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Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

_		idar year 2015 or tax year be	eginning		, 2015	, and e	enaing	- 1.4 476 41 1	, 20	
Na	ame of to	undation	•				A Employe	r Identification number	Br	
		SURANCE AGENCY FOUNDAT						71-0894468		
Nu	ımber an	er and street (or P.O. box number if mail is not delivered to street address) Room/suite					B Telephone number (see instructions)			
		HEL STREET					808-564-8309			
Cit	ty or tow	n, state or province, country, and ZIP	or foreign postal code				C If exempt	tion application is pend	ling, check here ▶ 🗌	
_		LU, HI 96813								
G	Check	call that apply: 🔲 Initial ret	_	n of a former (public (charity	D 1. Foreigi	n organizations, check	here . ▶	
		Final retu					2. Foreign	n organizations meeting	g the 85% test,	
		Address	-				check	here and attach compu	utation >	
H			ection 501(c)(3) exempt p					foundation status was 07(b)(1)(A), check here		
		on 4947(a)(1) nonexempt chari					5555	or (b)(t)(t)(t); one on the to		
ı		narket value of all assets at	_	l: 🗌 Cash	✓ Ac	crual	F If the four	ndation is in a 60-mont	h termination	
	end o	f year (from Part II, col. (c), i) ► \$ 9,000,102	☐ Other (specify)		- -		under sec	ction 507(b)(1)(B), chec	khere . ▶ _	
			(Part I, column (d) must be	on cash basis	<u>;) </u>	1			·	
P	art I			(a) Revenue	and	(b) Not	ınvestment	(c) Adjusted net	(d) Disbursements for chantable	
		amounts in columns (b), (c), and (d)		expenses p	per		come	income	purposes	
		the amounts in column (a) (see inst							(cash basis only)	
	1	Contributions, gifts, grants, etc.,	•	55	50500					
	2	Check ► ☐ if the foundation is:	•							
	3	Interest on savings and temp	-							
	4	Dividends and interest from			86124		86124	86124		
	5a	Gross rents								
	b	Net rental income or (loss)								
_e	6a	Net gain or (loss) from sale of		4	41983				····	
96.5	b	Gross sales price for all assets or						•		
50	7	Capital gain net income (fror					41983			
36	8	Net short-term capital gain	· · · · · · · · ·	ļ				0		
Sec in Batching	9									
끍	10a	Gross sales less returns and allo								
່ວ	Ь	Less: Cost of goods sold	<u> </u>							
	"	Gross profit or (loss) (attach	· ·							
7	11	Other income (attach schedu								
' —	12	Total. Add lines 1 through 1		67	78607		128107	86124		
Ş	13	Compensation of officers, di								
386	14	Other emptoyee salares and								
pense	15	Pension plans, employee be								
Ä	16a	Legal fees (attach schedule)	البراز. المراز.							
ve Expenses	b	Scounting fees (attach scho	Surje)							
	17°	Other professional fees (atta			4599		4599	4599	4599	
šť	17 18	Interest GDEN UT	etaretions)		7460			7,11		
Ë					7419		7419	7419	7419	
<u>Ξ</u>	19 20	Depreciation (attach schedul Occupancy								
and Administrati	21	Travel, conferences, and me			$\overline{}$	· · ·				
þ	22		-		-+					
gand	23	Other expenses (attach sche			5		5	5		
ũ	24	Total operating and adn			3 -		<u></u>	<u>3</u>	5	
rat	• •	Add lines 13 through 23		•	2022		12022	12022	12022	
Operating	25	Contributions, gifts, grants p			2023		12023	12023	12023 129294	
ō	26	Total expenses and disbursen			11317		12023	12023		
	27	Subtract line 26 from line 12:		14	+131/		12023	12023	141317	
	1	Excess of revenue over exper			37290		ľ			
	a b	Net investment income (if r		53	77230	-	116084			
		Adjusted net income (if neg	_			-	110084	74101		
		valasted tier income in ned	mire, cinci 'O')	1				_ /4101		

