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# SCANNED DEC 07 2015

# EXTENDED TO NOVEMBER 16, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990

A F	or the	2014 calendar year, or tax year beginning	and	ending					
<b>B</b> c	heck if pplicable	C Name of organization			D Employer in	dentificati	on number		
	Address change	KAWAIAHAO CHURCH TRUST							
느	Name change	Doing business as			99-6044333				
<u></u>	Initial return	Number and street (or P.O. box if mail is not del	vered to street address)	Room/suite	E Telephone r	number			
	Final return/	P.O. BOX 3170, DEPT. 7	15		(	808)	694-4543		
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	;	2,312,502.		
	Amende return				H(a) Is this a g	roup return	1		
	Applica-	I F Name and address of principal officer DAIN	K OF HAWAII		for subore	•	Yes X No		
	pending	130 MERCHANT STREET, HO		13	H(b) Are all subore				
1 7	ax-exer				-1 ' '		(see instructions)		
_		»: ► N/A	7 = 3.1,47,7		H(c) Group ex		•		
_		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	sociation Other	L Year			ate of legal domicile. H		
		Summary		1-		1	<u> </u>		
_	1 8	Briefly describe the organization's mission or most	significant activities SEE	SCHEDU	JLE O				
Activities & Governance		, g					<del></del>		
rna	2 6	Check this box   If the organization disco	ntinued its operations or dispo	sed of mor	e than 25% of its	net asset	s		
o Ve		lumber of voting members of the governing body	· ·		20,000	3			
Ğ		lumber of independent voting members of the go	•			4	<del></del> -		
δ.	1	otal number of individuals employed in calendary				5			
įį		otal number of volunteers (estimate if necessary)				6			
Ę	i	otal unrelated business revenue from Part VIII, co	olumn (C), line 12			7a	0 .		
⋖		Net unrelated business taxable income from Form			17.0	7b	0		
				1.	Prior Year		Current Year		
m	8 0	Contributions and grants (Part VIII, line 1h)	,	0.	0				
Revenue	į.	Program service revenue (Part VIII, line 2g)	216.37	71155 T	य	0.	0		
ķ	t	nvestment income (Part VIII, column (A), lines 3, 4			<u>المرابع 144,8</u>		526,331		
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		- <del>  -  </del>		0.	0		
	1	Total revenue - add lines 8 through 11 (must equal		:	144,8	39.	526,331		
		Grants and similar amounts paid (Part IX, column (			, ===/	0.	150,434		
		Benefits paid to or for members (Part IX, column (A	•	<u> </u>		0.	0		
Ø	1	Salaries, other compensation, employee benefits (		, <del> </del>	58,9	_	61,561		
Expenses	1	Professional fundraising fees (Part IX, column (A),	, , ,	<u> </u>		0.	0		
ä	1	Fotal fundraising expenses (Part IX, column (D), lin	,	0.	<del></del>		<del></del>		
ŭ	1	Other expenses (Part IX, column (A), lines 11a-11d	· ————	<del></del>	3.1	27.	2,982		
	1	Fotal expenses Add lines 13-17 (must equal Part	•	<b>—</b>	62,0		214,977		
	1	Revenue less expenses. Subtract line 18 from line	. , , , ,	<u> </u>	82,7		311,354		
70 %	<u> </u>	Total de loge experiede. Gabit det inte l'e north inte		B	eginning of Currer		End of Year		
ssets or	20 7	Fotal assets (Part X, line 16)		<del>  -</del>	4,075,0		4,385,909		
ASS	21	Total liabilities (Part X, line 26)		<del> </del>	-,-,-,-	0.	0		
Net As	22	Net assets or fund balances. Subtract line 21 from	uline 20	<u> </u>	4,075,0		4,385,909		
_	art II	Signature Block	1 1110 20			, _ , ,			
Und	der penal	ties of perjury, I declare that I have examined this return	including accompanying schedul	es and stater	nents, and to the b	est of my kr	nowledge and belief, it is		
		t, and complete. Declaration of preparer (other than offic					<b>,</b>		
_		My wmit			NO		015		
Sig	<sub>an</sub>	Signature of officer			Date	· · ·			
He	٠ ا	BANK OF HAWAII, TRUSTE	E						
		Type or print name and title							
_		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN		
Pai	id	· - Weaking a mana				if self employed			
	eparer	Firm's name			Firm's				
	e Only	Firm's address			1 11117 3				
					Phone	no			
Ma	v the IF	RS discuss this return with the preparer shown abo	ove? (see instructions)		1.3.3.0	<u></u>	Yes No		
_	2001 11-0			lions			Form <b>990</b> (2014		
-02									

Form 990 (2014)

