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For calendar year 2015, or tax year beginning 01-01-2015 , and ending 12-31-2015

Name of foundation LOCATIONS FOUNDATION		A Employer identification number 99-0267351	
Number and street (or P O box number if mail is not delivered to street address) 614 KAPAHULU AVENUE 3RD FLOOR		Room/suite	B Telephone number (see instructions) (808) 735-4200
City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96815		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 1,164,067		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	368,128			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	9,316	9,316		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	33,318			
	b Gross sales price for all assets on line 6a 340,833				
	7 Capital gain net income (from Part IV, line 2)		33,318		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	30	0		
	12 Total. Add lines 1 through 11	410,792	42,634		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).	3,396	0		3,396
	b Accounting fees (attach schedule).	4,607	2,304		2,303
	c Other professional fees (attach schedule)	2,504	2,504		0
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	622	0		0
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy				
	21 Travel, conferences, and meetings.	679	0		679
	22 Printing and publications				
	23 Other expenses (attach schedule).	35,788	0		35,756
	24 Total operating and administrative expenses. Add lines 13 through 23	47,596	4,808		42,134
	25 Contributions, gifts, grants paid	200,647			200,647
	26 Total expenses and disbursements. Add lines 24 and 25	248,243	4,808		242,781
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	162,549			
	b Net investment income (if negative, enter -0-)		37,826		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	585,098	738,226	738,226
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges 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	Inventories for sale or use			
	9	Prepaid expenses and deferred charges	1,500		
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	432,219	425,841	425,841
	Liabilities	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____		
15		Other assets (describe ▶ _____)			
16		Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	1,018,817	1,164,067	1,164,067
17		Accounts payable and accrued expenses	19,168	49,360	
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 (describe ▶ _____)			
23		Total liabilities(add lines 17 through 22)	19,168	49,360	
Net Assets or Fund Balances		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	999,649	1,114,707	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	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			
	30	Total net assets or fund balances(see instructions)	999,649	1,114,707	
	31	Total liabilities and net assets/fund balances(see instructions)	1,018,817	1,164,067	

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)	1 999,649
2	Enter amount from Part I, line 27a	2 162,549
3	Other increases not included in line 2 (itemize) ▶ _____	3 0
4	Add lines 1, 2, and 3	4 1,162,198
5	Decreases not included in line 2 (itemize) ▶ _____	5 47,491
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 1,114,707

Part IV Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a PUBLICLY TRADED SECURITIES				
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 340,833		307,515	33,318
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or (l) Losses (from col (h))
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			33,318
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	33,318
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	165,868	927,588	0 178816
2013	164,753	838,461	0 196495
2012	183,404	643,977	0 284799
2011	129,211	568,989	0 227089
2010	127,567	630,237	0 202411

2 Total of line 1, column (d).	2	1 089610
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 217922
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	1,071,774
5 Multiply line 4 by line 3.	5	233,563
6 Enter 1% of net investment income (1% of Part I, line 27b).	6	378
7 Add lines 5 and 6.	7	233,941
8 Enter qualifying distributions from Part XII, line 4.	8	242,781

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	378
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	378
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	378
6	Credits/Payments		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868).	6c	900
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	900
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ▶	10	522
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ 522 Refunded ▶	11	0

Part VII-A **Statements Regarding Activities**

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>			No
1b				No
c	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2		No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
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? <i>If "Yes," attach the statement required by General Instruction T</i>	5		No
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?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ HI _____			
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? <i>If "No," attach explanation</i> .	8b	Yes	
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)? <i>If "Yes," complete Part XIV</i>	9		No
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10		No

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		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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	Yes	
14	The books are in care of ► <u>RESCO INC</u> Telephone no ► <u>(808) 735-4200</u> Located at ► <u>614 KAPAHULU AVE 3RD FLOOR HONOLULU HI</u> ZIP+4 ► <u>96815</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ► 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ►	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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. ► <input type="checkbox"/>			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? 1c			No
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))			
a	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____			
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			
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____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015</i>). 3b			
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ 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?

☐ Yes

☒ No

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes

☒ No

(4)

Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).

☐ Yes

☒ No

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes

☒ No

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

☐ Yes

☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes

☒ No

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes

☒ No

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				

Total

number of other employees paid over \$50,000.

