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SCANNED IAN 03 2917,

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.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

A	or th	e 2015 calendar year, or tax year beginning MA	(1, 2015) and	ending 1	<u>APR 30, 2016</u>						
В	Check is applicat	C Name of organization			D Employer identific	cation number					
	Addr	ess HAWAII ASSOCIATION OF TH	TE BLIND								
	Nam- chan	,			1 99-60	015046					
	Initia	N	ed to street address)	Room/suite							
	Final	225 TITITIONALANT AMENITE	'			216213					
	termi ated				G Gross receipts \$	458,437.					
Amended HONOLULU, HI 96815-3509 H(a) Is this a group return											
	Application F Name and address of principal officer AMELIA T. CETRONE for subordinates?										
	pend	222 PIPIOCKAPANI AAR' #21	O, HONOLULU, H	I 968	H(b) Are all subordinates in	cluded? Yes No					
		empt status $X = 501(c)(3) = 501(c)() \blacktriangleleft$	(insert no.) 4947(a)(1)	or 527	If "No," attach a	list (see instructions)					
		te: ► WWW.ACB.ORG/HAWAII	 		H(c) Group exemption						
		forganization: X Corporation Trust Assoc	ciation Other	L Year	of formation: 1967 M	State of legal domicile; HI					
Pa	art I	Summary									
çe	1	Briefly describe the organization's mission or most sig									
Governance		OF THE BLIND AND SPONSOR VA									
Veri	2	Check this box I if the organization disconting		sea ot mor	1 1						
Ĝ	3	Number of voting members of the governing body (Pa Number of independent voting members of the govern	•		3 4	9					
ಿ ಶ	5	Total number of individuals employed in calendar year			5						
itie	6	Total number of volunteers (estimate if necessary)	1 2013 (Fait V, IIIIe 2a)		6	10					
Activities &	7 a	Total unrelated business revenue from Part VIII, colum	nn (C), line 12		7a	0.					
Ā	1	Net unrelated business taxable income from Form 990		7b	0.						
			<u></u>		Prior Year	Current Year					
ø	8	Contributions and grants (Part VIII, line 1h)			53,698.	455,702.					
n e	9	Program service revenue (Part VIII, line 2g)		0.	0.						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and		5.	5.						
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c	c, 10c, and Let		1,499.	<u> </u>					
	12	Total revenue - add lines 8 through 11 (must equal Pa	rt VIII, column Allino 12)	55,202.	454,837.					
	13	Grants and similar amounts paid (Part IX, column (A),	lines 1.3)	080	32,569.	339,901.					
	14	Benefits paid to or for members (Part IX, column (A), I			0.	0.					
ses	15	Salaries, other compensation, employee benefits (Part		- 188 - 188	0.	0.					
Expenses	ì	Professional fundraising fees (Part IX, column (A), line			0.	0.					
찣		Total fundraising expenses (Part IX, column (D), line 25 Other expenses (Part IX, column (A), lines 11a-11d, 11	3)	39.	39,208.	38,206.					
	Į.	Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 11a-110, 11	•	-	71,777.	378,107.					
	19	Revenue less expenses Subtract line 18 from line 12	Joint (Ay, line 25)	-	<16,575.						
Ses		Tieveride lead experieds educate line to from line 12		B.	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1-3	38,136.	114,866.					
ASS	21	Total liabilities (Part X, line 26)			0.	0.					
FEE	22	Net assets or fund balances Subtract line 21 from line	e 20		38,136.	114,866.					
	irt II	Signature Block									
		alties of perjury, I declare that I have examined this return, incl			•	knowledge and belief, it is					
true,	corre	ct, and complete. Declaration of preparer (other than officer) is		iich prepare	r has any knowledge.						
		Melea T. Cetrone			12/1	4/16					
Sign		Signature of officer			Date	•					
Her	е	AMELIA T. CETRONE, TREAS Type or print name and title	URER								
		 			Date Check 3	Z PTIN					
De:n		1	eparer's signature	1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u>					
Paid		ALAN E. KOBAYASHI Firm's name KKDLY LLC	——————————————————————————————————————		2/06/16 self-employed	□ №00370602 99-0292355					
Preparer Firm's name KKDLY LLC Firm's ell 99-0292355 Use Only Firm's address 745 FORT ST STE 2100											
000	Jy	HONOLULU, HI 96813			Phone no R O S	3-521-3962					
May	the I	RS discuss this return with the preparer shown above?			[1 none no. 0 0 C	Yes X No					
	01 12-			ons.		Form 990 (2015)					

