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EXTENDED TO AUGUST 15, 2016

Department of the Treasury Internal Revenue Service

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

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

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

Open to Public Inspection

<u>A</u>	For the	2015 calendar year, or tax year beginning and	ending					
В	Check if applicable	C Name of organization	•	D Employer identific	cation number			
Г	Addres	LEI ALOHA CHAPTER NO. 3 O.E.S.						
	Name change			1 99-00	080868			
F	initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
Ē	Final return/	P.O. BOX 3883		(808)				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 3,920,88				
	Amend		_	H(a) Is this a group re				
	Application	F Name and address of principal officer LINDA 1. DANIQUED		for subordinates				
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
L	Tax-exe	mpt status 501(c)(3) 501(c)(10) ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)			
J	Websit	e: ▶ N/A		H(c) Group exemption	number 🕨			
K	Form of	organization: Corporation Trust X Association Other ▶	L Year	of formation: 1905 M	State of legal domicile: HI			
P	art I	Summary			···			
ģ	1 1	Briefly describe the organization's mission or most significant activities $\ \ \overline{ extbf{FRAT}}$	ERNAL	AND CHARITA	BLE			
anc								
Governance	2	Check this box 🕨 🔛 if the organization discontinued its operations or dispo	sed of more	than 25% of its net as	4			
õ	3	Number of voting members of the governing body (Part VI, line 1a)		3	4			
		Number of independent voting members of the governing body (Part VI, line 1b)		4	4			
ties	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0			
Activities &	6	Total number of volunteers (estimate if necessary)		6	0.			
Ą		Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.			
	B	Net unrelated business taxable income from Form 990-T, line 34	1	Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	6,308.	6,860.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0,300.	0.			
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		132,813.	607,802.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,200.	0.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		143,321.	614,662.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		55,860.	52,150.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ģ	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
e e	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.					
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>L</u>	76,445.	94,831.			
	18	Total expenses Add lines 13-17 (must equal Part IX-column (A)-line 25)	一	132,305.	<u>146,981.</u>			
	19	Revenue less expenses Subtract line 18 from line 12		11,016.	467,681.			
Net Assets or	<u>[</u>		Be	eginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)		5,819,966.	6,287,647.			
et	21	Total liabilities (Part X, line 26)	<u> </u>	0.	0.			
		Net assets or fund balances. Subtract line 21 from line 20	-	5,819,966.	6,287,647.			
• —	art II	Signature block		conta and to the heat of m	v knowledge and helief it is			
,		lties of perjury, I declare that I have examined this return, including accompanying schedule t, and complete. Declaration of preparer (other than officer) is based on all information of w			y Kilowieuge allu Dellei, il is			
1111	e, correc		mich prepare		9,2016			
) ' e:.		Signature of officer		Date	7) 007-			
: Sig He	_	LYNDA T. BANIQUED, TREASURER						
; ''e		Type or print name and title	21/1					
5 —		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pa	id	GEORGE ROBERTS		07/13/16 sett-employe	P00629928			
	eparer	Firm's name GEORGE F ROBERTS CPA, VLC		Firm's EIN	26-2420024			
	e Only	Firm's address 1001 BISHOP STREET, SUITE 987						
		HONOLULU, HI 96813		Phone no. (8	<u>08) 540-0022</u>			
N.4.	av tha II	OS discuses this return with the property shows above? (see instructions)			X Ves No			

	1990 (2015) LEI ALOHA CHAPTER NO. 3 O.E.S. 99-0080868	Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	TO MAKE CONTRIBTUTIONS AND GRANTS FOR CHARITABLE AND EDUCATIONAL	
	PURPOSES.	
		-
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, ar	nd
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$	١
-	CHARITABLE DONATIONS TO MASONIC AND OTHER NONPROFIT ORGANIZATIONS.	′
	CHARLINGER DOMITTOND TO IMPONIC AND OTHER HOMPROFIT ORGANIZATIOND.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	SCHOLARSHIPS TO STUDENTS BASED ON NEED AND SCHOLASTIC ACHIEVEMENTS.	
		•
4c	(Code) (Expenses \$	
40	(Code / (Expenses \$ including grants of \$ / (Hevenue \$)	
		_
	<u> </u>	_
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	

. .

