaign	\$5,160.26
PATCH - People Attentive to Children 560 N. Nimitz Highway, #218 Honolulu, HI 96817	PC	2013 Live Kokua Giving Campaign	\$2,875.71
The Salvation Army Hawaiian & Pacific Islands Division 2950 Manoa Road Honolulu, HI 96822	PC	2013 Live Kokua Giving Campaign	\$10,548.40
Aloha United Way 200 North Vineyard Boulevard, Suite 700 Honolulu, HI 96817-3938	PC	2014 Live Kokua Giving Campaign	\$64,376.44
American Red Cross, Guam Chapter Bldg. 285, Rt. 4 Hagatna, GU 96910	PC	2014 Live Kokua Giving Campaign	\$8,460.93
After-School All-Stars Hawaii 4747 Kilauea Avenue, #210 Honolulu, HI 96816	PC	2014 Live Kokua Giving Campaign	\$8,175.47
Boys and Girls Club of Hawaii 345 Queen Street, Suite 900 Honolulu, HI 96813-4724	PC	2014 Live Kokua Giving Campaign	\$9,128.13
Family Promise of Hawaii 245 N. Kukui Street, Suite 101 Honolulu, HI 96817	PC	2014 Live Kokua Giving Campaign	\$5,493.13

EIN: 99-0210467

Payee Organization Goodwill Industries of Hawaii 2610 Kilihau Street Honolulu, HI 96819-2020	Foundation Status PC	Purpose of grant or contribution  2014 Live Kokua Giving Campaign	<b>Amount</b> \$5,795.13
Hale Kipa 615 Piikoi Street, Suite 203 Honolulu, HI 96814-3139	PC	2014 Live Kokua Giving Campaign	\$7,463.12
Hawaii Children's Cancer Foundation 1814 Liliha Street Honolulu, HI 96817	PC	2014 Live Kokua Givıng Campaign	\$42,795.21
Hawaii Foodbank, Inc. 2611 Kilihau Street Honolulu, HI 96819	PC	2014 Live Kokua Givıng Campaıgn	\$48,331.35
Hawaii Island United Way 76 Keaa Street Hilo, HI 96720-4764	PC	2014 Live Kokua Giving Campaign	\$5,923.13
Honolulu Community Action Program 33 South King Street, Suite 300 Honolulu, HI 96813	PC	2014 Live Kokua Givıng Campaign	\$8,766.95
Hospice Hawaii Inc 860 Iwilei Road Honolulu, Hl 96817-5018	PC	2014 Live Kokua Giving Campaign	\$58,455.17
Institute for Human Services 546 Ka'aahi Street Honolulu, HI 96817	PC	2014 Live Kokua Giving Campaign	\$13,677.11
Kauai United Way P.O. Box 1087 4374 Kukui Grove Street, Ste. 201 Lihue, HI 96766	PC	2014 Live Kokua Giving Campaign	\$6,824.13

EIN: 99-0210467

Payee Organization  Maui United Way  270 Hookahi Street, Suite 301  Wailuku, HI 96768	Foundation Status PC	Purpose of grant or contribution  2014 Live Kokua Giving Campaign	Amount \$11,370.13
Mental Health Kokua 1221 Kapiolani Blvd., Suite 345 Honolulu, HI 96814	PC	2014 Live Kokua Giving Campaign	\$6,068.12
Molokai Community Service Council Friendly Isle United Fund P. O. Box 2047 Kaunakakai, HI 96748	PC	2014 Live Kokua Giving Campaign	\$4,695.13
Parents and Children Together 1485 Linapuni Street, 105 Honolulu, HI 96819-3575	PC	2014 Live Kokua Giving Campaign	\$8,850.64
Ronald McDonald Charities of Hawaii P. O. Box 61777 Honolulu, HI 96839-1777	PC	2014 Live Kokua Giving Campaign	\$22,409.42
Special Olympics Hawaii P.O. Box 3295 Honolulu, HI 96801	PC	2014 Live Kokua Giving Campaign	\$10,291.15
The Salvation Army Hawaiian & Pacific Islands Division 2950 Manoa Road Honolulu, HI 96822	PC	2014 Live Kokua Giving Campaign	\$9,960.87
Waikıki Health 277 Ohua Avenue Honolulu, HI 96815	PC	2014 Live Kokua Giving Campaign	\$8,003.12
American Diabetes Association, Hawaii Affiliate 1500 South Beretania Street, Suite 111 Honolulu, HI 96826	PC	2014 Live Kokua Community Walk	\$28,639.00