1 Cash—non-interest-bearing (a) Book Value (b) Book Value (c) Fair Market Value (c) Fair Market Value (d) Fai	Part II		Attached schedules and amounts in the description column should be for end-of-wear amounts only. (See instructions.)	Beginning of year		f year
2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts ► 4 Piedges receivable ← Less: allowance for doubtful accounts ► 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and loans receivable (attach schedule) ← Less: allowance for doubtful accounts ► 8 inventiories for sale or use 9 Prepaid expenses and deferred charges 10a Investments—U.S. and state government obligations (attach schedule) b investments—Orporate stock (attach schedule) c investments—Orporate bonds (attach schedule) 1 Investments—Corporate bonds (attach schedule) 1 Investments—Individually, and equipment basis ► Less: accumulated deprecation (attach schedule) 1 Investments—orther (attach schedule) 1 Investments—orther (attach schedule) 1 Less: accumulated deprecation (attach schedule) 1 Less: accumulated deprecation (attach schedule) 1 Corporate sests (deschore) ► CCQUALY 2 Corporate sests (deschore) ► CCQUALY 2 Corporate sests (deschore) ► CCQUALY 2 Corporate sests (deschor	Fe		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
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b Investments — corporate stock (attach schedule) . 2006795 2930030 2930030 c Investments — corporate bonds (attach schedule)	S	R	Inventories for sale or use			
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Less: accumulated deprecation (attach schedule) ▶ 12 Investments — mortgage loans		_				
13 Investments—mortgage loans 13 Investments—other (attach schedule) 573979 92784 92784 92784 14 Land, buildings, and equipment: basis ▶ Less: accumulated depreciating (attach schedule) ▶ 15 Other assets (describe ▶ ACCINED IN TINOME 10378		11				
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Less: accumulated depreciation (attach schedule) Less: accumulated depreciation (attach schedule) 15 Other assets (to be completed by all filers—see the instructions. Also, see page 1, tiem I) 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, tiem I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (add lines 17 through 22) 33 Total liabilities (add lines 17 through 26 and lines 30 and 31. 24 Unrestricted 25 Fermanently restricted 26 Permanently restricted 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 29 Retained earnings, accumulated income, endowment, or other funds 29 Retained earnings, accumulated income, endowment, or other funds 29 Intolal liabilities and net assets/fund balances (see instructions) 1 Total net assets or fund balances (see instructions) 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 20 Dither increases not included in line 2 (itemize) ► CHANCE IN UNREALIZED GAINS (LOSSES) 5 Begrave III and Instructions (100 prior year's return) Figure (100 prior year's retur			· · · · · · · · · · · · · · · · · · ·		92784	92/84
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16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)			Less: accumulated depreciation (attach schedule)			
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17 Accounts payable and accrued expenses 0 18 Grants payable		16	Total assets (to be completed by all filers—see the			
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Total liabilities (describe	itie	19				
Total liabilities (describe	bil	20				
Total liabilities (describe	ia.	21	Mortgages and other notes payable (attach schedule)			
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Unrestricted Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions) Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) CHANGE IN UNREALIZED GAINS (LOSSES) Part III Search Total liabilities and net assets or fund balances 1 2584876 2 534876 3 3 0 0 4 Add lines 1, 2, and 3 4 3122166 5 Decreases not included in line 2 (itemize) CHANGE IN UNREALIZED GAINS (LOSSES) 5 88974	_	22	Other liabilities (describe ►)			i
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Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	let	31	Total liabilities and net assets/fund balances (see			
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	_		instructions)	2584876	3033192	
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	Pa	rt III				
2 Enter amount from Part I, line 27a	1	Tota				
3 Other increases not included in line 2 (itemize) ▶ 3 0 4 Add lines 1, 2, and 3		end-	of-year figure reported on prior year's return)	· · · · · ·	· · · · <u>[1</u>	2584876
3 Other increases not included in line 2 (itemize) ▶ 3 0 4 Add lines 1, 2, and 3	2					537290
4 Add lines 1, 2, and 3	3	Othe	er increases not included in line 2 (itemize) ▶		3	0
5 Decreases not included in line 2 (itemize) ► CHANGE IN UNREALIZED GAINS (LOSSES) 5 88974	4	Add	lines 1, 2, and 3			3122166
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 3033192		Deci	reases not included in line 2 (itemize) ▶ CHANGE IN UNREALIZED	GAINS (LOSSES)	5	88974
	6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) —	Part II, column (b), lır	ne 30 6	3033192