			Γ:.	Γ
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A			x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	. –	X
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u>~</u> _		
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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			
	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,	1		•
	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			
	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			- '
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		••	
L	Part VI	11a	X	
D	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			v
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		<u> X</u>
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_x_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		<u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<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		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	!	y
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
.5	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		
	complete Schedule G, Part III	19		х
			990	(2015)

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Part IV Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	00-	Yes	No X
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		_A_	
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		<u> </u>
274	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?	24a 24b		^
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		i
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		1
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,"			İ
	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			ĺ
	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)			
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		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			ĺ
	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			
	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			į
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			l
	Part V, line 1	34_		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X QQA	(2015)
		rorm	シ ラリ ((2015)

	Check if Schedule O contains a response or note to any line in this Part V				
		.	I	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	_{1a} 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re				
	(gambling) winnings to prize winners?		1c	- 1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Ī	
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retui		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	-	4a		X
b	If "Yes," enter the name of the foreign country			Ĭ	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR)	ľ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	iction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit	!		
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts		1	
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	_		v
	to file Form 8282?	1 1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		7e 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	·	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•	sponsoring organization have excess business holdings at any time during the year?	. Sy 1110	8	1	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	İ	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		l	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " here it filed a Form 700 to repet these payments? If "Ale " provide an explanation in School III.	• 0	14a		X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e U	14b	agn /	(2015

Form 990 (2015) LEI ALOHA CHAPTER NO. 3 O.E.S. 99-0080868 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 $\overline{\mathbf{x}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 Section 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? X 10a 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? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 X X Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b X 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 X taxable entity during the year? 16a 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply __ Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records FIRST HAWAIIAN BANK, TRUST DIVISION - 808-525-8953

P.O. BOX 3708, HONOLULU, HI 96811-3708

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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

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

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

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

X Check this box if neither the organization	tion nor any related	orga	anıza	ation	COL	mpe	nsat	ed any current officer, o	director, or trustee	
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more the box, unless person is officer and a director/				one	Reportable	Reportable	Estimated
	hours per	box				is bot	h an	compensation	compensation	amount of
	week	-	T au	luau	Teck	3174108	166)	from	from related	other
	(list any	달						the	organizations	compensation
	hours for	5	8			ated		organization	(W-2/1099-MISC)	from the
	related	nstee	ting] ₈₂	i i		(W-2/1099-MISC)		organization
	organizations below	曹	lona		훒	盲				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HENRY WONG	1.00	 -	=		<u> </u>	1 0	_			
CHAIRMAN OF TRUSTEES		X	1					0.	0.	0.
(2) LYNDA T. BANIQUED	1.00									
TRUSTEE & TREASURER		X		X	<u> </u>			0.	0.	0.
(3) RESURRECION ESCASA	1.00									
TRUSTEE		Х			<u> </u>	_		0.	0.	0.
(4) NANCY MATSUDA	1.00									
SECRETARY				X	<u> </u>	<u>L</u>		0.	0.	0.
		-								
				_	-	<u> </u>	_			
		1								
	_	-	├	 -	-				-	
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			L_	<u> </u>		L				
-										
		_	L			<u> </u>	<u> </u>			
		-								
									<u> </u>	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Total revenue Related or exempt function business revenue revenue 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 6,860 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 6 860 Business Code All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 145 961 145,961 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) \triangleright 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 3,768,066 b Less. cost or other basis and sales expenses 3,306,225 c Gain or (loss) 461,841 d Net gain or (loss) 461,841 461,841 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 614 662 607,802

