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## SCANNED MAR I 6 2016

## EXTENDED TO FEBRUARY 16, 2016 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

AF	or the	2014 calendar year, or tax year beginning JUL 1, 2014 and ending	JUN 30, 2015	
В	Check if	C Name of organization	D Employer identificat	ion number
â	applicable	WAIPAHU COMMUNITY FOUNDATION	- T	
_	Address	C/O BANK OF HAWAII		
	Name	Doing business as	99-606	52933
늗	lchange lnitial	Number and street (or P.O. box if mail is not delivered to street address)  Room/sui		2333
늗	ireturn ∏Final		· '	594-4393
	return/ termin-	P.O. BOX 3170, DEPT 715		
_	ated Amende	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	866,802.
Ļ	return	HONOLULO, HI 90802-3170	H(a) is this a group retui	
	Applica- tion pending	F Name and address of principal officer: DAVE O NEAL	for subordinates?	Yes X No
		P.O. BOX 3170, DEPT 715, HONOLULU, HI 9680	H(b) Are all subordinates inclu	ded? Yes No
1_	Tax-exer	npt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 5	27 If "No," attach a list	t. (see instructions)
J	Website	: ▶ N/A	H(c) Group exemption r	number >
K	Form of c		ar of formation: 1992 M S	tate of legal domicile: HI
		Summary		
	1 5	riefly describe the organization's mission or most significant activities: TO PROVII	DE SUPPORT FOR	
Governance		CHARITABLE AND EDUCATIONAL PURPOSES AND PROGR		J, HAWAII.
na L	2	theck this box 🕨 🔲 if the organization discontinued its operations or disposed of m		
ķ	3 N	lumber of voting members of the governing body (Part VI, line 1a)	3	11
යි		lumber of voting members of the governing body (Fart VI, line 1b)	4	11
<b>ං</b> ජ	4 1	otal number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
ţ	5 7		<del></del>	0
Activities &	6	otal number of volunteers (estimate in necessary)	6	
Ac	7a	otal unrelated business revenue from Part VIII, column (C), index	\	<u> </u>
_	<u>b r</u>	otal number of volunteers (estimate if necessary)  otal unrelated business revenue from Part VIII, column (C), line 34  let unrelated business taxable income from Form 990-T, line 34	7b	0.
		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	Prior Year	Current Year
9	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	0.	0.
ē	9 5	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10		247,627.	155,802.
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,627.	155,802.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	142,465.	102,741.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	<u> </u>
ď	3 15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Fynances	<u>2</u>   16a ∤	Professional fundraising fees (Part IX, column (A), line 11e)	0.	<u>0.</u>
2	b b	Fotal fundraising expenses (Part IX, column (D), line 25)		
ц	<sup>1</sup>   17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	41,585.	47,100.
	18	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	184,050.	<u>149,841.</u>
	19	Revenue less expenses. Subtract line 18 from line 12	63,577.	5,961.
0	Ses		Beginning of Current Year	End of Year
sets	[ 20	Total assets (Part X, line 16)	2,557,308.	2,563,129.
As	B 21 ·	Total liabilities (Part X, line 26)	0.	0.
Se .	20 21 22 22	Net assets or fund balances. Subtract line 21 from line 20	2,557,308.	2,563,129.
	Part II	Signature Block		
Ur	nder pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of prepart (other than officer) is based on all information of which prep		-
		h rind the		016
S	ign	Signature of officer	Date	
	ere	DAVE O'NEAL, PRESIDENT		
• •		Type or print name and title		
_		Print/Type preparer's name Proparer's signature	FEB 0 2 2016 Check	PTIN
P	aid	JAY YAMAUCHI	FEB U Z ZUIO if self-employed	P00529803
	reparer	Firm's name BANK OF HAWAII	Firm's EIN	99-0033900
	se Only	Firm's address P.O. BOX 3170 DEPT 715	THIII S CIN	<u> </u>
J	JU July	HONOLULU, HI 96802-3170	Dhone no	
	fay tha If		Phone no.	X Yes No
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
40	32001 11-0	7-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.	(	737 Form 990 (2014) 0
			`	

	Check if Schedule O contains a response or ne	ote to any line in this Part III		X
	Briefly describe the organization's mission:		_	
	TO PROVIDE SUPPORT FOR CHA	RITARIE AND EDIC	ATTONAL PURPOSES A	ND
	PROGRAMS IN WAIPAHU, HAWAI	I, PRINCIPALLY FO	OR PROGRAMS BENEFI	
	Did the organization undertake any significant progra	am services during the year which	n were not listed on	
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule C	<b>1</b>		Yes X N
	Did the organization cease conducting, or make sign		ts. any program services?	Yes X N
	If "Yes," describe these changes on Schedule O	·		
	Describe the organization's program service accomp			
	Section 501(c)(3) and 501(c)(4) organizations are rec	quired to report the amount of gra	nts and allocations to others, the to	tal expenses, and ,
a	revenue, if any, for each program service reported.  (Code ) (Expenses \$ 123,02	23. including grants of \$	102,741.) (Revenue \$	
d	PROVIDE SUPPORT FOR THE CH			AND
	PROGRAMS OF DESIGNATED CHA			
_				
<u> </u>	10.1		\	
b	(Code) (Expenses \$	including grants of \$	) (Revenue \$	
4c	Code) (Expenses \$	including grants of \$	) (Revenue \$	
lc	; (Code) (Expenses \$	including grants of \$	) (Revenue \$	
łc	; (Code) (Expenses \$	including grants of \$	) (Revenue \$	
<b>4</b> c	; (Code) (Expenses \$	including grants of \$	) (Revenue \$	
4c	; (Code) (Expenses \$	including grants of \$	) (Ravenue \$	
	: (Code) (Expenses \$	including grants of \$	) (Ravenue \$	
4c	; (Code) (Expenses \$	including grants of \$	) (Revenue \$	
<b>4</b> c	; (Code) (Expenses \$	including grants of \$	) (Ravenue \$	
4c	; (Code) (Expenses \$	including grants of \$	) (Revenue \$	
4c	; (Code) (Expenses \$	including grants of \$		
		including grants of \$	) (Revenue \$	
4c				