Part	V Capital Gains and	d Losses for Tax on Investn	nent ir	ncome		,		
_		he kind(s) of property sold (e.g., real estate use, or common stock, 200 shs. MLC Co.)			(b) How acquired P—Purchase D—Donation		Date acquired io , day, yr)	(d) Date sold (mo , day, yr)
1a					·			
<u>b</u>								
<u>_</u>								
_ <u>d</u>								
<u>e</u>	···							<u> </u>
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		(g) Cost or plus exper				n or (loss) f) minus (g)
a_								
b_						ļ		
c								
<u>d</u>								
<u>e</u>	0	(1)	Al 6		40/04/00			
	Complete only for assets sno	owing gain in column (h) and owned	by the to					l (h) gain mınus t less than -0-) or
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) Excess over col				rom col (h))
a								
<u>b</u>							,	
<u>_</u>								
<u>d</u>								
<u>e</u>			L					
2	Capital gain net income of			nter in Par -0- in Par		2		41983
3	If gain, also enter in Part	in or (loss) as defined in sections I, line 8, column (c) (see instruc	ctions).	If (loss),				
_	Part I, line 8	. <u></u> <u></u>			5	3		
Part	V Qualification Und	der Section 4940(e) for Redu	iced T	ax on N	et investment	Inco	me	
Was t	s," the foundation does not	section 4942 tax on the distribut qualify under section 4940(e). D	o not c	complete	this part.	•		☐ Yes ☐ No
1	Enter the appropriate am	ount in each column for each yea	ar; see	the instru	ctions before m	akıng	any entries.	
Cale	(a) Base penod years andar year (or tax year beginning in	(b) Adjusted qualifying distributions	s	Net value of	(c) nonchantable-use a	ssets		(d) Inbution ratio divided by col. (c))
	2014	12	29600		253	33833		0.051148
	2013	10	7789		236	34544		0.043048
	2012	7	0736		123	33191		0.057360
	2011	6	7458		117	2906		0.057522
	2010		5058		118	33978		0.056377
2	Total of line 1, column (d)					. [2	0.265455
3		for the 5-year base period—dividation has been in existence if le			ne 2 by 5, or by	the .	3	0.053091
					_			
4	Enter the net value of nor	ncharitable-use assets for 2015 for	rom Pa	ıπ X, line :		•	4	2983083
5	Multiply line 4 by line 3						5	158375
6	Enter 1% of net investme	ent income (1% of Part I, line 27b) .			. }	6	1107
7	Add lines 5 and 6					.	7	159482
8	Enter qualifying distribution	ons from Part XII, line 4				l	8	146832
	If line 8 is equal to or gre- Part VI instructions.	ater than line 7, check the box in	n Part V	/I, line 1b	, and complete	that p	art using a 1	% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see it	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2322	
_	here ► ☐ and enter 1% of Part I, line 27b			
С	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0	
3	Add lines 1 and 2		2322	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0	
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	-	2322	
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a 4700			
b	Exempt foreign organizations—tax withheld at source 6b 0			
C	Tax paid with application for extension of time to file (Form 8868) . 6c 0			
d	Backup withholding erroneously withheld 6d 0			
7	Total credits and payments. Add lines 6a through 6d		4700	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		2378	
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ 2378 Refunded ▶ 11		0	
	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
1a	participate or intervene in any political campaign?	1a	162	\ <u>\</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	Ia		_
_	Instructions for the definition)?	1b		1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c		1
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ NONE (2) On foundation managers. ► \$ NONE			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ NONE			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		√
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	_		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	6 7	_	√
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	·	Ė	
	HAWAII			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	✓	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9	✓	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	,,	ار	
	Hames and addresses	10	<u> </u>	