631

orm	n 990 (2014) KAWAIAHAO CHURCH TRUST	99-6044333 Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
ì	Briefly describe the organization's mission:	
•	THE ORGANIZATION DISTRIBUTES FUNDS TO OR FOR TH	E DENEETH OF VALIATAINA
	CHIEGOL A HAWATT DI BENGGIDIANI GORDONI TON	E BENEFIT OF KAWATAHAO
	CHURCH, A HAWAII ELEEMOSYNARY CORPORATION, FOR	THE PURPOSES OF
	MAINTAINING, RECONSTRUCTING, RENOVATING, REPAIR	ING AND PRESERVING THE
	MAIN CHURCH BUILDING KNOWN AS KAWAIAHAO CHURCH.	
2	Did the organization undertake any significant program services during the year which were no	listed on
	the prior Form 990 or 990-EZ?	Yes X No
	·	L tes LA_ No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any pro-	ogram services? Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program	ram services, as measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	Hoodings to others, the total supportings
		llocations to others, the total expenses, and
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$173,730. including grants of \$150,	434. ) (Revenue \$)
	KAWAIAHAO CHURCH-BUILDING MAINTENANCE AND RENOV	ATION
		•
4b	(Code) (Expenses \$ including grants of \$	) (Revenue \$)
		, , <u>.</u>
		· · · · · · · · · · · · · · · · · · ·
	ma weak.	
		· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
4c	(Code) (Expenses \$	) (Revenue \$)
		· · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Reven	ue \$
40	Total program service expenses \( \) 173,730.	
70	±13,130 s	

# Form 990 (2014) KAWAIAHAO CHURCH TRUST Part IV Checklist of Required Schedules

	Ţ		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	_X_	77
	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		_X_
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
	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			v
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
	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		х
7	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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٠	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		43
•	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		Х
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	L	X
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	<u>L</u>	X
С	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	↓	X
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	Ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
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	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	İ		
	Schedule D, Parts XI and XII	12a	-	<u> </u>
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	<del> </del>	X
13	1s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del>  .</del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b			1	}
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		<u>_x</u> _
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	1	A
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	+	122
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		+
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del>	†	<del>                                     </del>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			T
. •	complete Schedule G, Part III	19		X
20a	- in the second of the second	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	T	
			<del> </del>	(2014)

# Form 990 (2014) KAWAIAHAO CHURCH TRUST Part IV Checklist of Required Schedules (continued)

			Yes	No
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	_X_	_
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		<u>X</u>
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		_X_
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			ı
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		i	
	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		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
~~	complete Schedule L, Part II	26		X
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			7,
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
а	instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00-		<b>.</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25	-	1
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		ļ	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l	ļ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	ļ
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	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		I	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	i		-
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Forn	990	(2014)

	t V Statements Regarding Other IRS Filings and Tax Compliance	<u> </u>	<u> </u>	age <b>5</b>			
Par	Check if Schedule O contains a response or note to any line in this Part V						
	Check in Contours Contrains a response of note to any line in this rear v	—т		ᆜ			
_	Solve the grapher reported to Day 2 of Source 1000 Solve Q. foot analysis is	$\longrightarrow$	Yes	No			
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	ŀ					
_							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?						
0-		1c					
	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 0			i			
	filed for the calendar year ending with or within the year covered by this return  U  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2h					
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b					
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х			
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 (FBAR)						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	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		Х			
b	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 and services provided to the payor?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	] 1	]				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		ļ			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<del> </del>			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8		$\vdash$			
9	Sponsoring organizations maintaining donor advised funds.	_					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	┼	<del> </del>			
40 40	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<b> </b>	+-			
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12						
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	4					
11	Section 501(c)(12) organizations. Enter	1					
'' a	Gross income from members or shareholders						
b	(2)	1					
	amounts due or received from them)	-					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			$\dagger$			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1					
a		13a					
_	Note. See the instructions for additional information the organization must report on Schedule O		1				
b		1					
-	organization is licensed to issue qualified health plans			1			
c		1		<u> </u>			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
		Forr	n <b>99</b> 0	(2014)			

Form 990 (2014) KAWAIAHAO CHURCH TRUST 99-6044333 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		•	
`	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing		1	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		ł	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body? N/A	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			ļ
	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 filing the form?	11a	X	-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	37
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	v	
	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		<b></b> -
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official N/A - See schedule O	150		
a		15a	<del> </del>	<del> </del> -
D	Other officers or key employees of the organization  N/A - See Schedule O  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	<del> </del>	<del> </del>
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVa	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	+	1
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		1	
	exempt status with respect to such arrangements?	16b		
Sec	exion C. Disclosure	100	<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)	availal	nle	
10	for public inspection. Indicate how you made these available. Check all that apply	avalldi	010	
	Own website Another's website X Upon request Other (explain in Schedule O)			
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd fina-	nois!	
19	statements available to the public during the tax year	io iiiai	iCidi	
<b>2</b> 0	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	BANK_OF_HAWAII - (808) 694-4543	·		
	130 MERCHANT ST, HONOLULU, HI 96813			
	130 MERCHANT ST, MONOHOLO, MI 30013			