432002 11-07-14

			Yes	No
1	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_	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		<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	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		-	
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٥	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			
•	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		x
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, VII, VIII, IX, or X			
	as applicable.	)	}	<b>\</b> ,
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		İ	
	Part VI	11a	ļ	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		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			1,0
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	·			<b>.</b>
	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	<u> </u>	X
. e	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	<del>                                     </del>	<del>  ^</del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Ì	x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	<del> </del>	† <del></del> -
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	<u> </u>	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		}
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<del>                                     </del>	X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	1	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	+	X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	"	<del>                                     </del>	+^~
.0	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,"	"3	1	1
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	1	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		$\mathbf{I}^{-}$
			_	(2014)

			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	L
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		X
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			i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ĺ
	Schedule K. If "No", go to line 25a	24a		X
b	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		<u> </u>
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			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		Ì
	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			
	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			}
	instructions for applicable filing thresholds, conditions, and exceptions).			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	L	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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		ļ	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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	ļ	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u>L</u>	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	<del> </del>
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?			
	Note, All Form 990 filers are required to complete Schedule O	38	<u> </u>	

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	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	[			į
	filed for the calendar year ending with or within the year covered by this return	2a 0		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		<u></u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	l .	ļ		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	)	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
þ	If "Yes," enter the name of the foreign country. ▶				:
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			'
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			122
	any contributions that were not tax deductible as charitable contributions?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributivere not tax deductible?	ons or gints			
7	Organizations that may receive deductible contributions under section 170(c).		6b		├──
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b		vices provided to the payor.	7b	·	
		as required	70		
Ů	to file Form 8282?	ao roquirou	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	The state of the s		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7 <del>f</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ition file a Form 1098-C?	7h		
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	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9ь		<u> </u>
10	Section 501(c)(7) organizations. Enter:	l i			
а	•	10a			
b	•	10b	-		ļ
11	Section 501(c)(12) organizations. Enter:	l I			
a		11a	┦		
t	·	441			ĺ
40-	amounts due or received from them)	11b	4	1	
	<ul> <li>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form</li> <li>If "Yes," enter the amount of tax-exempt interest received or accrued during the year</li> </ul>		12a	$\vdash$	+
12	· · · · · · · · · · · · · · · · · · ·	12b	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?		10-	$\vdash$	+
•	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.		13a	<del>                                     </del>	+
	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	}		}
	Enter the amount of reserves on hand	130	1		
148			14a	<del>                                     </del>	X
	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		+==
		<del></del>		000	1 (2014

14501002 701510 776705

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Form 990 (2014) C/O BANK OF HAWAII 99-6062933 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	ion A. Governing Body and Management			<u> </u>				
		Ţ	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 11							
	If there are material differences in voting rights among members of the governing body, or if the governing			ł				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ	1	•				
ь	Enter the number of voting members included in line 1a, above, who are independent 1b 11	.	I					
2								
	officer, director, trustee, or key employee?	2	Ī	_ <b>X</b> _				
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	$\neg \neg$	X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
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	х					
b	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:			<del></del> -				
а	The governing body?	8a	х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
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				
Sec	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				
b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a		12a		x				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С								
	ın Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written document retention and destruction policy?	14		X				
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?			'				
а	The organization's CEO, Executive Director, or top management official	15a		X				
b	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	ction C. Disclosure							
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)	avaılal	ole					
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial					
	statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and records.							
	BANK OF HAWAII - 808-694-4393							
	130 MERCHANT STREET, HONOLULU, HI 96813							
4320	06 11-07-14	For	n 9 <b>90</b>	(2014)				

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

A Officers Directors Tructors Key Employees and Highest Companyeed Employees

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

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

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

<b>(A)</b> Name and Title	( <b>B</b> ) Average hours per week	box, offic	(C) Position (do not check mothous, unless person officer and a direct			than d s both	an	( <b>D)</b> Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Jet.	Key employee	Highest compensated employee	שנו	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
	line)	3	豆	Officer	Key	皇島	Former			
(1) DAVE O'NEAL	1.00	x		<b>.</b>						•
PRESIDENT/DIRECTOR	0.00	A		X				0.	0.	0.
(2) YOSHIKO YAMAUCHI	0.00	x		x		'		0.	0.	0
SECRETARY/DIRECTOR	0.00	^	-	^		$\vdash$	ļ	0.	0.	0.
(3) HENRY AQUINO	0.00	x		x				0.	0.	0.
SECRETARY/DIRECTOR	0.00	^	┢	Α		<del> </del>	-	0.		
(4) KEITH HAYASHI VP/DIRECTOR	0.00	x		x				0.	0.	0,
(5) KENT KUDO	0.00	1	<del> </del>			<del> </del>	-	•	<u> </u>	
DIRECTOR	3,00	x						0.	0.	<u>o</u> .
(6) PRIMA DONNA TAPAT	0.00	<del></del>	† <u> </u>			$\vdash$				
DIRECTOR		X						0.	0.	0.
(7) RUDY COSTALES	0.00					T .				
DIRECTOR		X						0.	0.	0.
(8) JENNIFER TOWNSEND	0.00									
DIRECTOR		$\mathbf{x}$						0.	0.	0.
(9) RICHARD ITO	0.00									
DIRECTOR		X	<u> </u>		<u> </u>			0.	0.	0.
(10) MARTIN BURKE	0.00								ļ	
DIRECTOR		X	<u> </u>	<u> </u>	$oxed{oxed}$	<u> </u>	_	0.	0.	0.
(11) SHERI DEFREITAS	0.00	-								
DIRECTOR		X			ļ	↓_	ــــــــــــــــــــــــــــــــــــــ	0.	0.	0.
(12) FLORA WILLIAMS	0.00	4							_	_
FUND MANAGER		1	ļ	<del> </del>	<u> </u>	_	<u> </u>	0.	0.	0.
		4		1						
		┿┈	—	┼	┼	-	-	<del> </del>		ļ <del></del>
		-					1			
	<del></del>	+	+	+	$\vdash$	+	┼-	<del> </del>		
		4								
		+-	+	+	╁	+	$\vdash$	<del> </del>		<del> </del>
		+				1				
	<del></del>	+	+	+	+	+-	╁		<del></del>	
	ı	1	1	1	1	1	1	1	İ	1

E01202 701510 076725

Form 990 (2014)