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Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	Yes	No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		→
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	1	
	Website address ► N/A			
14	1110 000110 410 111 0410 01 1	8-564- 9681		
15	Located at ▶ 1022 BETHEL STREET, HONOLULU, HI Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		.	D
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		\
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ► _{N/A}			
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly):		162	No
1a	 (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ✓ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a 			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		√
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b		1
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		1

n	2
rage	С

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720	May Be R	equire	d (contir	nued)	
5a	•	year did the foundation pay or incur a	-						_	
		n propaganda, or otherwise attempt to						Yes Yes	✓ No	
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?									
	•	a grant to an individual for travel, stu-						☐ Yes	✓ No	(A)
		a grant to an organization other than							<u>. 110</u>	
		4945(d)(4)(A)? (see instructions)						☐ Yes	☑ No	
	• -	for any purpose other than religious,				•				
		es, or for the prevention of cruelty to c						_	_ No	(2) (2) (2) (2) (2) (2) (2) (2) (2) (2)
b		er is "Yes" to 5a(1)-(5), did any of the section 53.4945 or in a current notice in							ibed in	
	-	ns relying on a current notice regarding	_	-		-			▶□	5b
С	•	er is "Yes" to question 5a(4), does the	_						٠ ـ	
	because it r	maintained expenditure responsibility	for the	grant?				☐ Yes	☐ No	
		ach the statement required by Regula								
6a		ndation, during the year, receive any that benefit contract?		•	_		emiums	∏Yes	⊘ No	
ь	•	ndation, during the year, pay premium					benefit			6b ✓
_		Sb, file Form 8870.	.0, 00	ony or mano	J., J.,	a porcona	20110111		•	
		during the tax year, was the foundation a						☐ Yes		
		I the foundation receive any proceeds formation About Officers, Direct								7b
ran		nd Contractors	tors, i	rusices, r	Junua	CIOII Man	agers,	inginy r	alu L	inployees,
1		cers, directors, trustees, foundation	n mana	gers and th	eir con	npensation	see i	nstruction	าร).	
		(a) Name and address		e, and average rs per week		mpensation not paid,		Contributions byee benefit i		(e) Expense account,
				ed to position		ter -0-)		erred compe		other allowances
SIAIE	MENT 1									
2		tion of five highest-paid employee	s (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uction	s). If none, enter
	"NONE."					,,		,		
	(a) Name and ad	dress of each employee paid more than \$50,00	n	(b) Title, and a hours per v		(c) Comper	eation	(d) Contributemployee	benefit	(e) Expense account,
•	a) Hame and ac	areas or each employee paid more than 400,00	•	devoted to p		(6) 55	ioutio.	plans and d compens		other allowances
										-
				<u> </u>				 -		
Total	number of ot	her employees paid over \$50,000 .				· · · ·		· • · ·	. ▶	NONE
	,									Form 990-PF (2015)

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Part			ation Managers, Highly Paid En	nployees,
3	and Contractors (contin	ued) ntractors for professional services (s	ee instructions) If none enter "NON	F "
	(a) Name and address of each pe		(b) Type of service	(c) Compensation
	(-,			., .
<u>-</u>				
Γotal	number of others receiving over \$50	.000 for professional services		NONE
				1 10112
Part	IX-A Summary of Direct Ch	iaritable Activities		
		activities during the tax year Include relevant erences convened, research papers produced, e		Expenses
1	FOUNDATION PURSUES CHARITABLE	DONATIONS OF IRC 501(C)(3) ORGAN	IZATIONS.	
_				
_				NONE
2 _				
-				
3				
٠.				
-				
4				
-				
		Related Investments (see instru-		,
	scribe the two largest program-related investme	ents made by the foundation during the tax year	on lines 1 and 2	Amount
1 _				
-				
2				
- ·				
-			***************************************	
All c	other program-related investments. See instruc	tions		
3				
_				
r.e.i	Add lines 1 through 0			
otal.	. Add lines 1 through 3	· · · · · · · · · · · · · · · · · · ·	<u> </u>	NONE 990-PE (2015)

Pa	n	A	8

Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign fou	ndations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	经	
	purposes:	* 1	
а	Average monthly fair market value of securities	1a	3028511
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	3028511
е	Reduction claimed for blockage or other factors reported on lines 1a and	**	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	C
3	Subtract line 2 from line 1d	3	3028511
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	45428
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2983083
6	Minimum investment return. Enter 5% of line 5	6	149154
Part		oundat	tions
1	Minimum investment return from Part X, line 6	1	149154
2a		200	
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b 0		
С	Add lines 2a and 2b	2c	2322
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	146832
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	146832
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	146832
Part			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	141317
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		<u>`</u>
	purposes	2	c
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	d
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	141317
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	+	141317
•	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	141317
٠	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	y wheli	iei trie louridation