### EIN: 99-0210467

Payee Organization Big Brothers Big Sisters Hawaii 418 Kuwili Street, Suite 106 Honolulu, HI 96817-5364	Foundation Status PC	Purpose of grant or contribution  2014 Live Kokua Community Walk	<u>Amount</u> \$28,639.00
Helping Hands Hawaii 2100 N. Nimitz Highway Honolulu, HI 96819	PC	2014 Live Kokua Community Walk	\$28,639.00
Make A Wish Foundation of Hawaii 223 South King Street Honolulu, HI 96813	PC	2014 Live Kokua Community Walk	\$28,639.00
Hawaii Community Foundation 827 Fort Street Honolulu, HI 96813	PC	Bank of Hawaii Foundation - Scholarship Fund	\$10,000.00
Hawaii Community Foundation 827 Fort Street Honolulu, HI 96813	PC	Bank of Hawaii Foundation - Scholarship Fund	\$75,000.00
Hawaii Community Foundation 827 Fort Street Honolulu, HI 96813	PC	Bank of Hawaii Foundation - Scholarship Fund	\$10,000.00
Hawaii Community Foundation 827 Fort Street Honolulu, HI 96813	PC	Bank of Hawaii Foundation - Scholarship Fund	\$10,000.00
Aloha Medical Mission 810 North Vineyard Blvd Honolulu, HI 96817	PC	Dental Clinic (to provide services to uninsured & low-income patients)	\$5,000.00
Aloha United Way 200 North Vineyard Boulevard, Suite 700 Honolulu, HI 96817-3938	PC	Program support	\$30,000.00

### EIN: 99-0210467

Payee Organization  American Cancer Society Guam Office 479 West O'Brien Drive, Suite 102 Hagatna, GU 96910	Foundation <u>Status</u> PC	Purpose of grant or contribution  Program support	<u>Amount</u> \$2,500.00
Arthritis Foundation, Hawaii Chapter 2752 Woodlawn Drive, Suite 5-204B Honolulu, HI 96822	PC	Program support	\$5,000.00
Assistance Dogs of Hawaii P.O. Box 1803 Makawao, Hl 96768	PC	Expansion of training facility to include wheelchair accessible paths and trails for the disabled	\$5,000.00
Assistance Dogs of Hawaii P.O. Box 1803 Makawao, HI 96768	PC	Program support	\$25,000.00
Bishop Museum 1525 Bernice Street Honolulu, HI 96817	PC	Program support for low-to moderate-income students	\$17,000.00
Blood Bank of Hawaii 2043 Dillingham Boulevard Honolulu, HI 96819-4024	PC	Purchase of new bloodmobile	\$25,000.00
Boy Scouts of America, Aloha Council 42 Pulwa Road Honolulu, HI 96817	PC	Friends of Scouting (for benefit of American Samoa)	\$4,500.00
Boys & Girls Club of American Samoa P. O. Box 998381 Pago Pago, AS 96799	PC	Program support	\$10,000.00
Boys and Girls Club of Hawaii 345 Queen Street, Suite 900 Honolulu, HI 96813-4724	PC	Windward Clubhouse	\$25,000.00