Form 990 (2014) KAWATAHA(									99-6044	333 Page 7
Part VII Compensation of Officers, D				s, I	Key	/ Er	npi	oyees, Highest Co	ompensated	<del></del>
Employees, and Independen										
Check if Schedule O contains a response						~				
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons required to										
List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compens List all of the organization's current key em List the organization's five current highest co	sation was paid oployees, if any ompensated e	d Se mplo	e in: ovee	struc es (o	ctior ther	ns fo	r de n an	finition of "key employe officer, director, trustee	e " e or kev emplovee) wh	O received report
able compensation (Box 5 of Form W-2 and/or Bo  List all of the organization's former officers reportable compensation from the organization and  List all of the organization's former director more than \$10,000 of reportable compensation for List persons in the following order individual trus and former such persons	, key employee nd any related rs or trustees rom the organi	es, a orga tha zatio	ind h aniza t rec on ai	nighe atior eive nd a	est ons ed, ir ny re	omp the elate	e cap ed or	sated employees who re pacity as a former direct rganizations	eceived more than \$10 cor or trustee of the org	0,000 of ganization,
Check this box if neither the organization n	or any related	oras	פלותנ	tion	cor	nnei	neat	ed any current officer of	director or tructoo	
(A)	(B)	Jiga	41 1140	(C		ייטפוי	i3 <b>d</b> l	(D)	(E)	(F)
Name and Title	Average	}		Pos	ition			Reportable	(E) Reportable	(F) Estimated
	hours per	box	(do not check more than one					compensation	compensation	amount of
	week	<del></del>	cer an	dad	recto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation
	related	ee or	stee			nsate(		(W-2/1099-MISC)	(44-271099-141130)	from the organization
	organizations	Itrust	Institutional trustee		oyee	Highest compensated employee		(** = *********************************		and related
	below	Mdua	Itatio	5	Key employee	hest c	Former			organizations
	line)	르	Inst	Officer	ě.	三三	ē			
(1) BANK OF HAWAII	1.00	-								
TRUSTEE			X		ļ	<u> </u>		61,561.	0.	0 .
		{								
	<u> </u>		├	<del> </del>	<del> </del>	-				
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99-6044333

Page 8

KAWAIAHAO CHURCH TRUST

		Check if Schedule O conta	ins a response or note	to any line in this Par	t VIII			
•				(A) Total reve		(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats uts	1 a	Federated campaigns	1a					
اوغ	b	Membership dues	1b					
S, G	С	Fundraising events	1c		1			
a it	ď	Related organizations	1d					
, E	е	Government grants (contribution	ons) 1e					
P.S.	f	All other contributions, gifts, grants	s, and		1			
돌		similar amounts not included abov	e If					
들임	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	<u>h</u>	Total. Add lines 1a-1f		<b>•</b>		<u>-</u>		
			Busin	ess Code	ļ			
8	2 a							
e e	b							
n S	С						-	
e z	d							
Program Service Revenue	е							
а.	f	All other program service rever	nue					
		Total. Add lines 2a-2f						
	3	Investment income (including	dividends, interest, an	_ 1				
		other similar amounts)			5,554.	~-···		145,554,
	4	Income from investment of tax	exempt bond procee	os P				
	5	Royalties	(A D1 /A F	\\	-		<del> </del>	
	<u> </u>	Cross rents	(i) Real (ii) F	Personal				
	6 a	Gross rents Less: rental expenses			ĺ			
	l	Rental income or (loss)						
	l .	Net rental income or (loss)	<u> </u>		}			
	1	Gross amount from sales of	(i) Securities (ii)	Other				
	, "	assets other than inventory	2,166,948,	0				
	Ь	Less cost or other basis	2,100,540,		1			
	~	and sales expenses	1.786.171.					
	_ c		380,777					
	d			38	30 .777.			380,777
a)	8 a	Gross income from fundraising	g events (not					
nue		including \$	of					
Other Reven		contributions reported on line	1c) See					
ᇤ	ŀ	Part IV, line 18	a					
ŧ	b	Less direct expenses	ь					
0	_ c	Net income or (loss) from fund	draising events	<b>&gt;</b>				
	9 a	a Gross income from gaming ac	ctivities See					
		Part IV, line 19	a					
	t	Less direct expenses	b					
	1	Net income or (loss) from gan		<b>•</b>		<del> </del>		<del> </del>
	10 a	a Gross sales of inventory, less	returns					
		and allowances	a					
		Less cost of goods sold	b			•		
		Net income or (loss) from sale				<u>.</u> .		
	40	Miscellaneous Revenu		ness Code				
	11 8							+
	'	b			<del></del>			+
		cd All other revenue					<u> </u>	<del> </del>
	1	e Total. Add lines 11a-11d	I					1
	12	Total revenue See instructions.		5	26 331.	0.	0	526 331
4320 11-0				<del></del>				Form <b>990</b> (2014

<u>ectic</u>	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
<u>.                                    </u>	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				. —
	and domestic governments. See Part IV, line 21	150,434.	150,434.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				<del> </del>
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	61,561.	21,546.	40,015.	· · · · · · · · · · · · · · · · · · ·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		<del></del>		
11	Fees for services (non-employees)				
а	Management				
b	Legal	2.500	4 550	<b>55.0</b>	
С	Accounting	2,500.	1,750.	750.	
d	Lobbying			<u> </u>	
е	Professional fundraising services. See Part IV, line 17				<del></del> -
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	· · · · · · · · · · · · · · · · · · ·		-	
14	Information technology			<del>                                     </del>	
15	Royalties	-			<del></del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
45	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
21	Depreciation, depletion, and amortization				
22 23	Insurance	·- ,	<del></del>	+	
23	Other expenses. Itemize expenses not covered		<del></del>		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  FOREIGN TAX WITHHELD	438.		438.	
	TITTE CONTOURS DOD	436.		436.	
b		44.		44.	
C					
d					
	All other expenses	214,977.	172 720	11 247	0 .
25	Total functional expenses Add lines 1 through 24e  Joint costs. Complete this line only if the organization	<u> </u>	173,730.	41,247.	U .
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				
			1	1	1