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Part	XIII Undistributed Income (see instruction				
1	Distributable amount for 2015 from Part XI, line 7	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015 146832
2 a	Undistributed income, if any, as of the end of 2015: Enter amount for 2014 only		-	15185	140831
b 3 a b c	Total for prior years: 20,20,20				
d e f 4	From 2014		-		
а	line 4: ▶ \$ 141317 Applied to 2014, but not more than line 2a . Applied to undistributed income of prior years (Election required—see instructions)			15185	
С	Treated as distributions out of corpus (Election required—see instructions)				
d e	Applied to 2015 distributable amount Remaining amount distributed out of corpus				126132
5	Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:		-		
a b	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				20700
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				20700
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).		·		
9	Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
10 a b c	Analysis of line 9: Excess from 2011 Excess from 2012 Excess from 2013				
d e	Excess from 2014 Excess from 2015				

Part	XIV Private Operating Founda	tions (see instru	ctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for		_			
b	Check box to indicate whether the four	ndation is a private	operating foundat		ection	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Pnor 3 years		(e) Total
	investment return from Part X for	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
	each year listed	74101	63252	52631	19558	209542
	85% of line 2a	62986	53764	44736	16624	178110
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	141317	129600	101789	71651	444357
đ	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	444047	120000	101700	74654	444257
3	Complete 3a, b, or c for the	141317	129600	101789	71651	444357
3	alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					·-
	(2) Value of assets qualifying under					
b	section 4942(j)(3)(B)(i)		<u> </u>	!		
_	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	550500	o	0	1080746	1631246
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii)	0		0	0	0
	(3) Largest amount of support from					
	an exempt organization	0	0	o	0	0
	(4) Gross investment income	128107			96181	608943
Part	XV Supplementary Information	on (Complete th	is part only if the	he foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-	-see instructior	ns.)			
1	Information Regarding Foundation	_				
а	List any managers of the foundation of before the close of any tax year (but of					by the foundation
N/A						
b	List any managers of the foundation ownership of a partnership or other en					rge portion of the
N/A						
2	Information Regarding Contribution					
	Check here ▶ ☐ if the foundation					
	unsolicited requests for funds. If the fother conditions, complete items 2a, leading to the conditions of the conditions		gifts, grants, etc.	(see instructions) t	o individuals or or	ganizations under
а	The name, address, and telephone nu	ımber or e-mail ac	Idress of the perso	on to whom applic	ations should be a	ddressed:
ATLAS	INSURANCE AGENCY FOUNDATION, IN	IC., FRANKLIN M. T	OKIOKA, 1022 BET	THEL STREET, HON	OLULU, HI 96813	
	The form in which applications should					
	R TO FOUNDATION STATING REQUEST	AND PURPOSE OF	ORGANIZATION S	HOULD BE SUBMI	ITED.	
	Any submission deadlines:					
OPEN d	YEAR-ROUND. Any restrictions or limitations on av factors:	vards, such as b	y geographical ar	reas, charitable fie	elds, kinds of inst	itutions, or other
BI/A	iacidis.					
<u>N/A</u>						

	90-PF (2015) XV Supplementary Information (conti	tinued)			
3	Grants and Contributions Paid During	the Year or Approv	ed for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contabbasion	
а	Paid during the year				
STAT	EMENT 3				ļ
					ļ
			1		
			1		
					ļ
			1		
	Total				a 129.20
b	Approved for future payment				′
N/A					
					}
	Total				h NO