Рa	rt IX Statement of Functional Expens	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must o	complete column (A)	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				· · · · ·
	and domestic governments. See Part IV, line 21	12,150.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	40,000.			
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			<u></u>	
5	Compensation of current officers, directors,				
	trustees, and key employees				. <u>-</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	 -		 	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits Payroll taxes				
10 11	Fees for services (non-employees):	-			
'' a	Management				
b	Legal				
c	, · .	1,542.	·		
d	T	1,342.			
e					
f	Investment management fees	40,113.			· •
g					··
Ū	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				<u> </u>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		. <u></u>		
19	Conferences, conventions, and meetings	5,413.			
20	Interest		<u>_</u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 600			
23	Insurance Other expanses Itemas expanses and expanses	1,680.			· -
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				,
а	HONORARIUMS	13,000.			
b	VA TAIMBATA AYON	12,000.			
c	CUDICANA C DADAY DYDDYCH	6,787.			
d		3,156.			
	All other expenses	11,140.			
25	Total functional expenses. Add lines 1 through 24e	146,981.		-	
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet	,		
_		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	35,172.	1	29,180.
	2	Savings and temporary cash investments	133,367.	2	96,651.
	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. Complete			
		Part II of Schedule L		5	
	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 contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			٠
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ä	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 1,109,696.			
	b	Less accumulated depreciation 10b 0.	1,109,696.	10c	1,109,696.
	11	Investments · publicly traded securities	4,541,731.	11	5,052,120.
	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)	5,819,966.	16	6,287,647.
	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, trustees,			
Ë		key employees, highest compensated employees, and disqualified persons.	b k		
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 X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
밑	29	Permanently restricted net assets		29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.	15 006		15 000
set	30	Capital stock or trust principal, or current funds	15,096.	30_	15,096.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net	32	Retained earnings, endowment, accumulated income, or other funds	5,804,870.	32	6,272,551.
_	33	Total net assets or fund balances	5,819,966.	33	6,287,647.
	34	Total liabilities and net assets/fund balances	<u>5,819,966.</u>	34	6,287,647.

	1990 (2015) LEI ALOHA CHAPTER NO. 3 O.E.S.	99-00	<u> 88888</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	614	,662.
2	Total expenses (must equal Part IX, column (A), line 25)	2	146	,981.
3	Revenue less expenses Subtract line 2 from line 1	3	467	,681.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,819	,966.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	6,287	,647.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
	<u></u>		'	Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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 reviewed	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		ľ
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt		٠,
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2015)

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No 1545-0047

	LEI ALOHA CHAPTER N		99-0080868
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	3.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wri	ting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or o	lonor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes N
Pa	t II Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply)	
	Preservation of land for public use (e.g., recreation or edu	ication) Preservation of a hist	orically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conservation easement on the last_
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic struc	ture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	er 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h		L Yes L N
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and enforcing con	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ition easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes No
9	In Part XIII, describe how the organization reports conservation	•	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organization's accounting for
Dai	conservation easements. t III Organizations Maintaining Collections of A	Art Historical Tractures or O	ther Similar Accets
rai	Complete if the organization answered "Yes" on Form 9	•	thei Silliai Assets.
4-			
та	If the organization elected, as permitted under SFAS 116 (ASC	•	
	historical treasures, or other similar assets held for public exhib		ince of public service, provide, in Part XIII
L	the text of the footnote to its financial statements that describe		t and balance about works of out brotower
þ	If the organization elected, as permitted under SFAS 116 (ASC	•	
	treasures, or other similar assets held for public exhibition, edu-	cation, or research in furtherance of pu	blic service, provide the following amount
	relating to these items (i) Powerus included on Form 000 Port VIII has 1		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
_	(ii) Assets included in Form 990, Part X	uraa ar athar amalar assats for fire a	\$
2	If the organization received or held works of art, historical treas	·	u gain, provide
_	the following amounts required to be reported under SFAS 116	(NOC 309) Leistling to these items.	. ¢
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990. Part X		~
D	Asserts Interpreted to Form 990 PSH A		— a