99-6044333 Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3,376. 9,942. Cash - non-interest-bearing 1 109,600. 2 Savings and temporary cash investments 2 77,829. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 3,962,043. Investments - publicly traded securities 4,298,138. 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 4,075,019. 4,385,909. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 24). Complete Part X of Schedule D 25 26 0. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

> 4,385,909. Form **990** (2014)

4,385,909.

4,385,909.

30

31

32

33

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total net assets or fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

4,075,019.

4,075,019.

4,075,019.

30

32

33

0. 31

0.

<u>orm</u>	990 (2014) KAWAIAHAO CHURCH TRUST	<u>99-60</u>	44333	Pag	e 12		
Par	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
•							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	520	5,3	<u>31.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21	4,9	77.		
3	Revenue less expenses Subtract line 2 from line 1	3		1,3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,07	5,0	19.		
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		-4	64.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	4,38	<u>5,9</u>	09.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		-				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a					
	separate basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	-	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,					
	consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,			}		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit		}	7.7		
	Act and OMB Circular A-133?		3a	<del> </del>	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u>3b</u>	000	(001.4)		
			Form	990	(2014)		

### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of	ine or gamzation					⊏mpioy€	r identification number				
	KAWA	IAHAO CHUR	CH TRUST			9	99-6044333				
Part I	Reason for Public	Charity Status (	All organizations must co	mplete thi	s part ) See	nstructions					
The organ	ization is not a private found	dation because it is (	For lines 1 through 11, c	heck only	one box)						
1 🔲	A church, convention of ch	urches, or association	on of churches described	ın sectio	n 170(b)(1)	(A)(i).					
2	A school described in sect										
3	A hospital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(iii	).					
4	A medical research organiz						r the hospital's name,				
	city, and state										
5	An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmental unit descr	bed in				
	section 170(b)(1)(A)(ıv). (0	Complete Part II )									
6 🔲	A federal, state, or local go	vernment or governr	nental unit described in s	section 17	O(b)(1)(A)(	v).					
7	An organization that norma						al public described in				
	section 170(b)(1)(A)(vi). (Complete Part II)										
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II )							
9 🗔	An organization that norma				contributio	ns, membership fees,	and gross receipts from				
	activities related to its exer										
	income and unrelated busi										
	See section 509(a)(2). (Co										
10 🖳	An organization organized	and operated exclus	ively to test for public sa	fety See s	section 50	9(a)(4).					
11 X	An organization organized	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to carry out th	ne purposes of one or				
	more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section 5	509(a)(2) S	See section 509(a)(3).	Check the box in				
	_lines 11a through 11d that	describes the type of	of supporting organization	n and com	plete lines	11e, 11f, and 11g					
a		anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically l	by giving				
	the supported organizati	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	tors or trustees of the	supporting				
_	organization You must	complete Part IV, S	ections A and B.								
b L	☐ Type II. A supporting org	ganization supervised	d or controlled in connec	tion with it	s supporte	ed organization(s), by I	naving				
	control or management of	of the supporting org	anization vested in the s	ame perso	ns that co	ntrol or manage the si	upported				
	organization(s) You mus	st complete Part IV,	Sections A and C.								
c L	☐ Type III functionally into	egrated. A supportin	ig organization operated	in connec	tion with, a	and functionally integra	ated with,				
	its supported organization	on(s) (see instruction:	s) You must complete i	Part IV, Se	ctions A,	D, and E.					
d 🔀	••										
	that is not functionally in						ntiveness				
	requirement (see instruc										
e L	Check this box if the org					Type I, Type II, Type	11				
_	functionally integrated, o		onally integrated support	ing organi	zation		r				
	er the number of supported	•					111				
	vide the following informatio (i) Name of supported	n about the support		(IV) Is the o	raanization	(v) Amount of monoton	(u) Amount of				
	organization	(ii) Eii4	(iii) Type of organization (described on lines 1.9	listed	nyour	(v) Amount of monetary support (see	(vi) Amount of other support (see				
	•		above or IRC section	governing	,	Instructions)	Instructions)				
			(see instructions))	Yes	No	· · · · · · · · · · · · · · · · · · ·					
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VAWAT	AHAO CHURCH	99-0075241	1	X		150,434	•				
							İ				
	···	<del>                                     </del>	,								
	<del></del>			<del> </del>	<b></b>						
				-	-						
	····	<del> </del>		<del> </del> -							
Total						150,434	0.				
1000		<u> </u>		<u>i</u>	1	<u> </u>	<u> </u>				

Part II	Support	Schedu	ule for Organizati	ons Des	cribed in	Sections	170(b)(1)(A)(iv)	and 1	70(b)(1)(A)(vi	Ī