Pai	rt X	VI-A Analysis of Income-Producing Ac	MAINES				
Ente	r gro	oss amounts unless otherwise indicated.	Unrelated bu	usiness income	Excluded by secti	on 512, 513, or 514	(e)
			(0)	(%)	(0)	(d)	Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
1	Pro	gram service revenue:	Business code	741100114	Exclusion code	711104111	(See instructions)
	а						-
	b		J				-
	C						
	d						<u>-</u>
	e						· · · · · · · · · · · · · · · · ·
	_						
	1						
	_	Fees and contracts from government agencies					
2		mbership dues and assessments					
3	Inte	rest on savings and temporary cash investments					
4	Dıv	idends and interest from securities			14		86124
5	Net	rental income or (loss) from real estate:					
	а	Debt-financed property					
	b	Not debt-financed property					
6		rental income or (loss) from personal property					
7		per investment income					
8		n or (loss) from sales of assets other than inventory			14		41983
		income or (loss) from special events			14	 	41303
9		, ,					.,
10		oss profit or (loss) from sales of inventory					
11		er revenue: a					-
	Ь		<u> </u>				
	C						
	d						
	e						
40	Sub	ototal. Add columns (b), (d), and (e)		NONE		NONE	128107
12							
		, , , , , , , , , , , , , , , , , , , ,					
13	Tot	, , , , , , , , , , , , , , , , , , , ,		 			128107
13 (See	Tot wor	al. Add line 12, columns (b), (d), and (e)	ıs.)				
13 See Pal	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	128107
13 See Par Lin	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	128107
13 (See Pal Lin	Tot wor it X e No ▼	kal. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) ccomplishm income is repoposes (other that	nent of Exemported in column in by providing fun	t Purposes (e) of Part XVI ds for such purp	-A contributed in oses). (See instruc	128107
13 (See Pal Lin	Tot wor it X e No	ksheet in line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur INCOME EARNED ON FUNDS AVAILABLE FOR (c)	is.) ccomplishm income is repoposes (other that	nent of Exemported in column in by providing fun	t Purposes (e) of Part XVI ds for such purp	-A contributed in oses). (See instruc	128107
13 (See Pal Lin	Tot wor it X e No ▼	kal. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) ccomplishm income is repoposes (other that	nent of Exemported in column in by providing fun	t Purposes (e) of Part XVI ds for such purp	-A contributed in oses). (See instruc	128107
13 (See Pal Lin	Tot wor it X e No ▼	ksheet in line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur INCOME EARNED ON FUNDS AVAILABLE FOR (c)	is.) ccomplishm income is repoposes (other that	nent of Exemported in column in by providing fun	t Purposes (e) of Part XVI ds for such purp	-A contributed in oses). (See instruc	128107
13 See Par Lin	Tot wor it X e No ▼	ksheet in line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur INCOME EARNED ON FUNDS AVAILABLE FOR (c)	is.) ccomplishm income is repoposes (other that	nent of Exemported in column in by providing fun	t Purposes (e) of Part XVI ds for such purp	-A contributed in oses). (See instruc	128107
13 See Par Lin	Tot wor it X e No ▼	ksheet in line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculation VI-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur INCOME EARNED ON FUNDS AVAILABLE FOR (c)	is.) ccomplishm income is repoposes (other that	nent of Exemported in column in by providing fun	t Purposes (e) of Part XVI ds for such purp	-A contributed in oses). (See instruc	128107
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		Exempt Or	ganizations									
1	ın se		directly or indirectly se Code (other than									s No
а	Tran	sfers from the rep	porting foundation t	o a nonchar	ıtable exem	pt org	anization o	of:				
	(1) (Cash									1a(1)	✓
	(2) (Other assets .									1a(2)	✓ ✓
b		er transactions:										
-	(1) 5	Sales of assets to	a noncharitable ex	empt organi	zation .						1b(1)	→
			ets from a noncharit								1b(2)	17
			, equipment, or other								1b(3)	7
			rrangements								1b(4) ✓	-
	• •	oans or loan gua	•								1b(5)	1
			ervices or members								1b(6)	1
С			quipment, mailing li	•	-					• • •	1c	+ -
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2a b	desc	cribed in section 5	ectly or indirectly a 501(c) of the Code (e following schedule	other than s							☐ Yes 🗸	No No
		(a) Name of organ	nization	(b) Type of organ	nization			(c) Descri	ption of relat	tionship	
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Sign		Via	IVI Talle	ا أسام	12/12/11/6	\ ()	hairm		_	May the	RS discuss the preparer show	ns return
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Paid		Print/Type preparer	s name	Preparer's	signature			Date		heck if		
Prepa	arer							<u> </u>		elf-employed	<u>'L</u>	
Use (Firm's name	-						Firm's E	_		
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Employer identification number