0

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Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶

0

Part IX-A


Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 _____	
2 _____	
3 _____	
4 _____	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	0
2 _____	

All other program-related investments. See instructions.	
3 	0

Total. Add lines 1 through 3 ▶

0

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	433,196
b	Average of monthly cash balances.	1b	654,899
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,088,095
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,088,095
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	16,321
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,071,774
6	Minimum investment return. Enter 5% of line 5.	6	53,589

Part XI Distributable Amount(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	53,589
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	378
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	378
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	53,211
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	53,211
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	53,211

Part XII Qualifying Distributions (see instructions)

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	242,781
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	242,781
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	378
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	242,403

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				53,211
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2015				
a From 2010.	96,401			
b From 2011.	101,034			
c From 2012.	151,459			
d From 2013.	122,968			
e From 2014.	120,107			
f Total of lines 3a through e.	591,969			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ <u>242,781</u>				
a Applied to 2014, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2015 distributable amount.				53,211
e Remaining amount distributed out of corpus	189,570			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	781,539			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c 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.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions).	96,401			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	685,138			
10 Analysis of line 9				
a Excess from 2011.	101,034			
b Excess from 2012.	151,459			
c Excess from 2013.	122,968			
d Excess from 2014.	120,107			
e Excess from 2015.	189,570			

Part XIV

Private Operating Foundations (see instructions and Part VII-A, question 9)

1a

If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling.

b

Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a

Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				

3

Complete 3a, b, or c for the alternative test relied upon

a

"Assets" alternative test—enter

(1)

Value of all assets

(2)

Value of assets qualifying under section 4942(j)(3)(B)(i)

b

"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c

"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)

(2)

Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3)

Largest amount of support from an exempt organization

(4)

Gross investment income

Part XV

Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1

Information Regarding Foundation Managers:

a

List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b

List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2

Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a

The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

FOUNDATION BOARD OF TRUSTEES
614 KAPAHULU AVENUE 3RD FLOOR
HONOLULU, HI 96815
(808) 735-4200

b

The form in which applications should be submitted and information and materials they should include

NO SPECIFIED FORM AT PRESENT

c

Any submission deadlines

NONE AT PRESENT

d

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

EDUCATION, LITERACY, RELIGIOUS OR SCIENTIFIC PROGRAMS OF CHARITABLE WORKS QUALIFYING UNDER IRC SEC 501 (C)(3)

Form 990-PF (2015)

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>3a</div>	200,647
<div>b Approved for future payment</div>				
<div>Total</div>			<div>3b</div>	0

Enter gross amounts unless otherwise indicated

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

Form **990-PF** (2015)

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Signature of officer or trustee</div>	<div style="text-align: center;">2016-11-14</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Date</div>	<div style="text-align: center;">*****</div> <div style="border-top: 1px solid black; height: 20px; margin-top: 5px;"></div> <div style="text-align: center;">Title</div>