Par	t VIII		Statement of Reven	ue					
			Check if Schedule O conta	uns a response d	or note to any line				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
इ	1 a	F	ederated campaigns	1a					,
اج ع	b	М	lembership dues	1b					i
A E	С	F	undraising events	1c					
E E	d	R	elated organizations ੍	1d		ł			i
S.E	e	G	iovemment grants (contributi	ons) 1e					
E S	f	Α	ll other contributions, gifts, grant	s, and					,
호		ŞI	milar amounts not included abov	/e 11					•
Contributions, Gifts, Grants and Other Similar Amounts	_		oncash contributions included in lines	1a-1f \$					
Q <u>e</u>	<u>h</u>		otal. Add lines 1a-1f						1
					Business Code				!
ice	2 a				<del></del>		<del></del>		
E e	b							<del> </del>	
E S	C				<del> </del>				
Real	d	' -		·- <u>-</u>	}	··-		<del> </del>	
Program Service Revenue	•	· _	All other program service reve	00110				<del></del>	
	,		Total. Add lines 2a-2f		<b>—</b>				
$\neg$	3		nvestment income (including	dividends, intere	est, and				
			other similar amounts)		<b>&gt;</b>	72,946.	72,946.		
	4	1	ncome from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	F	Royalties		<b>&gt;</b>				
				(i) Real	(ii) Personal				
	6 a	a (	Gross rents						;
Ì	l t	<b>)</b> l	ess rental expenses		ļ	,			
	1		Rental income or (loss)						į
			Net rental income or (loss)		<u> </u>				
	7 8		Gross amount from sales of	(i) Securities	(ii) Other				ì
	١.		assets other than inventory	793,856.					
	'		Less, cost or other basis	711,000.					- '
	١,		and sales expenses Gain or (loss)	82,856		· 			;
	ľ		Net gain or (loss)	02,030	<u> </u>	82,856.	82,856.		
45			Gross income from fundraisin	na events (not		02/030(	02,030.		
Other Revenue			including \$						
eve		(	contributions reported on line	o 1c) See					
Œ.			Part IV, line 18	a					
Ħ,	1	b I	Less: direct expenses	b	· L				
U			Net income or (loss) from fun-	_					ļ
	9		Gross income from gaming a	ctivities. See					
			Part IV, line 19	a	1				
	1		Less direct expenses	t	·				
	1		Net income or (loss) from gar	-					
	10		Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold	_	·				
	-	<u>c</u>	Net income or (loss) from sale Miscellaneous Reven		Business Code		<del> </del>		
	11				Duameas Code		1		
	''	a b					<del> </del>		<del> </del>
		c					<del> </del>		<del> </del>
		d	All other revenue				<u> </u>		†
			Total. Add lines 11a-11d		<b></b>				
	12		Total revenue. See instructions.	·		155,802.	155,802.	0.	0.
4320 11-0	7-14								Form <b>990</b> (2014)

## Form 990 (2014) C/O BANK OF HAWAII Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).								
	Check if Schedule O contains a respon							
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) 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	102,741.	102,741.					
2	Grants and other assistance to domestic							
	individuals. See Part IV, line 22							
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,			Ì				
	trustees, and key employees							
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		<del></del>					
8	Pension plan accruals and contributions (include							
	section 401(k) and 403(b) employer contributions)							
9	Other employee benefits							
10	Payroli taxes							
11	Fees for services (non-employees).							
а	Management							
b	Legal	6 150						
C	Accounting	6,150.	3,780.	2,370.				
d	Lobbying							
ę	Professional fundraising services. See Part IV, line 17	1.5						
f	Investment management fees	15.		15.				
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	000	450	450				
13	Office expenses	900.	450.	450.	<del></del>			
14	Information technology							
15	Royalties				•			
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses			•				
40	for any federal, state, or local public officials Conferences, conventions, and meetings		<del></del>					
19 20	Interest		<del> </del>	<del> </del>				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance	1,004.	502.	502.				
24	Other expenses, Itemize expenses not covered		303.					
	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.)							
a	ACTIVITY DEED NO DOLL	38,861.	15,544.	23,317.				
b	700-701 M1494 HTM14910	164.		164.				
-	AND THE CORD DEDODE	6.			<u> </u>			
25	Total functional expenses. Add lines 1 through 24e	149,841.	123,023.	26,818.	0.			
26	Joint costs Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.				1			
_	Check here if following SOP 98-2 (ASC 958-720)	<u> </u>	<u> </u>					

art	<b>X</b>	Balance Sheet		-	
		Check if Schedule O contains a response or note to any line in this Part >	(	···	
			( <b>A)</b> Beginning of year		(B) End of year
T	1	Cash - non-interest-bearing	23,478.	1	1,357.
	2	Savings and temporary cash investments	82,267.	2	62,767.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complet	te		
Ì		Part II of Schedule L		5	
1	6	Loans and other receivables from other disqualified persons (as defined	under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr	ibuting		
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch	L	6	•
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a		ľ	
	b	Less. accumulated depreciation 10b	1	10c	
	11	Investments - publicly traded securities	0 454 544	11	2,499,005
	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	
	16	Total assets, Add lines 1 through 15 (must equal line 34)		16	2,563,129
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trust	ees,		
를		key employees, highest compensated employees, and disqualified person	ons		
Liabilities		Complete Part II of Schedule L		22	
_	23	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 2	Cof	1	
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here	and	Ì	
es		complete lines 27 through 29, and lines 33 and 34.			
aŭ	27	Unrestricted net assets		27	
Bal	28	Temporanly restricted net assets		28	
p	29	Permanently restricted net assets		29	
Ī	ļ	Organizations that do not follow SFAS 117 (ASC 958), check here	•LXI		
Net Assets or Fund Balances		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	2,563,129
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	0
Zet	32	Retained earnings, endowment, accumulated income, or other funds		32	0
~	33	Total net assets or fund balances		33	2,563,129
	34	Total liabilities and net assets/fund balances	2,557,308.	34	2,563,129 Form <b>990</b> (2014

Form **990** (2014)

orm	990 (2014) C/O BANK OF HAWAII	99-60	62933	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	15	5,8	02.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14:	9,8	41.
3	Revenue less expenses. Subtract line 2 from line 1	3		5, 9	61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,55	7,3	08.
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		- 3	5 <u>5.</u>
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2	<u> 15.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,56	3,1	<u> 29.</u>
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	A			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other	<del></del>			
_	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	ile O.			4,0
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.	ed on a			
	Separate basis, Consolidated basis, Or bottl.  Separate basis Consolidated basis Both consolidated and separate basis		ļ		
<b>L</b>	Were the organization's financial statements audited by an independent accountant?				х
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepai	rata basis	2b		
	consolidated basis, or both	ate basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit			
·	review, or compilation of its financial statements and selection of an independent accountant?	trie audit,	20		1
	If the organization changed either its oversight process or selection process during the tax year, explain in S	chedule O	20	-	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Ja	Act and OMB Circular A-133?	onigio riddit	3a		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quired audit	Ja		<del> </del>
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3h		