ATLAS I	ATLAS INSURANCE AGENCY FOUNDATION 71-0894468						
Organiz	zation type (check on	ne):					
Filers o	f:	Section:					
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization				
		☐ 4947(a)(1) nor	exempt charitable trust not treated	as a private fou	ındation		
		☐ 527 political o	rganization				
Form 99	90-PF	√ 501(c)(3) exert	npt private foundation				
		4947(a)(1) nor	exempt charitable trust treated as a	private founda	tion		
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	nly a section 501(c)(7	•	neral Rule or a Special Rule. zation can check boxes for both the	General Rule a	and a Special Rule. See		
Genera	l Rule						
7		r property) from an	0-EZ, or 990-PF that received, during yone contributor. Complete Parts I a				
Special	Rules						
	regulations under se 13, 16a, or 16b, and	ections 509(a)(1) and I that received from	n 501(c)(3) filing Form 990 or 990-EZ d 170(b)(1)(A)(vi), that checked Sched any one contributor, during the year orm 990, Part VIII, line 1h, or (ii) Forn	dule A (Form 99 r, total contribu	00 or 990-EZ), Part II, line tions of the greater of (1)		
	contributor, during the	he year, total contri	n 501(c)(7), (8), or (10) filing Form 990 outions of more than \$1,000 <i>exclusiv</i> the prevention of cruelty to children o	ely for religious	, charitable, scientific,		
	literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) **Employer identification number** Name of organization ATLAS INSURANCE AGENCY FOUNDAITON 71-0894468 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) Total contributions No. Name, address, and ZIP + 4 Type of contribution 01 Person TRADEWIND CAPITAL GROUP, INC. **Payroll** $\overline{\mathbf{V}}$ Noncash 1132 BISHOP STREET, SUITE 2450 550500 (Complete Part II for noncash contributions.) HONOLULU, HI 96813 (b) (a) (c) (d) Name, address, and ZIP + 4 Νo. **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution

Person

Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

71-0894468

71-0894468 ATLAS INSURANCE AGENCY FOUNDATION Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) FMV (or estimate) from Date received Description of noncash property given Part I (see instructions) 25,000 SHARES OF CENTRAL PACIFIC FINANCIAL CORP @ 22.02/ 01 550500 02/03/2015 (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) No. (c) (b) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Date received Description of noncash property given (see instructions) Part I (a) No. (c) (b) (d) FMV (or estimate) from **Date received** Description of noncash property given (see instructions) Part I (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I

Name of or	ganization			Employer identification number
ATLAS INS	URANCE AGENCY FOUNDATION			71-0894468
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 fo the following line entry. For organiza contributions of \$1,000 or less for to Use duplicate copies of Part III if ad	r the year from any one con tions completing Part III, ente he year. (Enter this informatio	tributor. Complete or the total of exclus	e columns (a) through (e) and sively religious, charitable, etc.,
(a) No.			(4) D.	
from Part I	(b) Purpose of gift	(c) Use of gift	(a) D	escription of how gift is held

<u> </u>		(e) Transfer of gift		
	Transferee's name, address, a			ansferor to transferee
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(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
Part I				
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		(e) Transfer of gift	· · · · · · · · · · · · · · · · · · ·	
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
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		(e) Transfer of gift		
	Transferee's name, address, a	Relationship of tr	ansferor to transferee	
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held
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		(e) Transfer of gift		
	Transferee's name, address, a	nd 7IP + 4	Relationship of tr	ansferor to transferee
-	Transieree e name, address, a		. rolesionismp or tr	
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Atlas Insurance Agency Foundation Statement 1

Form 990-PF, Part I, Line 16c: Investment Manager Fees	-	4,599		
Form 990-PF, Part I, Line 23 Dues, Assessments and Fees	-	5		
Form 000 DE Dot II Line 10h		Beginning	Ending	FMV
Form 990-PF, Part II, Line 10b: Stifel Nicolaus	-	2,006,795	2,930,030	2,930,030
Form 990-PF, Part II, Line 13. Stifel Nicolaus	-	573,979	92,784	92,784
Capital Gains and Losses, Part IV		Short-Term	Long-Term	Total
Stifel Nicolaus Capital Gain Distributions		0	41,983 0	41,983 0
		0	41,983	41,983
Form 990-PF, Part VIII, Line 1:	_			
(a) Nama P Address	- - /b\ T :41-	(a) Cama		(e) Expense
(a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street	(b) Title Chairman/	(c) Comp 0	Bene Plans 0	Acct 0
Honolulu, HI 96813 Colbert M. Matsumoto, c/o 1022 Bethel	Director Vice President/	0	0	0
St., Honolulu, HI 96813 Myles Murakamı, c/o 1132 Bıshop St.,	Director Director	0	0	0
Honolulu, HI 96813 Lionel Y. Tokioka, c/o 1022 Bethel St.,	, Director	0	0	0
Honolulu, HI 96813			_	
Tyler M. Tokioka, c/o 1022 Bethel St., Honolulu, HI 96813	President/ Sec/Director	0	0	0
Scott A. Kuioka, c/o 1132 Bishop St., Honolulu, HI 96813	Treasurer	0	0	0