	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 NONE	
2	Did the organization undertake any significant program services during the year which were not listed on	_
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	0
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	О
4	If "Yes," describe these changes on Schedule O 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, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 335,901. including grants of \$ 335,901.) (Revenue \$)
	AMOUNTS PAID TO CHARITABLE & EDUCATIONAL ORGANIZATIONS TO HELP THE	
	BLIND AND BLIND STUDENTS	
		_
		_
		—
		_
4b	(Code) (Expenses \$ 27,653. including grants of \$) (Revenue \$	_)
	PROMOTE THE GENERAL WELFARE OF THE BLIND THROUGH SEMINARS, STATE CONVENTIONS, NATIONAL CONVENTIONS, AND GATHERINGS	—
	COLVELLE COLVENIE COL	_
		_
		—
		_
		_
4c	(Code) (Expenses \$4,000. including grants of \$4,000.) (Revenue \$\$ SCHOLARSHIPS TO INDIVIDUALS FOR EDUCATIONAL EXPENSES	_)
	Denomination to Individual for addentional Extended	_
		_
		_
	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e_	Total program service expenses ► 367,554.	
	Form 990 (201	1D)

Form 990 (2015) HAWAII ASSOCIATION OF THE BLIND
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	_1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			х
_	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	3		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10_		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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	445		х
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</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		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	aan /	2015\

Form 999 (2015) HAWAII ASSOCIATION OF THE BLIND
Part IV Checklist of Required Schedules (continued)

-,			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	_22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ĺ	
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	'		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	_26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	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		<u>X</u> _
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		<u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		v
	If "Yes," complete Schedule N, Part I	31		<u>X</u> _
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		X
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		Х
04	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34	X	
25-				X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ü	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	25h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	26		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		47
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	5,		
J J	Note. All Form 990 filers are required to complete Schedule O	38	х	
				2015)