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Form **990** (2014)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

#### **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. Inspection

WAIPAHU COMMUNITY FOUNDATION Employer identification number

OMB No 1545-0047

2014

Open to Public Inspection

<u>C/O BANK OF HAWAII</u> 99-6062933 Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. X Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations 13 Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section. Instructions) Instructions) Yes No (see instructions)) 99-00735337 LEEWARD OAHU YMCA Х 5,000. WAIPAHU HIGH SCHOOL X 34,000. POP WARNER LITTLE SCHOLARS (AKA VILLAS2-16562957 X 11,800. FRIENDS OF WAIPAHU CULTURAL GARDEN PAR 23-73814727 X 13,600. WAIPAHU ELEMENTARY SCHOOL X 4,998. 102,741

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	Section A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual grants.")							
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to				1			
	or expended on its behalf			<u> </u>				
3	The value of services or facilities		-					
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the	İ	į					
	amount shown on line 11,	1				-		
	column (f)	l	<u> </u>					
6	Public support. Subtract line 5 from line 4							
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI)							
11	Total support. Add lines 7 through 10		<u> </u>					
12	Gross receipts from related activities	, etc. (see instruct	tions)			12		
13	First five years. If the Form 990 is fo	r the organization	's first, second, th	nird, fourth, or fifth	tax year as a secti	on 501(c)(3)		
_	organization, check this box and sto	p here				<del></del>		
	ction C. Computation of Pub	<del></del>	<del></del>		·	<del></del>		
14	Public support percentage for 2014 (		-	, column (f))		14	%	
15	., ,					15	%	
16	a 33 1/3% support test - 2014. If the	-			9 14 is 33 1/3% or	more, check this b	ox and	
	stop here. The organization qualifies							
	b 33 1/3% support test - 2013. If the		•		id line 15 is 33 1/3	% or more, check	this box	
	and stop here. The organization qua		· · ·					
17	a 10% -facts-and-circumstances tes		-				,	
	and if the organization meets the "fa				·	art VI how the orga	anization	
	meets the "facts and circumstances						<b>&gt;</b>	
	b 10% -facts-and-circumstances tes		-					
	more, and if the organization meets				•		Je	
	organization meets the "facts-and-cil					_	▶⊨	
<u>18</u>	Private foundation. If the organization	on did not check a	a box on line 13,	16a, 16b, 17a, or 1	·			
	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

Section A. Public Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(0) 2014	(O Total
alendar year (or fiscal year beginning in)	(a) 2010	(6) 2011	(C) 2012	(a) 2013	(e) 2014	(f) Total
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	· · · · · · · · · · · · · · · · · · ·					
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	<u> </u>					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		<u> </u>				
8 Public support (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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						
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)		1			<u> </u>	<u> </u>
14 First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organı	zation,
check this box and stop here						▶∟
Section C. Computation of Publ					<del></del>	
15 Public support percentage for 2014 (I		•	, column (f))		15	
16 Public support percentage from 2013					16	·
Section D. Computation of Inves						
17 Investment income percentage for 20			line 13, column (f))	1	17	
18 Investment income percentage from :				48	18	
19a 33 1/3% support tests - 2014. If the						17 is not
more than 33 1/3%, check this box a			·	•		. ▶∟
b 33 1/3% support tests - 2013. If the						_
line 18 is not more than 33 1/3%, che					-	·
20 Private foundation. If the organization	n ala not check	a box on line 14, 1	19a, or 19b, check	this box and see ii	nstructions	

#### 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

	and the state of t		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		,,,,	110
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		X
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	ŀ		1
	organization was described in section 509(a)(1) or (2).	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		х
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			l
	organization made the determination.	3b	İ	ĺ
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	3c		
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.	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	}		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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			ŀ
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		[
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			İ
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	}	1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		1	]
	was accomplished (such as by amendment to the organizing document).	5a	X	
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?	5 <b>b</b>		X
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		X
6	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		Ì	
	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			1
	Part VI.	6	]	X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		_ x
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		X
98	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			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		X
ŀ	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.	9b		X
•	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.	9c		X
10	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below.	10a	_	X
ı	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.)	10b		

	dule A (Form 990 or 990-EZ) 2014 C/O BANK OF HAWAII	99-606293	3 Pa	ge <b>5</b>
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		:	
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		<u> </u>
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u>X</u>
Sec	tion B. Type I Supporting Organizations			
		<u></u>	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		1	<b>\</b>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		}	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		İ	
	supervised, or controlled the supporting organization	2		X
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	l		}
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1_	<u></u>	<u> </u>
Se	ction D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior to	ax	1	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_	<del> </del> -	<del> </del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		}	-
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	+	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			į
	significant voice in the organization's investment policies and in directing the use of the organization's			Ì
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sa	supported organizations played in this regard ction E. Type III Functionally-Integrated Supporting Organizations	3_		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see in			
1		isuucuons).		
	The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity Describe in Part VI how you supported a government en	atity (see instruction	ne)	
2		iny (see instruction	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	[	103	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2.0	+	+
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement.	2b		1
3			+	+
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
	<ul> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	<del></del>		+
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3ь		
420		le A /Form 990 or 1	000-E7	7) 204

na Oraar		99-6062933 Page 6
		All
_		actions. All
Omplete Se	(A) Prior Year	(B) Current Year (optional)
1	<del></del>	(Optional)
		<del></del>
1		
		<del> </del>
		<del> </del>
6		
		<del>                                     </del>
	(A) Prior Year	(B) Current Year (optional)
1a		
1b		
1c		
1d		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2		
3		
4		
5		
6		
7		
8		
		Current Year
1		
2		
3		
4		
5		
6		
ally-integra	ted Type III supporting or	ganization (see
		· · · · · · · · · · · · · · · · · · ·
	1 2 3 4 5 6 7 8 8 1 2 3 4 5 6 7 8 8 1 2 3 4 5 6 6 7 8 8 1 2 3 6 6 7 8 8 1 2 3 6 6 7 8 8 1 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 8 8 1 2 2 3 6 6 7 7 8 8 1 2 2 3 6 6 7 7 8 8 1 2 2 3 6 6 7 7 8 8 1 2 2 3 6 6 7 7 8 8 1 2 2 3 6 7 7 8 8 1 2 2 3 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	ng Organizations ng trust on Nov 20, 1970 See instrustomplete Sections A through E  (A) Prior Year  1 2 3 4 5 6 7 8 (A) Prior Year  1a 1b 1c 1d 1d  2 3 4 5 6 7 8