Atlas Insurance Agency Foundation Form 990PF December 31, 2015 Statement 2

Part X, page , Minimum Investment Return

Average FMV of Investments:	
January	2,567,157
February	3,150,404
March	3,128,147
April	3,137,142
May	3,124,085
June	3,063,489
July	3,111,461
August	2,960,592
September	2,933,923
October	3,083,409
November	3,057,011
December	3,025,314
	36,342,134
Divide by 12	12
Average FMV of Investments.	3,028,511

Atlas Insurance Agency Foundation Part XV, Supplementary Information Grants and contributions Paid Duning the Year Statement 3

Recipient Name and address	Relationship to Foundation Manager	Foundation Status of Recipient	Purpose of grant or contribution	Amount
· · · · · · · · · · · · · · · · · · ·				
Aloha Council Boy Scouts	N/A	501(c)(3)	Support programs	4,900
American Diabetes Association	N/A	501(c)(3)	Support programs	1,000
Arthritis Foundation	N/A	501(c)(3)	Support programs	3,500
Better Business Bureau Foundation, Inc	N/A	501(c)(3)	Support programs	1,675
BizGym Foundation	N/A	501(c)(3)	Support programs	1,000
Boys & Girls Club of Hawaii	N/A	501(c)(3)	Support programs	5,225
Child & Family Services	N/A	501(c)(3)	Support programs	8,750
Easter Seals	N/A	501(c)(3)	Support programs	3,570
Goodwill Industries	N/A	501(c)(3)	Support programs	9,650
Hale Mahaolu	N/A	501(c)(3)	Support programs	1,500
Hale Makua Health Systems	N/A	501(c)(3)	Support programs	7,631
HUGS	N/A	501(c)(3)	Support programs	4,500
Institute for Human Services, Inc	N/A	501(c)(3)	Support programs	5,000
Japanese Cultural Center of Hawaii	N/A	501(c)(3)	Support programs	2,368
Kama'aina Kids	N/A	501(c)(3)	Support programs	2,275
KAMP Hawaii, Inc	N/A	501(c)(3)	Support programs	1,900
Kapiolani Health Foundation	N/A	501(c)(3)	Support programs	125
Kokua Kalihi Valley	N/A	501(c)(3)	Support programs	2,500
Kuakini Foundaion	N/A	501(c)(3)	Support programs	2,500
Lanakila Rehabilation Center	N/A	501(c)(3)	Support programs	2,000
Malama Family Recovery Center	N/A	501(c)(3)	Support programs	2,640
Pacific Region Baseball, Inc	N/A	501(c)(3)	Support programs	3,500
Palama Settlement	N/A	501(c)(3)	Support programs	3,000
Parents and Children Together	N/A	501(c)(3)	Support programs	7,500
Queen's Medical Center	N/A	501(c)(3)	Support programs	5,000
Rehab Foundation	N/A	501(c)(3)	Support programs	9,375
St Louis School	N/A	501(c)(3)	Support programs	250
Teach for America	N/A	501(c)(3)	Support programs	4,080
The Honolulu Festival	N/A	501(c)(3)	Support programs	5,000
Unviersity of Hawaii Foundation	N/A	501(c)(3)	Support programs	2,200
University of Hawaii Foundation - West Oahu	N/A	501(c)(3)	Support programs	5,000
Waikiki Community Center	N/A	501(c)(3)	Support programs	4,700
YMCA of Honolulu	N/A	501(c)(3)	Support programs	3,000
YMCA of Oahu	N/A	501(c)(3)	Support programs	2,480

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129,294