May the IRS discuss this return with the preparer shown below?
 (see instr.)? ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name MARK A HAYES	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00085205
	Firm's name ▶ CW ASSOCIATES CPAS			Firm's EIN ▶ 26-1659234	
	Firm's address ▶ 700 BISHOP STREET SUITE 1040 HONOLULU, HI 96813			Phone no (808) 531-1040	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
CHAD TAKESUE	PRESIDENT 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
JODEE FARM	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
NOELE KANEMOTO	SECRETARY 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
BRIAN STEWART	TREASURER 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
BRANDON LAU	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
CORINDA WONG	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
DAN TABORI	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
DOLORES BEDIONES	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
JAMES CHAN	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
JON YAMASATO	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
JUDY KUMANO	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
KAI BROWN	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
KENGO UENO	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
KRISTIN MUKAI	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
MARSHALL MOWER	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
MARY EDU	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
MICHAEL MARKS	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
SHANNON SMITH	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
SHERRIE KURODA	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
STEPHANIE CHAN	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
TOM PRESLER	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
WADE UEHARA	DIRECTOR 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				
JOANN LUMSDEN	FORMER TREASURER 1 00	0	0	0
614 KAPAHULU AVENUE 3RD FLOOR HONOLULU,HI 96815				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	NONE	501(C)(3)	CHARITABLE	2,500
AMERICAN RED CROSS 4155 DIAMOND HEAD ROAD HONOLULU, HI 96816	NONE	501(C)(3)	TO SUPPORT COMMUNITY IMPROVEMENT	10,000
ANGEL TREE PO BOX 1550 MERRIFIELD, VA 22116	NONE	501(C)(3)	CHARITABLE	1,723
AUTISM SOCIETY 4340 EAST-WEST HIGHWAY SUITE 350 BETHESDA, MD 20814	NONE	501(C)(3)	CHARITABLE	5,600
AUTISM SPEAKS 668 N 44TH STREET SUITE 300 PHOENIX, AZ 85008	NONE	501(C)(3)	CHARITABLE	2,500
BIG BROTHERS BIG SISTERS 418 KUWILI ST STE 106 HONOLULU, HI 96817	NONE	501(C)(3)	TO SUPPORT YOUTH DEVELOPMENT	24,054
BOYS & GIRLS CLUB OF HAWAII 1523 KALAKAUA AVE 202 HONOLULU, HI 96826	NONE	501(C)(3)	TO SUPPORT YOUTH DEVELOPMENT	21,740
C4 CHRIST CENTERED 4211 WAIALAE AVENUE SUITE 1030 HONOLULU, HI 96816	NONE	501(C)(3)	CHARITABLE	2,784
CHILD AND FAMILY SERVICES 200 N VINEYARD BLVD BLDG G HONOLULU, HI 96717	NONE	501(C)(3)	TO SUPPORT COMMUNITY IMPROVEMENT	5,000
CHILDREN'S MIRACLE NETWORK 205 WEST 700 SOUTH SALT LAKE CITY, UT 84101	NONE	501(C)(3)	CHARITABLE	3,000
CREATIVE CONNECTIONS 303 WEST AVENUE NORWALK, CT 06850	NONE	501(C)(3)	CHARITABLE	1,089
DONATIONS (LESS THAN 1000) 614 KAPAHULU AVENUE SUITE 300 HONOLULU, HI 96815	NONE	501(C)(3)	CHARITABLE	29,113
FAMILY PROGRAMS HAWAII 250 S VINEYARD BLVD HONOLULU, HI 96813	NONE	501(C)(3)	CHARITABLE	2,789
FAMILY PROMISE OF HAWAII 245 N KUKUI STREET HONOLULU, HI 96817	NONE	501(C)(3)	CHARITABLE	1,076
HAWAII 3R'S 735 BISHOP STREET SUITE 336 HONOLULU, HI 96813	NONE	501(C)(3)	TO PROVIDE SUPPORT FOR EDUCATIONAL INSTITUTIONS	5,000
Total ▶ 3a				200,647

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
HAWAII CHAO-CHOW ASSOCIATION 134 N KING STREET HONOLULU, HI 96817	NONE	501(C)(3)	CHARITABLE	3,036
HAWAII FOODBANK 2611 KILIHAI ST HONOLULU, HI 96819	NONE	501(C)(3)	CHARITABLE	2,754
HAWAIIAN HOPE PO BOX 17948 HONOLULU, HI 96817	NONE	501(C)(3)	DMANALO - 11/07/16 12 19PM WORKSHEET PRIVATE FOUNDATION	2,195
HAWAIIAN HUMANE SOCIETY 2700 WAIALAE AVE HONOLULU, HI 96826	NONE	501(C)(3)	CHARITABLE	2,644
HONOLULU JAPANESE CHAMBER OF COMMERCE 2454 SOUTH BERETANIA ST SUITE 201 HONOLULU, HI 96826	NONE	501(C)(3)	CHARITABLE	1,121
IMPACT FELLOWSHIP CHURCH 1044 AUAHI STREET HONOLULU, HI 96814	NONE	501(C)(3)	CHARITABLE	1,136
IOLANI SCHOOL 563 KAMOKU STREET HONOLULU, HI 96826	NONE	501(C)(3)	TO PROVIDE SUPPORT FOR EDUCATIONAL INSTITUTIONS	1,815
IRON WORKERS SCHOLARSHIP FUND 94-497 UKEE STREET WAIPAHU, HI 96797	NONE	501(C)(3)	CHARITABLE	1,776
KANOELANI ELEMENTARY SCHOOL 94-1091 OLI LOOP WAIPAHU, HI 96797		501(C)(3)	CHARITABLE	24,979
KOREAN CATHOLIC CHURCH OF HAWAII 2949 KAHAWAI STREET HONOLULU, HI 96822	NONE	501(C)(3)	CHARITABLE	1,458
NON-CASH CONTRIBUTIONS 614 KAPAHULU AVENUE SUITE 300 HONOLULU, HI 96815	NONE	501(C)(3)	TO SUPPORT WOMEN, CHILDREN & FAMILY SERVICES/TO PROVIDE SUPPORT FOR EDUCATIONAL INSTITUTIONS	3,166
OAHU SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS PO BOX 2332 EWA BEACH, HI 96706	NONE	501(C)(3)	CHARITABLE	1,202
PARTNERS IN DEVELOPMENT FOUNDATION 2040 BACHELOT STREET HONOLULU, HI 96817	NONE	501(C)(3)	CHARITABLE	2,100
POLYNESIAN FOOTBALL PO BOX 11266 HONOLULU, HI 96828	NONE	501(C)(3)	CHARITABLE	1,084
REHABILITATION HOSPITAL 226 NORTH KUAKINI STREET HONOLULU, HI 96817	NONE	501(C)(3)	CHARITABLE	1,225
Total ▶ 3a				200,647