Schedule A (Form 990 or 990-EZ) 2014

### WAIPAHU COMMUNITY FOUNDATION 7) 2014 C/O BANK OF HAWAII

Part	ule A (Form 990 or 990-EZ) 2014 C/O BANK OF H.  V Type III Non-Functionally Integrated 509		pizations (sections)	9-6062933 Page <b>7</b>
		(a)(5) Supporting Orga	inzations (continuea)	O
	on D - Distributions  Amounts paid to supported organizations to accomplish exe	mpt purposes		Current Year
		<del></del>		
	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	or purposes or supported		
	Administrative expenses paid to accomplish exempt purpose	on of purposted organizations		
		es of supported organizations	<u> </u>	
	Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)	<del></del>		
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
		ho organization is recognized		
8	Distributions to attentive supported organizations to which the supported organizations to which the supported organizations to which the supported organizations are supported organizations.	ne organization is responsive		
	Distributable amount for 2014 from Section C, line 6			
9_	Line 8 amount divided by Line 9 amount			
10	Line 8 amount divided by Line 9 amount	(3)	(:.)	(:::)
		(i) Excess Distributions	(ii)	(iii) Distributeble
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
1	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
2	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2014		·	
_3_	Excess distributions carryover, if any, to 2014		<del></del>	
<u>a</u> b		1		
		<u> </u>		
d		<u> </u>		
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
i		***************************************		
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
•	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount	<u> </u>		
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).	:		
7	Excess distributions carryover to 2015. Add lines 3			
•	and 4c.			
8				
<del></del>				
	Excess from 2013			
	Excess from 2014			
		<del></del>		I

Schedule A (Form 990 or 990-EZ) 2014

WAIPAHU COMMUNITY FOUNDATION  Schedule A (Form 990 or 990-EZ) 2014 C/O BANK OF HAWAII  99-6062933 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).
FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 1:
PER ARTICLE IX OF THE BY-LAWS: DISTRIBUTIONS AND DISBURSEMENTS, SECTION
2(B) SELECTION OF BENEFICIAIRES: THE BOARD SHALL, IN ITS ABSOLUTE
DISCRETION, FROM TIME TO TIME, AND IN ANY EVENT AT LEAST ONCE EACH
YEAR, MAKE DISTRIBUTIONS TO QUALIFIED ORGANIZATIONS BASED UPON
FINANCIAL REPORTS CONFIRMING THE AMOUNT OF NET INCOME AVAILABLE FOR
DISTRIBUTION UNDER THIS TRUST. THE ACTIVITIES, OPERATIONS, PROJECTIONS
AND PROGRAMS THAT THE BOARD SELECTS MAY INCLUDE THOSE BEING CONDUCTED
BY ANY PARTICIPATING ORGANIZATIONS PROVIDED, HOWEVER, THAT SUCH
PARTICIPATING ORGANIZATIONS ARE CHARITABLE ORGANIZATIONS OR
GOVERNMENTAL UNITS WHICH ARE ELIGIBLE TO RECEIVE DISTRIBUTIONS UNDER
APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE.
FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 5A:
BY BOARD'S ABSOLUTE DISCRETION (AS AUTHORIZED UNDER ARTICLE IX, SECTION
2(B)), THE FOLLOWING CHANGES IN SUPPORTED ORGANIZATIONS OCCURED DURING
THE TAX YEAR:
1) REMOVED ORGANIZATIONS:
- WAIPAHU JACKRABBIT ASSOCIATION 99-0175133
- BEYOND THE 4 WALLS 65-1176738
- KALEIOPUU ELEMENTARY SCHOOL
- HONOWAI ELEMENTARY SCHOOL
- WAIKELE ELEMENTARY SCHOOL
- WAIPAHU COMMUNITY ASSOCIATION 99-0093258
- GIRL SCOUTS OF HAWAII 99-0073488

Schedule A (Form 990 or 990-EZ) 2014

- NEW HOPE LEEWARD 99-0241543

Schedule A (Form 990 or 990-EZ) 2014 C/O BANK OF HAWAII	99-6062933 Page
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; F	Part II, line 17a or 17b, and Part III, line 12.
Also complete this part for any additional information. (See instructions)	
\ ADDED ODGANITAMIONG.	
) ADDED ORGANIZATIONS:	
	<del></del>
SEAVIEW FRIENDS OF YOUTH 91-2112199	
KICK START KARATE 99-0329696	
•	
	<del></del>
	<del> </del>

## WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

Part VI Supplemental Info			rmation re	garding su	pported organizations (co	
(i) Name of supported organization	(u) EIN	(III) Type of organization (described on lines 1-9	Irsted	ın your	(v) Amount of monetary support	(vi) Amount of other support
-		above or IRC section)	Yes	document?		.,
UGUST AHRENS						<del></del>
LEMENTARY SCHOOL		6		х	5,000.	
OY SCOUTS OF						
MERICA	22-1576300	9		X	7,558.	
BETHEL CHAPEL						
ASSEMBLY OF GOD	99-0320524	1		X	1,144.	
RESURRECTION OF THE		_	Ì	ļ		
	99-0253905	1		X	5,000.	
SEAVIEW FRIENDS OF	01.01.00	<b>-</b>				
YOUTH	91-2112199	<i>/</i>		X	5,711.	
DOMINICAN CENTER	E3_0106617	7			E 000	
HAWAII	53-0196617		<del> </del>	X	5,000.	
FRIENDS OF THE LIBRARY OF HAWAII	99-0260268	7		x	2,700.	
TIBRAKI OF HAWALL	73-0200200		<del> </del>	<del>^</del>	4,700.	
KICK START KARATE	99-0329696	9		x	1,230.	
CLON DIAMI IGNATE	33 0323030				1,230.	
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#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

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

Attach to Form 990.

➤ Attach to Form 990.