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")					}	
2	Tax revenues levied for the organ-						
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						<del></del>
	furnished by a governmental unit to	1					
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						······································
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	etion B. Total Support	<u> </u>	<del></del>		ı		I
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	(4) = 0.10	197-5	(0) = 0 1 =	(4) 23.3	lo <sub>L</sub> z <sub>3</sub> · · · ·	(i) iotai
8	Gross income from interest,			***************************************			
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			<del> </del>	<del> </del>		
J	activities, whether or not the						
	business is regularly carried on	1					
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI)					1	
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc (see instruct	ions)	ı	1	12	
	First five years. If the Form 990 is fo	•	•	rd fourth or fifth t	tay vear as a secti	<u> </u>	
	organization, check this box and sto	•	o mon occorna, um	ra, roaren, or men	iax year as a seen	011 00 1(0)(0)	<b>&gt;</b>
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2014 (			column (fl)		14	%
15	Public support percentage from 2013		•	.,,		15	%
16a	33 1/3% support test - 2014. If the			on line 13, and line	14 is 33 1/3% or		
	stop here. The organization qualifies	-				•	
Ł	33 1/3% support test - 2013. If the		_		d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qua	=					
17a	10% -facts-and-circumstances tes	•			ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac		-				
	meets the "facts-and-circumstances"			-	•		<b>▶</b>
ŀ	10% -facts-and-circumstances tes	-	-		-	17a, and line 15 is	10% or
-	more, and if the organization meets t		-				
	organization meets the "facts-and-cir				<u>=</u>		
18	Private foundation. If the organization						ns 🕨
						nedule A (Form 99	

# Schedule A (Form 990 or 990-EZ) 2014 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	quality under the tests listed be tion A. Public Support	elow, please comp	olete Part II )				<del></del>
	ndar year (or fiscal year beginning in)	(2) 2010	(b) 2011	(a) 2012	(a) 0010	(6) 2014	(D. T-1-1
	Gifts, grants, contributions, and	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
'	membership fees received (Do not						
	include any "unusual grants ")						
_	_ ' }					<u> </u>	<del> </del>
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose					ļ	
3	Gross receipts from activities that			İ			
	are not an unrelated trade or bus-						
	iness under section 513					-	<del> </del>
4	Tax revenues levied for the organ-	ı					
	ization's benefit and either paid to	1					
	or expended on its behalf					<u> </u>	
5	The value of services or facilities	1					
	furnished by a governmental unit to	1				1	
	the organization without charge						
	Total. Add lines 1 through 5	<del></del>			 		ļ
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5 000 or 1% of the						
	amount on line 13 for the year					<del></del>	
•	Add lines 7a and 7b	<del></del>					
	Public support (Subtract line 7c from line 6)		: 	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Se	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·		1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on					<u> </u>	
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)						
13	Total support. (Add lines 9 10c, 11 and 12)			<u> </u>			
14	First five years. If the Form 990 is for	r the organization	s first, second, th	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organ	ization,
	check this box and stop here					<del></del>	▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2014 (		•	column (f))		15	%
16	Public support percentage from 2013					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	<b>)14</b> (line 10c, colu	mn (f) divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	<b>2013</b> Schedule A.	Part III, line 17			18	%
19	a 33 1/3% support tests - 2014. If the	organization did	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ind stop here. Th	e organization qua	alifies as a publicly	supported organ	ızatıon	
	33 1/3% support tests - 2013. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is r	nore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	janization qualifies	as a publicly sup	ported organization	on <b>&gt;</b>
20	Private foundation. If the organization						<b>&gt;</b>

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
_		
1	X	
2		X
3a		x
Ja		A.
3b		
3c	<u></u> .	
4a		x
-+a		Α.
_ 4b	-	
4c		
5a		X
5b 5c		ļ
50		
6		x
7		x
8	╁	X
9a		X
9b		х
9c		X
10a	<u> </u>	X
10b		
000 000		1 2014

Sche	dule A (Form 990 or 990-EZ) 2014 KAWAIAHAO CHURCH TRUST		99	9-6044333 Page 6
Par				
.1	Check here if the organization satisfied the Integral Part Test as a qualifying			tions. All
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1	3,150.	21,751.
2	Recoveries of prior-year distributions	2	0.	0.
3_	Other gross income (see instructions)	3	107,843.	145,554.
4	Add lines 1 through 3	4	110,993.	167,305.
_5	Depreciation and depletion	5	0.	0.
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6	39,908.	41,247.
_7_	Other expenses (see instructions)	7	0.	0.
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	71,085.	126,058.
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	T		(optional)
•	instructions for short tax year or assets held for part of year)	ļ		
	Average monthly value of securities	1a	4,454,131.	4,854,895.
	Average monthly cash balances	1b	99,740.	88,406.
	Fair market value of other non-exempt-use assets	1c	0.	00,400.
	Total (add lines 1a, 1b, and 1c)	1d	4,553,871.	4,943,301.
	Discount claimed for blockage or other	10	Z, JJJ, O/I.	4,743,301.
Ŭ	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	0.	0.
3	Subtract line 2 from line 1d	3	4,553,871.	4,943,301.
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1	1,333,071	4/743/3011
·	see instructions)	4	68,308.	74,150.
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	4,485,563.	4,869,151.
6	Multiply line 5 by 035	6	156,995.	170,420.
7	Recoveries of prior-year distributions	7	0.	0.
8	Minimum Asset Amount (add line 7 to line 6)	8	156,995.	170,420.
Sect	non C - Distributable Amount	<u></u>		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		71,085.
2	Enter 85% of line 1	2		60,422.
3	Minimum asset amount for prior year (from Section B. line 8. Column A)	3		156.995.