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RONALD MCDONALD CHARITIES OF HAWAII 1970 JUDD HILLSIDE ROAD HONOLULU,HI 96822	NONE	501(C)(3)	CHARITABLE	4,965
ST JOHN VIANNEY 920 KEOLU DRIVE KAILUA,HI 96734	NONE	501(C)(3)	CHARITABLE	1,681
UNITED CEREBRAL PALSY OF HAWAII 25 KANEOHE BAY DRIVE 211 KAILUA,HI 96734	NONE	501(C)(3)	CHARITABLE	2,569
WOMEN-IN-NEED PO BOX 414 WAIMANALO,HI 96795	NONE	501(C)(3)	CHARITABLE	13,450
WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD JACKSONVILLE,FL 32256	NONE	501(C)(3)	CHARITABLE	1,629
YMCA OF HONOLULU 1441 PALI HIGHWAY HONOLULU,HI 96813	NONE	501(C)(3)	CHARITABLE	3,994
YWCA 1040 RICHARDS STREET HONOLULU,HI 96813	NONE	501(C)(3)	CHARITABLE	2,700
Total ▶ 3a				200,647

TY 2015 Accounting Fees Schedule**Name:** LOCATIONS FOUNDATION**EIN:** 99-0267351

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	4,607	2,304		2,303

TY 2015 All Other Program Related Investments Schedule

Name: LOCATIONS FOUNDATION
EIN: 99-0267351

Category	Amount
N/A	0

TY 2015 Investments - Other Schedule**Name:** LOCATIONS FOUNDATION**EIN:** 99-0267351

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENT SECURITIES	FMV	425,841	425,841

TY 2015 Legal Fees Schedule

Name: LOCATIONS FOUNDATION

EIN: 99-0267351

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	3,396	0		3,396

TY 2015 Other Decreases Schedule**Name:** LOCATIONS FOUNDATION**EIN:** 99-0267351

Description	Amount
UNREALIZED LOSS ON INVESTMENT	47,491

TY 2015 Other Expenses Schedule**Name:** LOCATIONS FOUNDATION**EIN:** 99-0267351

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MISCELLANEOUS	1,358	0		1,358
INSURANCE	803	0		803
PARKING	87	0		87
PROGRAM COSTS	33,460	0		33,460
POSTAGE	48	0		48
LICENSES/OTHER FEES	32	0		0

TY 2015 Other Income Schedule**Name:** LOCATIONS FOUNDATION**EIN:** 99-0267351

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER INCOME	30		30

TY 2015 Other Professional Fees Schedule**Name:** LOCATIONS FOUNDATION**EIN:** 99-0267351

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	2,504	2,504		0

TY 2015 Taxes Schedule**Name:** LOCATIONS FOUNDATION**EIN:** 99-0267351

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXCISE TAX ON INVESTMENT INC	622	0		0

<div>Schedule B</div> <div>(Form 990, 990-EZ, or 990-PF)</div> <div>Department of the Treasury Internal Revenue Service</div>	<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>	<div>OMB No 1545-0047</div> <div>2015</div>
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<div>Name of the organization</div> <div>LOCATIONS FOUNDATION</div>	<div>Employer identification number</div> <div>99-0267351</div>
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Organization type (check one)

<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>	<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>
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Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., 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 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization LOCATIONS FOUNDATION	Employer identification number 99-0267351
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,076	Person <input checked="" type="checkbox"/>
	STEPHANIE CHAN PO BOX 160946		Payroll <input type="checkbox"/>
	HONOLULU, HI 96816		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2		\$ 5,607	Person <input checked="" type="checkbox"/>
	GLEN FUJIHARA 14 MAKAWELI STREET		Payroll <input type="checkbox"/>
	HONOLULU, HI 96825		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization LOCATIONS FOUNDATION	Employer identification number 99-0267351
--	--

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization LOCATIONS FOUNDATION	Employer identification number 99-0267351
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
--		_____	
_____		_____	