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

2014
Open to Public Inspection

Name of the organization

WAIPAHU COMMUNITY FOUNDATION

Employer identification number

C/O BANK OF HAWAII 99-6062933 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2¢ Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2014

Assets included in Form 990, Part X

## WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

Schedu	ule D (Form 990) 2014 C/O BANK	OF HAWAII				99-606	52933	Page 2
Part	III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	ar Asset	S(continu	ed)
<b>3</b> l	Jsing the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that are a s	ignificant	use of its c	ollection	items
(	check all that apply)							
а	Public exhibition	d	Loan or exch	ange programs				
b	Scholarly research	е	Other		·····			
c	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's exe	mpt purp	ose in Part	XIII	
5 1	During the year, did the organization solicit or	receive donations of	fart, historical treas	sures, or other simila	r assets		_	
1	o be sold to raise funds rather than to be ma	intained as part of th	e organization's co	llection?			Yes	No
Part	IV Escrow and Custodial Arrang	<b>gements.</b> Complet	e if the organization	n answered "Yes" to	Form 990	), Part IV, ii	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	ls the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets no	t included		_	
	on Form 990, Part X?					L_,	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:					
							Amount	
C	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	l	<del></del>	<del></del>
	Did the organization include an amount on Fo				•	L	Yes	∐_ No
	if "Yes," explain the arrangement in Part XIII							
Par	t V   Endowment Funds. Complete				1		<del></del>	<del></del>
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back		years back
	Beginning of year balance	2,557,308.	2,492,347.	2,542,766.	2,	<u>648 695.</u>	2.	385,602.
	Contributions				<del> </del>			
	Net investment earnings, gains, and losses	155,477.	247,627,	166,283,	<del>  </del>	61,545.		412,728.
	Grants or scholarships	102,741.	142,465,	172,732,	<del>                                     </del>	125 <u>265</u>		108,377.
е	Other expenditures for facilities						1	
	and programs				<del> </del>			
f	Administrative expenses	46,885,	40,201.	43,970		42,209,		41,258,
g	End of year balance	2,563,129,	2,557,308.	2,492,347	2.	542 <u>,766</u> ,	2,	648,695 <u>.</u>
2	Provide the estimated percentage of the cur	rent year end balanc		a)) held as.				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c short	· · · · · · · · · · · · · · · · · · ·				_		
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	ind administered for	the organ	ization	٢	T
	by.							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations	o hatad oo saassiinad o	m Cabadula DO				3a(ii)	<del></del>
	If "Yes" to 3a(ii), are the related organization						3b	
Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		winent lungs.				<del></del>	
1 4	Complete if the organization answere		Part IV line 11a 9	See Form 990 Part \	( line 10			
						tod	(d) Bool	
	Description of property	(a) Cost or o basis (investr	, , ,		Accumula epreciatio		(d) Bool	( value
	Land		233.0	(/		+		
	Buildings							
9	Equipment							
	Other			<del></del>	<del></del>			
	il. Add lines 1a through 1e (Column (d) must	equal Form 990 Port	X column (R) line	10c)		<b>•</b>	·	0.
1018	m. rad integral a unrough re [Column (d) must	oquai i onn oou, i art	, colorini (b), mie		<del></del>			

Schedule D (Form 990) 2014

•		MUNITY FOUND	ATION		
	(Form 990) 2014	<u> HAWAII</u>		99-	6062933 Page <b>3</b>
Part VII		to Form 0000 Dark IV Iva	- 11h - C F 000 - D		
(a) Descrip	Complete if the organization answered "Yes" tion of security or category (including name of security)	(b) Book value			of-year market value
	al derivatives	(b) Book value	(c) Metriod or va	idation Cost of end-	Dryear market value
	held equity interests			····	<del></del>
(3) Other	note oquity intorests				
(A)					
(B)	**				
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)			·····	
Part VIII	I Investments - Program Related.				
	Complete if the organization answered "Yes"  (a) Description of investment	to Form 990, Part IV, lin			-6
/4\	(a) Description of investment	(b) Book value	(C) Method of Va	duation Cost or end-	of-year market value
<u>(1)</u> (2)	· · - · · · · · · · · · · · · · · · · ·				<del></del>
(3)					
(4)					
(5)					
(6)				·····	
(7)					
(8)					
(9)	<del></del>				
	(b) must equal Form 990, Part X, col. (B) line 13.)		1		
Part IX	J				
	Complete if the organization answered "Yes"		ne 11d. See Form 990, F	Part X, line 15	
	(a)	Description			(b) Book value
(1)					
(2)					
(4)					
(5)				<del></del>	<del></del>
(6)		<del> </del>			
(7)					
(8)		-			
(9)					
	lumn (b) must equal Form 990, Part X, col. (B) lii	ne 15)			
Part X	_				
	Complete if the organization answered "Yes	to Form 990, Part IV, lir		990, Part X, line 25.	· <del>-</del> · · · · · · · · · · · · · · · · · · ·
<u>1.                                    </u>	(a) Description of liability	··· · · · · · · · · · · · · · · · ·	(b) Book value	-	
	ederal income taxes				
(2)			<del></del>		
(3)		· · · · · · · · · · · · · · · · · · ·			
(4)					
<u>(5)</u> (6)					
(7)					
(8)			·		
			·		

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2014

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Schedule D	) (Form 990) 2014 C/O BANK OF	' HAWAII		99-6062933	Page 4
Part XI	Reconciliation of Revenue per Au		nents With Rever	nue per Return.	· ugo ·
	Complete if the organization answered "Yes"	to Form 990, Part IV, line 12	a.	•	
1 Total	revenue, gains, and other support per audited	<del></del>		1	
2 Amor	unts included on line 1 but not on Form 990, Pa	art VIII, line 12 <sup>.</sup>			
a Netu	inrealized gains (losses) on investments		2a		
	ated services and use of facilities		2b		
c Reco	overies of prior year grants		2c		
d Othe	r (Describe in Part XIII )		2d		
e Add	lines 2a through 2d			2e	
3 Subt	ract line 2e from line 1			3	
4 Amo	unts included on Form 990, Part VIII, line 12, bi	ut not on line 1:			
a Inve	stment expenses not included on Form 990, Pa	urt VIII, line 7b	4a		
<b>b</b> Othe	er (Describe in Part XIII )		4b		
c Add	lines 4a and 4b			4c	
5 Tota	I revenue. Add lines 3 and 4c. (This must equal	Form 990, Part I, line 12)		5	
	Reconciliation of Expenses per A		ments With Expe		
	Complete if the organization answered "Yes	to Form 990, Part IV, line 12	?a.	•	
1 Tota	I expenses and losses per audited financial sta	tements		1	
2 Amo	ounts included on line 1 but not on Form 990, P	art IX, line 25 <sup>.</sup>			
a Don	ated services and use of facilities		2a		
<b>b</b> Prior	r year adjustments		2b		
c Othe	er losses		2c		
<b>d</b> Othe	er (Describe in Part XIII )		2d		
e Add	lines 2a through 2d		<del></del>	2e	
3 Sub	tract line 2e from line 1			3	
4 Amo	ounts included on Form 990, Part IX, line 25, bu	t not on line 1:			
a Inve	stment expenses not included on Form 990, P.	art VIII, line 7b	4a		
<b>b</b> Oth	er (Describe in Part XIII )		4b		
c Add	lines 4a and 4b			4c	
	al expenses. Add lines 3 and 4c. (This must equ	al Form 990, Part I, line 18)		5	
Part X	III Supplemental Information.				
Provide th	ne descriptions required for Part II, lines 3, 5, ar	id 9, Part III, lines 1a and 4, P	art IV, lines 1b and 2b	, Part V, line 4, Part X, line 2; Part	XI,
lines 2d a	nd 4b; and Part XII, lines 2d and 4b. Also comp	lete this part to provide any a	additional information.		
PART	V, LINE 4:				
THE E	INDOWMENT IS A PERMANENT	ENDOWMENT, SUE	BJECT TO THE	E TERMS OF UPMIFA	TO
DE 110		E (D) 110 E			
BE US	SED SOLELY TO SUPPORT TH	E GRANTS AND EX	KPENSES OF	THE WAIPAHU COMMU	NITY
FOIDIT	NA TT ∩N				
FOONL	PATION.				
		·-····································			
		<del></del>			
				·	
				<del> </del>	
-					