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-	Check if Schedule O contains a response or note to any line in this Part V				
16 Enter the number reported in Box 3 of Form 1086 Enter -0", not applicable 15 0 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) womens of prome WSG andiesed in line 15 starts of -1 in organization soundings to prevent with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) womens organization menses? 28 Enter the number of employees reported on Form WSG. Transmittal of Wiggs and Tax Statements, filled for the calendar year ending with or within the year covered by this refurm Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-felic see instructions) 30 Urth be organization have underted business gross is some of \$1,000 or more during the year? 83 If Yes, 'the stifled a Form 900T for this year? If Yes, 'the interest in, or a significant or other provided or the calendary provided to the see and the calendary or more during the calendary and, did the organization have annual provided in the calendary or more during the year? 84 At any time during the calendary early did the organization have annual provided in the year of the resultant of the year of the calendary or the calendary of the provided is a shark account, securities account, or other financial accounts (FBAR) 85 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 86 Dest the organization pay to a prohibited tax shelter transaction at any time during the tax year? 87 If Yes, 'did the organization reports year promises account, or other financial accounts (FBAR) 88 Was the organization pay to a prohibited tax shelter transaction at any time during the tax year? 89 If Yes, 'did the organization in annual gross rocepts that are normally greater than \$100,000, and did the organization solit, and any contribution on that were not tax deductables? 90 If Yes, 'did the organization recover a promise of the property for which it as required to the Fo	_				Yes	No
b Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without payments? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year observed by this return. 8 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file free instructions. 9 If "Yes," required the sum of lines 1a and 2a is greater than 250, you may be required to 6-file free instructions. 9 If "Yes," required the sum of lines 1a and 2a is greater than 250, you may be required to 6-file free instructions. 9 If "Yes," required the company of the sum of lines 2b, provide an explanation in Schedule 0. 9 If "Yes," required the sum of lines 1a and 2a is greater than 250, you may be required to 6-file free instructions. 9 If "Yes," required year, did he organization in the sum of the sum of the sum of the company of the sum of th	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
Gambling) winnings to pinze winners. 2 Enter the number of employees reported on Form W3, Transmettal of Wage and Tax Statements. 2 Iffect for the calendar year ending with or within the year covered by this return. 2 Iffect for the calendar year ending with or within the year covered by this return. 3 If we will be a served on line 2a, did the organization file all required federal employment tax returns? 3 If we will be a served on line 2a, did the organization file all required federal employment tax returns? 3 If we will be a served on line 2a, did the organization of line all required federal employment tax returns? 3 If we will be a served on line 2a, did the organization of line all required federal employment tax returns? 3 If we will be a served on line 2a, did the organization file all required federal employment tax returns? 4 If we will be a served on line 2a, did the organization have an interest in, or a signature or other authority over, a financial account? 4 If we will be a served on line 2a, did the organization have an interest in, or a signature or other authority over, a financial account of the required country (such as a bank account, securities account, or other financial accounts (FBAR) 5 If we will be served the foreign country few bears a bank account, securities account or other financial accounts (FBAR) 5 If we will be served the foreign country few bears and a bank account securities account of the foreign search tax shelter transaction? 5 If we will be served the organization and the will we will be served to the served served and the served of the served served and the organization selection and the very selectation an express statement that such contributions or gifts were not tax deductible so charable contributions? 5 If we will be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible so scharable contributions. 5 If we will be organization served a payment in excess of Sf since partly as a con	b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable	1b 0			ĺ
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			l