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

4

5

6

Schedule A (Form 990 or 990-EZ) 2014

156,995.

156,995.

4 Enter greater of line 2 or line 3

instructions)

5 Income tax imposed in prior year

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Sche	dule A (Form 990 or 990-EZ) 2014 KAWAIAHAO CHU	JRCH TRUST	9	9-6044333 Page 7
Pa	₹ V Type III Non-Functionally Integrated 509	9(a)(3) Supporting Orga	inizations (continued)	
Sect	ion D - Distributions			Current Year
<u>.1</u>	Amounts paid to supported organizations to accomplish ex	empt purposes		150,434.
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
_3_	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	23,296.
_4_	Amounts paid to acquire exempt use assets			
_ 5	Qualified set-aside amounts (prior IRS approval required)			
_ 6	Other distributions (describe in Part VI) See instructions			
_ 7	Total annual distributions. Add lines 1 through 6			173,730.
8	Distributions to attentive supported organizations to which	the organization is responsive	)	
	(provide details in Part VI) See instructions			150,434.
9	Distributable amount for 2014 from Section C, line 6			156,995.
10	Line 8 amount divided by Line 9 amount			95.82%
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		F16-2014	156,995.
2	Underdistributions, if any, for years prior to 2014			130,773.
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a				
b				
C				
d				
	From 2013			······································
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to Underdistributions of prior years  Applied to 2014 distributable amount			· · · · · · · · · · · · · · · · · · ·
•	Carryover from 2009 not applied (see instructions)		······································	
	Remainder Subtract lines 3q, 3h, and 3i from 3f	· · · · · · · · · · · · · · · · · · ·		
4	Distributions for 2014 from Section D.	<del> </del>		
4	line 7 \$ 173,730			
	Applied to underdistributions of prior years	•		
	Applied to Underdistributions of prior years  Applied to 2014 distributable amount			156.995.
	Remainder Subtract lines 4a and 4b from 4	16,735.		150,995
	Remaining underdistributions for years prior to 2014, if	10,733.		
5	• • •			
	any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3 <sub>j</sub> and 4c	16,735.		
_	<b>5</b>	i i	ı	

Schedule A (Form 990 or 990-EZ) 2014

8 Breakdown of line 7:

d Excess from 2013

e Excess from 2014

16,735.

Schedule A (Form 990 or 990-EZ) 2014 KAWAIAHAO CHURCH TRUST	99-6044333 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a	or 17b, and Part III, line 12
Also complete this part for any additional information (See instructions)	
SCHEDULE A, PART IV, SECTION D, LINE 3	
THE SUPPORTING ORGANIZATION PROVIDED PERIODIC PERFORMANCE	REPORTS ON
THE INVESTMENT PORTFOLIO AND MET WITH THE SUPPORTED ORGANI	ZATION EITHER
FACE TO FACE OR BY CONFERENCE CALL TO DISCUSS THE INVESTME	NT
PERFORMANCE. IN ADDITION, THE SUPPORTED ORGANIZATION WAS	GIVEN
DISCRETION AS TO THE TIMING OF GRANTS.	
	<del></del>

SCHEDULE (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047	<b>7700</b>
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Department of the Treasury			► Attach to Form 990.	п 990.			Open to Public	ublic
Internal Revenue Service	▶ Informat	▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990	Form 990) and its	instructions is at	www.irs.gov/form99	0.	inspection	LOI I
Name of the organization							Employer identification number	number
i	KAWAIAHAO CHURCH TRUST	RUST					99-6044333	4333
Part I General Information on Grants and Assistance	rants and Assistance							
1 Does the organization maintain records to substantiate the amount of	ecords to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	١	[
criteria used to award the grants or assistance?	or assistance?						X Yes	Š
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ion's procedures for mon	toring the use of grant	funds in the United	J States				
Part II Grants and Other Assistance to Domestic Organizations and	ince to Domestic Organ	zations and Domestic	Governments. C	omplete if the orga	nization answered "Y	Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any	
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	re than \$5,000 Part II car	be duplicated if additive	onal space is need	ed				
1 (a) Name and address of organization or government	ation (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ant
KAWAIAHAO CHURCH							DISTRIBUTES FUNDS	TO OK
957 PUNCHBOWL STREET							FOR THE BENEFIT OF	
HONOLULU, HI 96813	99-0075241	170(B)(1)(A)(I)	150,434.	0.			KAWAIAHAO CHURCH	A
	1							
						:		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1(c)(3) and government or	ganizations listed in the	e line 1 table				<b>A</b>	1
3 Enter total number of other organizations listed in the line 1 table	izations listed in the line	1 table					•	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990	Notice, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2014)	0) (2014)

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Page 2 99-6044333 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed KAWAIAHAO CHURCH TRUST Schedule I (Form 990) (2014)

Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
upplementa	uired in Part I, line	2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	Iditional information	
PART I, LINE 2: THE SUPPORTED ORGANIZATION, KAWAIAHAO	нао сниксн,	H, PROVIDES	ES A DETAILED	LED BUDGET	
EACH YEAR, ITEMIZING THE PROJECTED USE		OF THE FUNDS.	COPIES OF EACH	F EACH	
INVOICE SUBMITTED TO THE CHURCH FOR	R SERVICES	S RENDERE	RENDERED OR PURCHASES MADE	ASES MADE ARE	
PROVIDED TO BANK OF HAWAII, CORPORATE	ATE TRUSTEE,		PRIOR TO FUNDS BEING	BEING	
DISTRIBUTED.					
PART II, LINE 1, COLUMN (H):					

Schedule I (Form 990) (2014)

Schedule I (Form 990) KAWAIAHAO CHURCH TRUST	99-6044333 Page 2
Part IV Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: THE ORGANIZATION D	ISTRIBUTES FUNDS
TO OR FOR THE BENEFIT OF KAWAIAHAO CHURCH, A HAWAII EL	EEMOSYNARY
CORPORATION, FOR THE PURPOSES OF MAINTAINING, RECONSTR	UCTING, RENOVATING,
REPAIRING AND PRESERVING THE MAIN CHURCH BUILDING KNOW	N AS KAWAIAHAO
CHURCH. FUNDS MAY ALSO BE DISTRIBUTED TO KAWAIAHAO CH	URCH FOR GENERAL
OPERATIONS, SALARIES, PROMOTION OF RELIGIOUS BELIEFS A	ND OTHER THINGS
REASONABLY RELATED TO PRESERVING THE KAWAIAHAO CHURCH	BUILDING AS A
RELIGIOUS AND HISTORICAL SITE.	
	· · · · · · · · · · · · · · · · · · ·

432291 05-01-14 Schedule I (Form 990)

# **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

432211 08-27-14

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

99-6044333

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

KAWAIAHAO CHURCH TRUST

Employer identification number

_
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION DISTRIBUTES FUNDS TO OR FOR THE BENEFIT OF KAWAIAHAO
CHURCH, A HAWAII ELEEMOSYNARY CORPORATION, FOR THE PURPOSES OF
MAINTAINING, RECONSTRUCTING, RENOVATING, REPAIRING AND PRESERVING THE
MAIN CHURCH BUILDING KNOWN AS KAWAIAHAO CHURCH. FUNDS MAY ALSO BE
DISTRIBUTED TO KAWAIAHAO CHURCH FOR GENERAL OPERATIONS, SALARIES,
PROMOTION OF RELIGIOUS BELIEFS AND OTHER THINGS REASONABLY RELATED TO
PRESERVING THE KAWAIAHAO CHURCH BUILDING AS A RELIGIOUS AND HISTORICAL
SITE.
FORM 990, PART VI, SECTION B, LINE 11:
FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF BANK OF HAWAII AS CORPORATE
TRUSTEE. BEFORE IT IS FILED, THE TAX RETURN IS REVIEWED BY AN
ADMINISTRATIVE OFFICER OF THE CORPORATE TRUSTEE.
FORM 990, PART VI, SECTION B, LINE 12C:
BANK OF HAWAII, THE CORPORATE TRUSTEE, HAS A CONFLICT OF INTEREST POLICY
THAT APPLIES TO ALL EMPLOYEES, INCLUDING THE TAX OFFICERS, TAX CONSULTANTS
AND ADMINISTRATIVE OFFICERS. BANK OF HAWAII REQUIRES ALL EMPLOYEES TO
PARTICIPATE IN REGULARLY SCHEDULED TRAINING RELATED TO COMPLIANCE WITH
CONFLICT OF INTEREST AND OTHER RELATED POLICIES.
FORM 990, PART VI, SECTION B, LINE 15:
FORM 990, PART VI, SECTION B, LINE 15: THE TRUST DOCUMENT DESIGNATES THAT
THE TRUSTEE IS TO RECEIVE REASONABLE COMPENSATION IN ACCORDANCE WITH THE
TRUSTEE'S PUBLISHED FEE SCHEDULE. IN ESTABLISHING THE TRUSTEE'S FEE  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)
,

Name of the organization	Employer identification number
KAWAIAHAO CHURCH TRUST	99-6044333
SCHEDULE, CONSIDERATION WAS GIVEN TO THE DUTIES, LIABILIT	IES, AND EXPERTISE
OF THE CORPORATE TRUSTEE, AS WELL AS TO COMPARABLE FEES F	OR SIMILAR
SERVICES PROVIDED BY SIMILAR ORGANIZATIONS. THE PROCESS	OF ESTABLISHING AN
APPROPRIATE FEE AS "REASONABLE" WAS ALSO PRESENTED TO THE	HAWAII ATTORNEY
GENERAL, WHOSE OFFICE IS RESPONSIBLE FOR THE OVERSIGHT OF	' HAWAII'S
CHARITABLE TRUSTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE TRUST DOCUMENT AND ACCOUNT STATEMENTS ARE PROVIDED TO	THE BENEFICIARY
ORGANIZATION IDENTIFIED IN THE TRUST DOCUMENT (KAWAIAHAO	CHURCH). BANK OF
HAWAII, CORPORATE TRUSTEE, HAS A CONFLICT OF INTEREST POI	LICY, WHICH IS
AVAILABLE TO THE BENEFICIARY ORGANIZATION UPON REQUEST.	AUDITED FINANCIAL
STATEMENTS ARE NOT PREPARED FOR THE TRUST.	
DIATEMENTS AND NOT INSTANCE.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	rors, etc:
BANK OF HAWAII - 130 MERCHANT ST, HONOLULU, HI 96813	
	-
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PRIOR PERIOD BASIS ADJUSTMENTS	-464.
THEORY I DIVIDED TIME OF THE PROPERTY OF THE P	

SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

Open to Public Inspection

Employer identification number

99-6044333

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

KAWAIAHAO CHURCH TRUST

Name of the organization Department of the Treasury Internal Revenue Service

2014

OMB No 1545-0047

Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year End-of-year assets <u>e</u> Total income € Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part Part II

(g)
Section 512(b)(13)
controlled
entity? ŝ × Yes Direct controlling status (if section Public charity 501(c)(3)) Exempt Code 170(B)(1)(A) section Legal domicile (state or foreign country) IAWAII Primary activity CHURCH Name, address, and EIN of related organization KAWALAHAO CHURCH 99-0075241 957 PUNCHBOWL STREET HONOLULU HI 96813

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

Schedule R (Form 990) 2014

99-6044333

Page 2

Schedule R (Form 990) 2014 KAWAIAHAO CHURCH TRUST

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

3	General or Percentage managing ownership												e related	3	512(b)(13) controlled	Yes No					-				Schedule R (Form 990) 2014
 3	General or managing partner?	Yes No	 						1				ie or more	ε	Percentage ownership										R (Form
Ξ	Code V.UBI amount in box 20 of Schedule	K-1 (Form 1065)				:							because it had or	(6)	Share of Per end-of-year ow		 						-		Schedule
3	ortionate bons?	Yes No											rt IV, line 34				 				 <u>.</u>	+		_	
(6)	Share of end-of-year assets												orm 990, Pa	(J)	Share of total										
			 		-								ed "Yes" on F	(e)	Type of entity (C corp, S corp,	or trust)									
€	Shar												on answer						 -	-	 -				
(e)	Predominant income (related, unrelated, excluded from tax under	512-514)											e organizatio	9	Direct controlling entity										
	Predomir (related, excluded fr	sections	 								·*·		mplete ıf th	(0)	egal domicile (state or	foreign country)									27
9	trolling y				_								oration or Trust Co /ear	(g)	activity										
(0)	Legal domicile (state or	foreign country)				 <del></del>		·····,_		-		 	as a Corport		Primary										
9	Primary activity												janizations Taxable		 Z ,	-									
(c)	(a) Name, address, and EIN of related organization												Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	(a)	Name, address, and EIN of related organization										

Page 3

# Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Moto Complete line 1 if any entity is listed in Darts II III or IV of this schedule					Yes	ž
Note: Complete into 1 if any small is listed in the complete in the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed	I in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royatties, or (iv) rent from a controlled entity				1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b>	×	
				5		X
				10		×
e Loans or loan diarantees by related organization(s)				<u>+</u>		×
f Dividends from related organization(s)				<b>;</b>	,	×
a Sale of assets to related organization(s)				19		X
				‡		×
i Exchange of assets with related organization(s)				į <b>,</b>		×
J Lease of facilities, equipment, or other assets to related organization(s)				=		×
k I asso of facilities an increase or other assets from related organization(s)				<b></b>		×
Least of inclinates, equipment, or other access from plants of grants and services or membership or fundrasing solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			T.		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n		×
				10		×
				,	ı	;
p Reimbursement paid to related organization(s) for expenses				<u></u>		4 >
q Reimbursement paid by related organization(s) for expenses				10		<b>4</b>
r Other transfer of cash or property to related organization(s)				+		×
				1s		×
If the answer to any of the above is "Yes," see the instructions	who must complete th	is line, including covered	for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		
				i		
(2)						
(6)						
(4)						
(5)						
w.						
432163 08-14-14	28		Schedule R (Form 990) 2014	R (Form	066	2014

Schedule R (Form 990) 2014 KAWAIAHAO CHURCH TRUST

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN Of entity (si	(b) Primary activity	(c) egal domicile tate or foreign country)	(d) Predominant income par (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) ler Ves No	(f) Share of total income	(g) Share of end-of-year assets	Orsproportional allocations?	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 parine? (Form 1065) Yes No	(J) General or managing partner? Yes No	(k) Percentage ownership
		!						Schedule	R (Forn	Schedule R (Form 990) 2014

432164 08-14-14

Schedule R	(Form 990) 2014 Supplemental Info	KAWAIAHAO	CHURCH	TRUST	99-6044333 F	age <u>5</u>
rait VII	Supplemental info	mation	alloctions on	Schedule R (see instructions)		
	Provide additional inform	ation for responses to	questions on	Schedule H (see instructions)		
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