10-01-14

SCHEDULE (Form 990)

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

Open to Public Inspection OMB No 1545-0047

> Information about Schedule I (Form 990) and its instructions is at www irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service

	11101111						
Name of the organization WAIPAHU COMMUNITY	COMMUNITY OF HAMAIT	FOUNDATION					Employer identification number $99-6062933$
n Grants	nd Assistance						
Se	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	
criteria used to award the grants or assistance?	stance?		:			•	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant I	funds in the United	States			
Part II Grants and Other Assistance to Domestic Organizations and	Domestic Organ	izations 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	\$5,000 Part II car	be duplicated if addition	onal space is need	pa	20 11-11-10		
1 (a) Name and address of organization or government	(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
POP WARNER LITTLE SCHOLARS INC. 94-192 KAPUNA LOOP	7.49						
WAIPAHU HI 96797	52-1656295	501(C)(3)	11,800,	0			ANNUAL GRANT
WAIPAHU HIGH SCHOOL 94-1211 FARRINGTON HWY WAIPAHU HT 96797		GOVERNMENT	34,000,	0			SCHOOL PROGRAMS FOR HIGH SCHOOL STUDENTS
FRIENDS OF WAIPAHU CULTURAL GARDEN			-				
PARK, DBA HAWAII'S PLANTATION							
VILLAGE - 94-090 WAIFARU SIKEEI - WAIPAHU HI 96797	23-7381472	501(C)(3)	13,600.	0			ANNUAL GRANT
BOY SCOUTS OF AMERICA, ALOHA COUNCIL - P.O. BOX 1100 - HONOLULU HI 96825	22-1576300	501(C)(3)	7,558,	0			QUARTERLY GRANTS FBO TROOPS 32 AND 76
GENTRY-WAIPIO, CRESTVIEW, SEAVIEW FRIENDS OF YOUTH - 94-1036 WAIPIO							
UKA, SUITE 104A - WAIPAHU, HI 96797	91-2112199	170(B)(1)(A)(VI)	5.711.	0			QUARTERLY GRANT/2015 SUMMER FUN PROGRAM
2 Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations listed in the	listed in the line 1 table				3.
							•

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2014)

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99-6062933

Schedule I (Form 990) (2014) C/O BANK OF HAWAII

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

(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
Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	luired in Part I, line	2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
EACH GRANTEE IS REQUIRED TO PROVIDE	Æ	L REPORT W	ITHIN 30 DA	FINAL REPORT WITHIN 30 DAYS AFTER THE	
END OF THE GRANT PERIOD, INCLUDING A NARRATIVE AND DETAILED FINANCIAL	A NARRA	LIVE AND D	ETAILED FIN	NANCIAL	
INFORMATION. ANY FUNDS NOT USED AS		ED IN THE	SPECIFIED IN THE GRANT AWARD ARE TO	ND ARE TO BE	
RETURNED TO THE FOUNDATION.					

Schedule I (Form 990) (2014)

#### SCHEDULE O

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

#### 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.

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

(Inspection

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

WAIPAHU COMMUNITY FOUNDATION Emplo

C/O BANK OF HAWAII

Employer identification number 99-6062933

OMB No 1545-0047

C/O BANK OF HAWAII 99-0002933
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOOLS, PROGRAMS COMBATING JUVENILE DELINQUENCY (INCLUDING YOUTH
RELATED ACTIVITIES AND ANTI-DRUG, CRIME PREVENTION, AND RECREATIONAL
PROGRAMS OR ACTIVITIES), HEALTH-RELATED PROGRAMS, AND CULTURAL PROGRAMS
OR FACILITIES.
FORM 990, PART VI, SECTION A, LINE 7A:
EACH NON-PROFIT ORGANIZATION NAMED IN THE FOUNDATION'S GOVERNING DOCUMENTS
MAY APPOINT ONE INDIVIDUAL AND ONE ALTERNATE TO REPRESENT IT ON THE
GOVERNING BOARD OF THE WAIPAHU COMMUNITY FOUNDATION.
FORM 990, PART VI, SECTION B, LINE 11:
BEFORE BEING SIGNED BY AN OFFICER OF THE ORGANIZATION, A COPY OF FORM 990
IS REVIEWED BY THE ADMINISTRATIVE OFFICER FOR THE FOUNDATION IN CARE OF
BANK OF HAWAII, THE FOUNDATION'S FISCAL AGENT, AND DISCUSSED WITH THE
FOUNDATION'S PRESIDENT AND OTHER OFFICERS, AS AVAILABLE.
FORM 990, PART VI, SECTION B, LINE 12:
ALTHOUGH THE FOUNDATION HAS NO WRITTEN CONFLICT OF INTEREST POLICY,
REPRESENTATIVES OF THE SUPPORTED ORGANIZATIONS WHO ARE MEMBERS OF THE BOARD
OF THE FOUNDATION ARE EXPECTED TO DISCLOSE IF THEY ARE COMPENSATED BY THE
SUPPORTED ORGANIZATION TO RAISE FUNDS. GENERALLY, THE REPRESENTATIVES OF
THE SUPPORTED ORGANIZATIONS ARE NON-COMPENSATED VOLUNTEERS.