EIN: 99-0210467

Payee Organization Brigham Young University Hawaii 55-220 Kulanui Street P.O. Box 1971 Laie, HI 96762	Foundation Status PC	Purpose of grant or contribution  Athletics department	<u>Amount</u> \$5,000.00
Child & Family Service 91-1841 Fort Weaver Road Ewa Beach, HI 96706-1909	PC	Program support for Kauai	\$2,500.00
Crime Stoppers Hilo, Inc. P. O. Box 4606 Hilo, HI 96720	PC	Program support	\$5,000.00
Damien Memorial High School 1401 Houghtailing Street Honolulu, HI 96817	PC	Campus redevelopment	\$15,000.00
Diamond Head Theatre 520 Makapuu Avenue Honolulu, HI 96816	PC	Program support	\$4,000.00
Faith Action for Community Equity 1352 Liliha Street, Room2 Honolulu, HI 96817	PC	Housing programs	\$5,000.00
Feed My Sheep, Inc. P.O. Box 847 Puunene, HI 96784	PC	Program support	\$5,000.00
Friends of the Waikiki Aquarium 2777 Kalakaua Avenue Honolulu, HI 96815-4027	PC	Program support	\$3,000.00
Girl Scouts of Hawaii 410 Atkinson Drive, Suite 2E1, Box 3 Honolulu, HI 96814-4730	PC	Program support	\$2,000.00

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Payee Organization Goodwill Industries of Hawaii, Inc. 2610 Kilihau Street Honolulu, HI 96819-2020	Foundation <u>Status</u> PC	Purpose of grant or contribution  Program support	<u>Amount</u> \$20,000.00
Hale Halawai Ohana O Hanalei Community Family Center P. O. Box 822 Hanalei, HI 96714	PC	Ha'eie a Cultural Exploration youth program	\$3,000.00
Hale Makua Health Services 472 Kaulana Street Kahului, HI 96732	PC	New Electronic Medical Record (EMR) system	\$5,000.00
Hawaii Academy of Science 1776 University Avenue, COE UA4-4 Honolulu, HI 96822	PC	Hawaii State Science and Engineering Fair	\$5,000.00
Hawaii Community Foundation 827 Fort Street Honolulu, HI 96813	PC	Pathways to Resilient Communities	\$50,000.00
Hawaii Community Foundation 827 Fort Street Honolulu, HI 96813	PC	Daniel K. Inouye Institute	\$33,000.00
Hawaii High School Athletic Association 1202 Prospect Street, Room A-201 Honolulu, HI 96822	PC	Three year pilot middle school athletics program	\$34,000.00
Hawaii Hotel Industry Foundation 2270 Kalakaua Ave. Suite 1506 Honolulu, HI 96815-2561	PC	Designated for Friends of the Children's Justice Center of East Hawaii, Inc. and Friends of the Children of West Hawaii,	\$5,000.00
Hawaii Island Adult Care, Inc. 34 Rainbow Drive Hilo, HI 96720	PC	Inc. Assistance for low-income seniors	\$10,000.00

#### EIN: 99-0210467

Payee Organization  Hawaii Island Humane Society 74-5225 Queen Kaahumanu Highway Kailua-Kona, HI 96740	Foundation Status PC	Purpose of grant or contribution  Animal Community Center facility	<u>Amount</u> \$10,000.00
Hawaii Island United Way 76 Keaa Street Hılo, HI 96720-4764	PC	Disaster relief for Hawaii Island, including, but not limited to, Hurricane/Tropical Storm Iselle	\$25,000.00
Hawaii Literacy, Inc. 200 N. Vineyard Boulevard, Suite 320 Honolulu, HI 96817	PC	Program support	\$12,500.00
Hawaii Opera Theatre Hawaii Opera Plaza 848 S. Beretania Street, Suite 301 Honolulu, HI 96813	PC	Opera Express outreach and education program	\$7,000 00
Hawaii Pacific University 1164 Bishop Street, Suite 800 Honolulu, HI 96813	PC	Student Learning Commons at Aloha Tower Campus	\$31,250.00
Hawaii Public Television dba PBS Hawaii 2350 Dole Street Honolulu, HI 96822	PC	HIKI NO Statewide Student News Network	\$100,000.00
Hawaii Youth Symphony Association 1110 University Avenue, Suite 200 Honolulu, HI 96826-1598	PC	Program support	\$10,000.00
Hawaiian Community Assets Inc 1050 Queen Street, Suite 201 Honolulu, HI 96814	PC	Sustaining Homeownership for Future Generations program	\$10,000.00
Hiipaka LLC dba Waimea Valley 59-864 Kamehameha Hwy Haleiwa, HI 96712	PC	Program support for annual Waimea Valley Makahiki	\$17,000.00