teed for the calendary year ending with or within the year covered by this return Sal Fal least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, If the sum or lines 1 and 2 as greater than 250, you may be required to e-file (see instructions) 3a Otherogenization have unrelated business gross senome of \$1,000 or more during the year? 3a X 6a Files, in the 16 Fermi Sp07 for this year? If No., 10 in lead, p. provide an explanation in Schedule O 5a As a tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country No., 10 in lead, p. provide an explanation in Schedule O 5a As a tarry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country No., 10 in lead in the organization aparty to a prohibited tax shelter transaction at any time during the tax year? No., 10 in lead of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles No., 10 in leading the personal property for global and the organization solicit any contributions that were not tax deductibles No., 10 in leading the personal property for global and services provided to the payor? No., 10 in leading to the organization shall may receive deductible contributions under section 170(c). No., 10 in leading to the payor No., 10 in leading to the		(gambling) winnings to prize winners?		1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 b Lot the organization have unrelated business gross income of \$1,000 or more during the year? 3 b Lot the organization are unrelated business gross income of \$1,000 or more during the year? 3 b If Yes, "has it filed a Form 990 T for this year? If *No.", to line 3b, provide an explanation on Schedule 0 3 b At any time during the celandar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a X 5 b If Yes, "the rith the name of the foreign country (such as a bank account, securities account, or other financial account)? 5 b If Yes, "to line 5a or 5b, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 5 a Was the organization a party to a prohibited tax sheller transaction at any time during the lax year? 5 b If Yes, "to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax sheller transaction? 5 c Vers, "to line 5a or 5b, did the organization hat it was or is a party to a prohibited tax sheller transaction? 6 c Vers, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions? 6 b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charatable contributions under section 170(). 9 b If Yes, "did the organization notify the donor of the value of the goods or services provided? 9 b If Yes, "did the organization notify the donor of the value of the goods or services provided? 10 b If the organization received a contribution of qualified intellectual property,	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unriealted business gross income of \$1,000 or more during the year? 3 A I "Yes," than it filed a Form 990 T for this year? If "No," to line 30, provide an explination in Schedule O 4 A I arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? 4 A I arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country ► 5 B I "Yes," enter the name of the foreign country ► 5 See instructions for filing requirements for FindEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 See instructions for filing requirements for FindEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible in Form 8868°. 6 B Verse," did the organization not tax deductible is a charizable contributions? 7 B Was the organization related and the event of the organization shall were not tax deductible in the event of the organization shall may receive deductible contributions under section 170(c). 8 B Was the organization or notify the donor of the value of the goods or services provided? 9 C Prognization feature as apprient in excess of \$75 made partly as contribution and partly for grods and services provided to the payor? 9 Tay X Yes, I indicate the number of Forms 8282 filed during the year 9 D did the organization on only the donor of the value of the goods or services provided? 9 C Vide the organization on only the donor of the value of the goods or services provided? 9 C Vide the organization in the year pay premiums, directly or indire		filed for the calendar year ending with or within the year covered by this return	2a 0			İ
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	<u>2b</u>		
b if "Yes," has it flied a Form 990-T for this year? If "No," to line 30, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR) b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 50, did the organization file Form 8866.™ 5c Did environ that the provided it is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Did environ that the provided it is a party to a prohibited tax shelter transaction? 5c Did the organization receive adout tible or other shelt of the second or that such contributions or grits were not tax deductible? 6c Did the organization receive deductible contributions under section 170(c). 10 United the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 10 United the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c United the organization in notify the donor of the value of the goods or soveroes provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 1c Did the organization cereve and contribution of qualified intellectual property, did the organization file Form 8899 as re		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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		• • • • • • • • • • • • • • • • • • • •				X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	: O		000	(00