		HA CHAPTER				- 011			<u> </u>	
	gameationo manitalining (
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a sig	nıfıcant	use of its	collection	items
	(check all that apply)									
a	Public exhibition	(╸┝┤		hange progra	ms				
b	Scholarly research	•	•	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Pai	rt XIII.	
5	During the year, did the organization solicit of					er sımılar a	assets			
-	to be sold to raise funds rather than to be m								Yes	<u> </u>
Pa	reported an amount on Form 990, Pa	gements. Compl rt X, line 21	ete if the	e organizatio	on answered "	Yes" on F	orm 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other ass	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or ci	ustodial accoi	unt liabilit	y?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation	on has been	provided on l	Part XIII				
Pa	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line 10).			
		(a) Current year	(b) F	rior year	(c) Two years	s back (c	I) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions				_					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		ŀ				_			
	and programs									
f	Administrative expenses									
g	End of year balance	_								
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administer	ed for the	organiz	ation		
	by:								Υ	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's ende	owment	funds.						
Pai	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	/, line 11a S	See Form 990,	Part X, III	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings			1,10	9,696.				1,109	,696.
С	Leasehold improvements									
d	Equipment									
е	Other									
T-40	Add lines 1a through 1a (Column (d) must a	aual Farm 000 Part	V aalu	nn /D\ /ma 1	1001				1 100	606

Schedule D (Form 990) 2015

	rt XI Reconciliation of Revenue per Audited Financial St		99-0080868 P	
rai			ue per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _ 1		
a	3	_2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	,	_2d		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
_	Add lines 4a and 4b		4c	
5 Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5	
rai	Reconciliation of Expenses per Audited Financial S	-	ises per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a		
1	Total expenses and losses per audited financial statements		-1-	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a	Donated services and use of facilities			
þ	Prior year adjustments	2b		
C	Other losses	2c		
d	,	_2d		
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
ь	Other (Describe in Part XIII.)	4 6		
	•	4b		
c	Add lines 4a and 4b	<u> ,</u>	4c	
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	<u> ,</u>	4c 5	
շ 5 Pa ı	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	18.)	5	<u> </u>
c 5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
c 5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	4, Part IV, lines 1b and 2b; F	5	
c 5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
c 5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
c 5 Pa i Provi	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
5 Pai	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line at XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4, Part IV, lines 1b and 2b; F	5	
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

ttach to Form 990.	dule I (Form 990) and its instructions is at www.irs.gov/form990.
► Attach	e I (Form 990) and its
	▶ Information about Schedule I (

Open to Public

Inspection

OMB No 1545-0047

organization LEI ALOHA CHAPTER NO. General Information on Grants and Assistance	10. 3 O.E.S.					Employer identification number 99-0080868
ate the	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stance, the gran	tees' eligibility	for the grants or ass	sistance, and the select	
r mont	criteria used to award the grants or assistance? Describe in Darf IV the organization's propedures for monitoring the use of grant finds in	grant funds in the United States	ģ			X Yes No
)rgani2	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	nments. Comple	lete if the orga	inization answered ">	res" on Form 990, Par	t IV, line 21, for any
t II can	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ace is needed				
(b) EIN	(c) IRC section (d) An if applicable cash	(d) Amount of (e) cash grant n	(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
Enter total number of section 501(c)(3) and government organizat	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	table				0
ructi	Finer rotal number of other organizations listed in the line in table. For Paperwork Reduction Act Notice, see the Instructions for Form 990.					Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance Ö 40,000, (c) Amount of cash grant 18 (b) Number of recipients SCHOLARSHIP ASSISTANCE FOR STUDENTS ATTENDING (a) Type of grant or assistance UNIVERSITIES OR COLLEGES IN THE U,S, 532102 10-28-15

Page 2

99-0080868

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

3 O.E.S.

LEI ALOHA CHAPTER NO.

Schedule I (Form 990) (2015)

Part III

'SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

Inspection Internal Revenue Service ▶ Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number LEI ALOHA CHAPTER NO. 3 O.E.S. 99-0080868 FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO ARE ELECTED INTO THEIR POSITIONS. FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS MEMBERS WHO MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS ARE MADE BY THE GOVERNING BODY OF THE ORGANIZATION AND ARE SUBJECT TO APPROVAL BY ITS MEMBERS. DECISIONS ARE APPROVED OR DISAPPROVED BY A MAJORITY VOTE. FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION DOES NOT HAVE ANY FORMAL PROCESS FOR THE REVIEW OF THE FORM 990. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IT DOES NOT HAVE A FORMAL CONFLICT OF INTEREST POLICY AND DOES NOT HAVE FINANCIAL STATEMENTS PREPARED.