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Payee Organization  Honolulu Ekiden Foundation 2250 Kalakaua Ave, Suite 403  Honolulu, HI 96815	Foundation Status PC	Purpose of grant or <u>contribution</u> Honolulu Ekiden & Music 2014	<u>Amount</u> \$3,000.00
Honolulu Gay and Lesbian Cultural Foundation 1670 Makaloa Street, #204, PMB #370 Honolulu, HI 96814	PC	Rainbow Film Festival 2014	\$5,000.00
Honolulu Police Community Foundation 6650 Hawaii Kai Drive, Suite 250 Honolulu, HI 96825	PC	Operating support	\$1,000 00
Hope House Diocese of Samoa - Pago Pago P. O. Box 596 Pago Pago, AS 96799	PC	Program support for long-term care facility	\$10,500.00
Iolani School 563 Kamoku Street Honolulu, HI 96826	PC	The Sullivan Center for Applied Studies and its programs	\$25,000.00
Iron Workers Scholarship Fund 94-497 Ukee Street Waipahu, HI 96797	PC	T. George Paris Scholarship Fund	\$5,000.00
Iron Workers Scholarship Fund 94-497 Ukee Street Waipahu, HI 96797	PC	T. George Paris Scholarship Fund	\$1,500.00
Kai Loa, Inc 46-500 Kuneki Street Kaneohe, HI 96744	PC	Support of programs at Ke Kula 'O Samuel M. Kamakau Laboratory Public Charter School	\$5,000.00
Kamaaina Care dba Kamaaina Kids 156 Hamakua Drive, Suite C Kailua, HI 96734	PC	Learning Center at He'eia State Park	\$1,500.00

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Payee Organization  Kapiolani Health Foundation  55 Merchant Street, 26th Floor  Honolulu, HI 96813	Foundation Status PC	Purpose of grant or contribution  "Campaign for Hawaii's Children" Capital Campaign	<u>Amount</u> \$20,000.00
Karidat P. O. Box 500745 Saipan, MP 96950	PC	Guma Esperanza "House of Hope" - Program to provide sanctuary to victims of domestic violence	\$10,000.00
Kau Hospital Charitable Foundation P. O. Box 733 Pahala, HI 96777	PC	Rehabilitation Program	\$10,000.00
Kick Start Karate 665 Kumukahi Place Honolulu, HI 96825	PC	Operating support	\$1,000.00
Kihei Youth Center 131 South Kihei Road Kihei, HI 96753	PC	Maui Children & Youth Day	\$2,500.00
Kona Historical Society P.O. Box 398 Captain Cook, HI 96704	PC	School Programs	\$10,000.00
Kuakini Foundation 347 North Kuakini Street Honolulu, HI 96817-9980	PC	Replacement of emergency generator	\$25,000.00
Lanai Community Association P. O. Box 630735 Lanai City, HI 96763	PC	Pineapple festival to provide support for local groups and community events	\$1,000.00
Manoa Heritage Center 2859 Manoa Road Honolulu, HI 96822	PC	Construction of Visitor Education Center	\$35,000.00

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Payee Organization  Maui Family Support Services, Inc.  1844 Wili Pa Loop  Wailuku, HI 96793	Foundation <u>Status</u> PC	Purpose of grant or contribution  Critical administrative functions	<u>Amount</u> \$5,000.00
Mental Health Association in Hawaii, Inc. 1124 Fort Street Mall, Suite 205 Honolulu, HI 96813	PC	Program support	\$3,500.00
Mental Health Kokua 1221 Kapiolani Blvd., Suite 345 Honolulu, HI 96814	PC	Companies That Care project and video about homeless who have transitioned to stable lives	\$10,000.00
Mid-Pacific Institute 2445 Kaala Street Honolulu, Hi 96822-2299	PC	Middle School Innovation Center	\$31,250.00
Moıliıli Hongwanji Mıssion Project Dana 2720 Nakookoo Street Honolulu, HI 96826	PC	Project Dana (program support for the elderly)	\$20,000.00
Molokai Ohana Health Care, Inc./dba Molokai Community Health Center P. O. Box 2040 Kaunakakai, HI 96748	PC	Design and build community playground	\$10,000.00
Ohana Komputer 1516 Avon Way Honolulu, HI 96822	PC	Computer literacy programs for low-income youths, seniors and disabled adults	\$2,500.00
Pacific American Foundation 146 Hekili Street, Suite 203 Kailua, HI 96734	PC	2014 Children & Youth Day	\$1,000.00
Pacific Buddhist Academy 1710 Pali Highway Honolulu, HI 96813	PC	Program support	\$1,500.00