NO DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC; HOWEVER, EACH

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

06-21-14

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FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization WAIPAHU COMMUNITY FOUNDATION  C/O BANK OF HAWAII	Employer identification number 99-6062933
BENEFICIARY ORGANIZATION RECEIVES COPIES OF THE FOUNDATIO	N'S ARTICLES OF
INCORPORATION, BY-LAWS, AND TRUST AGREEMENT AND UPON REQU	EST IS PROVIDED
QUARTERLY AND/OR ANNUAL FINANCIAL STATEMENTS BY THE FISCA	L AGENT, BANK OF
HAWAII.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RETURN OF PRIOR YEAR GRANTS	215.
	· · · · · · · · · · · · · · · · · · ·

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

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

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

99-6062933

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 <u>e</u>

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

Direct controlling entity End-of-year assets <u>e</u> Total income Ŧ Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

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.

						L	Ì
(a)	(q)	(0)	(p)	(e)	(c)	(g) Section 512(b)(13)	2(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity status (if section	Direct controlling entity	controlled entity?	ے ed
OI TETATEO VIGATIZATION		loreign country)		501(c)(3))		Yes	Š
FRIENDS OF WAIPAHU CULTURAL GARDEN PARK -							
23-7381472 94-695 WAIPAHU STREET WAIPAHU							;
11 96797	LIVING MUSEUM	HAWAII	501(C)(3)	7	N/A		×
POP WARNER LITTLE SCHOLARS - 52-1656295							
94-233 HA'EA PLACE	,						;
МАІРАНИ, НІ 96797	YOUTH ATHLETIC PROGRAMS	HAWAII	501(C)(3)	7	N/A		×
WAIPAHU COMMUNITY ASSOCIATION - 99-0093258							
94-340 WAIPAHU DEPOT STREET #201							;
WAIPAHU HI 96797	COMMUNITY RE-DEVELOPMENT	HAWAII	501(C)(3)	7	4/A		×
WAIPAHU HIGH SCHOOL							
94-1211 FARRINGTON HIGHWAY							;
WATPAHII HT 96797	SECONDARY SCHOOL	HAWAII	GOV'T, ORG,	9	4/A		×

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

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Schedule R (Form 990) 2014

99-6062933

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

					9	3	
(a)	(b)	(C)	(a) Exempt Code	(e) Public charity	(i) Direct controlling	Section 512(b)(13)	[2(b)(13)
Name, address, and EIN of related organization	Filmary activity	foreign country)	section	status (if section 501(c)(3))	entity	organization?	Non?
WAIPAHU JACKRABBITS ASSOCIATION - 99-0175133							
ANANI STREET	,	,	(6)(0)		4 7		×
	YOUTH ATHLETIC PROGRAMS	HAWAII	501(C)(3)		W/W		
WAIPAHU NEIGHBORHOOD BOARD							
94-823 LEOMANA WAY							<b>&gt;</b>
WAIPAHU, HI 96797	COMMUNITY SELF-GOVERNMENT	HAWAII	GOV T. ORG.	9	N/A		4
LEEWARD OAHU LIONS CLUB						, ,	
P.O. BOX 970729							>
WAIPAHU, HI 96797	COMMUNITY SERVICE	HAWAII	501(C)(4)	N/A	N/A		4
WEST PEARL HARBOR ROTARY CLUB							
130 PUIWA ROAD							<b>\$</b>
96817	COMMUNITY SERVICE	HAWAII	501(C)(4)	N/A	N/A		×
AHU )							
94-440 MOKUOLA STREET	1						<b>&gt;</b>
	YOUTH ATHLETIC PROGRAMS	HAWAII	501(C)(3)	7	N/A		×
							1
						•	
						_	
				-			
						-	
				-			
			-				
					•		

99-6062933

Page 2

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

Schedule R (Form 990) 2014

Part III organizations treated 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

					-			-	[ ]	5	•	(¥)
(a) Name, address, and EIN of related organization	( <b>b)</b> Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, t excluded fro	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?
		Conno										
on of Related Organs treated as a corp	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 (f) (a) (b) (b) (b) (b) (b) (c) (d) (e) (f) (f) (f) (f) (h) (h) (h) (h)	as a Corpo	ration or Trust College	mplete if the	e organization (d)	answered "Yes"	s" on Form	990, Part IV	, line 34	oecause it had o	ne or more (h)	related (t)
Name, address, and EIN of related organization	<b>Z</b> _	Prime	ctivity	Legal domicile (state or foreign country)	Direct controlling entity	Type (C cor		Share of total income		of /ear is	Percentage ownership	Section 512(b)(13) controlled entity?
				-								
											_	
												<del> </del>
	_			33			_		1	Schedule	R (Form	Schedule R (Form 990) 2014

Page 3

99-6062933

C/O BANK OF HAWAII

Schedule R (Form 990) 2014

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

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					Yes	No.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more	related organizations liste	d in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tıty			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
d Loans or loan quarantees to or for related organization(s)				<b>P</b>	-	×
				4		×
					-	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19	_	×
				두		×
i Exchange of assets with related organization(s)				=	1	×
j Lease of facilities, equipment, or other assets to related organization(s)				Ţ.	+	×
k Lease of facilities, equipment, or other assets from related organization(s)				ᆠ	_	×
I Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			Ę		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			4		×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	-	×
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				<b>1</b>	$\dashv$	×
q Reimbursement paid by related organization(s) for expenses				5	+	×
r Other transfer of cash or property to related organization(s)				<u> </u>		>
				\$		 
1	who must complete	this line including covered	relationships and transaction thresholds	2	1	:
	WILD THUS COLLINIES	inia inia, ilicidalily covered	retained ships and transaction trireshous			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
<del>-</del>						
(7)						
(6)	-					
4)						
(9)						
ā						
27.163. 08-14-14	34		Streets	Schodule B (Form 090) 2014	100	41

Schedule R (Form 990) 2014 C/O BANK OF HAWAII

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

Opposite amount in box 20 managing allocations?

Octobe V-UBI General or Percent of Schedule K-1 partner?

Form 1065) Yes No Schedule R (Form 990) 2014 end-of-year (g) Share of assets (f) Share of income total The Predominant income parties see (related, unrelated, 501(c)) sections 512-514) Yes No. (state or foreign Legal domicile country) <u>ত</u> Primary activity Name, address, and EIN of entity

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