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Payee Organization Pacific Century Fellows Program - Marianas Chapter P.O. Box 8501280 Saipan, MP 96950	Foundation Status PC	Purpose of grant or contribution  Development of young leaders in Commonwealth of Northern Mariana Islands, including Saipan	<u>Amount</u> \$5,000.00
Pacific Financial Aid Association 1314 South King Street Honolulu, HI 96814	PC	Financial aid tutorials for college seekers	\$6,355.00
Pacific Region Baseball Inc. P.O. Box 17865 Honolulu, HI 96817-0865	PC	Goodwill Tour	\$2,500.00
Paia Youth Council, Inc. dba Paia Youth & Cultural Center P. O. Box 790999 Paia, HI 96779	PC	Program support	\$5,000.00
Palolo Chinese Home 2459 Tenth Avenue Honolulu, HI 96816-3098	PC	Campus redevelopment - progressive care complex	\$17,000.00
Polynesian Voyaging Society 10 Sand Island Parkway Honolulu, HI 96819	PC	Malama Honua Worldwide Voyage	\$33,000.00
Queen's Medical Center 1301 Punchbowl Street Fund Development Department Harkness Annex, Room 11	PC	The Queen's Medical Center - West O'ahu	\$30,000.00
Honolulu, HI 96813 Reach Out Hawaii P.O. Box 2908 Honolullu, HI 96802	PC	After-school program for middle-school students	\$5,000.00
Sacred Hearts Academy 3253 Waialae Avenue Honolulu, HI 96816	PC	18th Annual Science Symposium for Girls	\$20,000.00

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## Form 990-PF, Part XV, Line 3a - Grants Paid in 2014

Payee Organization Special Olympics Hawaii P.O. Box 3295 Honolulu, HI 96801	Foundation Status PC	Purpose of grant or contribution  Sports and Wellness Center in Kapolei	<u>Amount</u> \$8,334.00
St. Andrew's Schools 224 Queen Emma Square Honolulu, HI 96813-2304	PC	St. Andrew's Preparatory School for Boys	\$17,000.00
St. Francis Healthcare Foundation of Hawaii 2228 Liliha Street, Suite 205 Honolulu, HI 96817	PC	St. Francis Intergenerational Center in Ewa Villages	\$10,000.00
State of Hawaii, Department of Education Aiea High School 98-1276 Ulune Street ' Aiea, HI 96701	PC	Community Service Day for priority school projects designated by school principal	\$5,000.00
Stone Soup Leadership Institute, Inc. P.O. Box 4551 Vineyard Haven, MA 02568	PC	Program support for benefit of Sustainable Hawaii Youth Leadership Initiative and the next generation of sustainability leaders in Hawaii	\$1,000.00
Teach For America, Inc. (Hawaii) 500 Ala Moana Blvd., Suite 3-400 Honolulu, HI 96813	PC	Program support and Hanai A School program	\$25,000.00
The Daniel R. Sayre Memorial Foundation P.O. Box 1285 Kaılua-Kona, HI 96745	PC	Purchase of essential, life- saving equipment	\$15,000.00
The Nature Conservancy, Hawaii Chapter 923 Nuuanu Ave Honolulu, HI 96817	PC	Program support for the conservation of Hawaii's natural resources	\$5,000.00
The Salvation Army Hawaiian & Pacific Islands Division 2950 Manoa Road Honolulu, HI 96822	PC	Program assistance, particularly housing for chronically homeless (\$10,000) & House of Mercy homeless drop-in center, Saipan	\$20,000.00

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## Form 990-PF, Part XV, Line 3a - Grants Paid in 2014

Payee Organization U.SJapan Council 1819 L Street NW, Suite 200 Washington, DC 20036	Foundation Status PC	Purpose of grant or contribution  Program support, including the annual conference	<u>Amount</u> \$10,000.00
Ukulele Festival Hawaii 3555 Harding Avenue, Suite 1 Honolulu, HI 96816	PC	Program support	\$1,500.00
University of Hawaii Foundation 2444 Dole Street, Bachman Hall 105 Honolulu, HI 96822	PC	Barack Obama Presidential Center Hawaii	\$25,000.00
University of Hawaii Foundation 2444 Dole Street, Bachman Hall 105 Honolulu, HI 96822	PC	Family Business Center of Hawaii - Distinguished Professorship, University of Hawaii, Shidler College of Business	\$12,500.00
University of Hawaii Foundation 2444 Dole Street, Bachman Hall 105 Honolulu, HI 96822	PC	Program support for University of Hawaii Economic Research Organization	\$15,000.00
University of Hawaii Foundation 2444 Dole Street, Bachman Hall 105 Honolulu, HI 96822	PC	Senator Daniel K. Akaka Regents Scholarship	\$12,500.00
Waianae Community Re-Development Corporation dba Ma'o Organic Farms P. O. Box 441 Waianae, HI 96792	PC	Bank of Hawaii Foundation - Native Hawaiian Non-Profit Award awarded at the Council for Native Hawaiian Advancement Conference	\$5,000.00
Waikıki Health 277 Ohua Avenue Honolulu, HI 96815	PC	Makahiki Medical and Dental Clinic	\$10,000.00
YMCA of Honolulu 1441 Pali Highway Honolulu, HI 96813	PC	Program support for Windward Branch	\$1,500.00

Total \$1,994,370.56

EIN: 99-0210467

# Form 990-PF, Part XV, Line 3b - 2014 Grants Approved For Future Payment

Payee Organization  American National Red Cross  Hawaii State Chapter  4155 Diamond Head Road  Honolulu, HI 96816	Foundation Status PC	Purpose of grant or contribution Disaster preparedness and response program	<u>Amount</u> \$25,000.00
Boys and Girls Club of Hawaii 345 Queen Street, Suite 900 Honolulu, HI 96813-4724	PC	Windward Clubhouse	\$25,000.00
Hawaii Opera Theatre Hawaii Opera Plaza 848 S. Beretania Street, Suite 301 Honolulu, HI 96813	PC	Opera Express outreach and education program	\$13,000.00
Hawaiian Humane Society 2700 Waialae Avenue Honolulu, HI 96826-1899	PC	Construction of 2nd campus in West Oahu and renovation of Moiliili	\$100,000.00
Kuakini Foundation 347 North Kuakini Street Honolulu, HI 96817-9980	PC	campus Replacement of emergency generator	\$75,000.00
Mid-Pacific Institute 2445 Kaala Street Honolulu, HI 96822-2299	PC	Middle School Innovation Center	\$93,750.00
Palolo Chinese Home 2459 Tenth Avenue Honolulu, HI 96816-3098	PC	Campus redevelopment - progressive care complex	\$33,000.00
Partners in Development Foundation 2040 Bachelot Street Honolulu, HI 96817	PC	Programs focused on youth (canoe building)	\$5,000.00

EIN: 99-0210467

# Form 990-PF, Part XV, Line 3b - 2014 Grants Approved For Future Payment

Payee Organization Seagull Schools, Inc. 1300 Kailua Road Kailua, HI 96734	Foundation Status PC	Purpose of grant or contribution First School of Kaka'ako	<u>Amount</u> \$50,000.00
St. Andrew's Schools 224 Queen Emma Square Honolulu, HI 96813-2304	PC	St. Andrew's Preparatory School for Boys	\$33,000.00
University of Hawaii Foundation 2444 Dole Street, Bachman Hall 105 Honolulu, HI 96822	PC	Family Business Center of Hawaii - Distinguished Professorship, University of Hawaii, Shidler College of	\$12,500.00
University of Hawaii Foundation 2444 Dole Street, Bachman Hall 105 Honolulu, HI 96822	PC	Senator Daniel K. Akaka Regents Scholarship	\$12,500.00

Total \$477,750.00

#### BANK OF HAWAII FOUNDATION EIN# 99-0210467 OTHER INVESTMENTS TAX YEAR 2014

Description	Units	Tax Cost	Market Value
ISHARES S&P 500 GROWTH ETF	985.000	90.878.04	109,926
ISHARES S&P 500 VALUE ETF	1,121.000	90,853.71	105,116
ISHARES MSCI EAFE SMALL CAP ETF	286.000	13,473.45	13,359
VANGUARD DIVIDEND APPRECIATION INDEX FUND	1,517.000	105,747 18	123,120
VANGUARD FTSE DEVELOPED ETF	1,483.000	57,497.62	56,176
VANGUARD FTSE EMERGING MARKETS ETF	461 000	18,038.93	18,449
VANGUARD EXTENDED MARKET ETF	919.000	71,043.43	80,679
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TOTAL OTHER INVESTMENTS		447,532.36	506,825

## RETURN OF PRIVATE FOUNDATION FORM 990-PF

FYE	EIN	NAME	TAX DUE
12/31/2014	99-0210467	BANK OF HAWAII FOUNDATION	0.00
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FOR IRS	~		
PAYMENTS MA	DE VIA EFTPS		

#### 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.lrs.gov/form8868 .

OMB No 1545-1709

	are filing for an Automatic 3-Month Extension, complete					<b>▶</b> X		
	are filing for an Additional (Not Automatic) 3-Month Ext							
	complete Part II unless you have already been granted a			-				
	nic filing (e-file) . You can electronically file Form 8868 if yo							
	to file Form 990-T), or an additional (not automatic) 3-mon							
	to file any of the forms listed in Part I or Part II with the exc							
Person	al Benefit Contracts, which must be sent to the IRS in paper	er format (	see instructions). For more details of	n the elec	ronic filing	of this form,		
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Partio	•	10	70044					
	r corporations (including 1120-C filers), partnerships, REMi icome tax returns.	ics, and tr	usts must use Form 7004 to reques	_				
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Type o	· ·	uctions.		Employer identification number (EIN)				
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File by the	C/O BANK OF HAWAII, DEPT 715			99-0210467				
due date filing your	"   P. O. BOX 3170					Social security number (SSN)		
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	HONOLULU, HI 96802-3170	g aca						
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Applic	ation	Return	Application Ret			Return		
ls For		Code	ls For					
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)					
Form 990-BL		02	Form 1041-A					
Form 4	720 (individual)	03	Form 4720 (other than individual)			08 09		
Form 990-PF		04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069					
Form 9	90-T (trust other than above)	06	Form 8870			11		
	BANK OF HAWAII	•			·	h · · =		
• The	books are in the care of ▶ 130 MERCHANT ST	TREET	- HONOLULU, HI 96	813				
Tele	phone No ▶ 808-694-4525		Fax No ▶					
• If th	e organization does not have an office or place of business	s in the Ur	nited States, check this box					
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is foi	the whole	group, check this		
box 🕨	——————————————————————————————————————					• , .		
1 1	request an automatic 3-month (6 months for a corporation					-		
_	AUGUST 15, 2015 to file the exemp	t organiza	tion return for the organization nam	ed above	The extensi	on		
1	s for the organization's return for.		-					
)	►X calendar year 2014 or							
1	tax year beginning	, an	id ending					
2	f the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return	Final retur	n			
3a		or 6069	enter the tentative tax loss any					
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					\$	12,760		
-	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					12,700		
	estimated tax payments made Include any prior year overpayment allowed as a credit					12,760		
	Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,					12,100		
	by using EFTPS (Electronic Federal Tax Payment System).	•	• •	3с	\$	0 .		
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