99-6015046 HAWAII ASSOCIATION OF THE BLIND Form 990 (2015) 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 \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 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. 9 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Х 8a a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the a X 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 Х 10a Did the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 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 12c in Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Х 14 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? Х a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements?

Sec	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶HI						
18	8 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)						
19	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						
20	State the name, address, and telephone number of the person who possesses the organization's books and records AMELITA T. CETRONE - 808-521-6213						

96815-3509 #5D, LILIUOKALANI AVE, HONOLULU, HI

532006 12-16-15

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 r	or any related	orga	anıza	atior	co	mpe	nsat	ed any current officer, o	director, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	OSITION eck more than one		one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	person is both an director/trustee)		h an	compensation	compensation	amount of
	week	├─-		io a c	lirecti	Ortrus	itee)	from	from related	other
	(list any hours for	recto			l	_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	9 0 0	e l		1	safed	-	(W-2/1099-MISC)	(88-271099-181150)	organization
	organizations	ruste	l trus		e Je	mbeu	1	(***271033181100)		and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	S st Co	₅₅			organizations
	line)	Mpul	Instit	Officer	Key	Highest compensated employee	Former			
(1) ART CABANILLA	1.00									
DIRECTOR	1.00	X						0.	0.	0.
(2) MYLES TAMASHIRO	1.00]					
DIRECTOR	1.00	X			_	_	_	0.	0.	0.
(3) RONALD FLORMATA	1.00				ļ		ļ			n
DIRECTOR	1.00	X		ļ		ļ	<u> </u>	0.	0.	0.
(4) LANDA PHELAN	1.00						ļ			
DIRECTOR	1.00	X		-	_	-	<u> </u>	0.	0.	0.
(5) ALAN KOBAYASHI	1.00									
DIRECTOR	1.00	X		ļ	{ —	-	-	0.	0.	0.
(6) FILO TU	1.00	{		37						0
PRESIDENT	1.00	<u> </u>	├	X	├ -	┼	-	0.	0.	0.
(7) WARREN TOYAMA	1.00	Ì		37	ĺ			0.		0
1ST VICE PRESIDENT	1.00		-	X		\vdash	-	0.	0.	0.
(8) DONALD THOMSON	1.00	ł	1	х				0.	0.	0.
2ND VICE PRESIDENT	1.00			Δ	-	-	-	0.	U •	<u> </u>
(9) MAUREEN SHEEDY	1.00	ł		x				0.	0.	0.
SECRETARY (10) AMELIA CETRONE	1.00		 		-	 -			0.	
TREASURER	1.00			Х	{			0.	0.	0.
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Pai	rt VII Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(B) (C) (D)					(E)	· ·			
	Name and title	Average	(do		Pos			one	Reportable	Reportable	(F) e Estimated			ed
		hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				ıs bot	h an	· ·	compensatio				of
		week	H	$\overline{}$	oad	mecto	JI/ U U S	(ee)	from	from related	ĺ		other	4
		(list any hours for	Individual trustee or director						the	organizations			pensa	
		related	9 01 6	eg Eg			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	.0)		om the anızatı	
		organizations	ruste	frus		8	шреп		(44-27 1033-141130)			_	i relat	
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	Sub-total							>	0.		0.			0.
	Total from continuation sheets to Part \	II, Section A						>	0.		0.			0.
	Total (add lines 1b and 1c)			_				<u> </u>	0.		0.			0.
2	Total number of individuals (including but	not limited to th	ose	liste	ed al	bove	e) wr	no re	eceived more than \$100	,000 of reportable	е			_
	compensation from the organization	_ 											V	0
_										1	ſ		Yes	No
3	Did the organization list any former officer			е, ке	y er	npic	yee,	, or	nignest compensated e	mployee on				v
4	line 1a? If "Yes," complete Schedule J for					.t.or		4	har aampanaatian fram	the ereculation	}	3		_X_
4	For any individual listed on line 1a, is the s	·							•	ine organization				Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									dual for convece	}	4		
3	rendered to the organization? If "Yes," cor							Ciai	ed Organization of maivi	dual for services	ĺ	5		Х
Sec	tion B. Independent Contractors	ripiete Scrieduli	- 0 1	UI SE	JCII	pers	3011							
1	Complete this table for your five highest complete the stable for your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five highest complete the your five hi	ompensated inc	dene	ende	nt c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom	
•	the organization Report compensation for	•												
	(A)								(B)			(0		
	Name and busines	s address	N	ONE	3				Description of s	ervices	С	ompei		n
									· · · · · · · · · · · · · · · · · · ·					
										1				
														
2	Total number of independent contractors		ot lii	mite	d to		_	sted	dabove) who received m	ore than				
	\$100,000 of compensation from the organ	ization >				(<u> </u>							
												Form !	30A /	2015

HAWAII ASSOCIATION OF THE BLIND 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 Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 185. **b** Membership dues 1b c Fundraising events 1c 450,000. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 5,51<u>7</u>. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 455,702 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Other Revenue including \$ of contributions reported on line 1c) See Part IV, line 18 2,730. а 3,600. b Less direct expenses c Net income or (loss) from fundraising events <870.b <870.> 9 a Gross income from gaming activities See Part IV, line 19 а b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b b Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

<865.

0.

Total revenue See instructions

454,837.

0.

360	Chack if Schodula O contains a respon			mplete column (A)	
Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		experies o	gonoral expenses	<u> </u>
	and domestic governments. See Part IV, line 21	335,901.	335,901.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	4,000.	4,000.		
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				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				·-
8	Pension plan accruals and contributions (include	İ			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	4 510			
С.	Accounting	4,712.		4,712.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,	439.			420
40	column (A) amount, list line 11g expenses on Sch O.)	439.			439.
12	Advertising and promotion Office expenses	2,310.		2,310.	
13	Information technology	2,310.		2,310.	
14 15	Royalties				
16	Occupancy				
17	Travel	4,270.	4,270.		
18	Payments of travel or entertainment expenses	4,270.	4,2700		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,383.	23,383.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,092.		3,092.	
23	Insurance	- ,		-,	
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					
b					
С					
ď					
	All other expenses	200 400			
	Total functional expenses Add lines 1 through 24e	378,107.	367,554.	10,114.	439.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)	1			
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2015)
Part X Balance Sheet

Part		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	15,163.	1	94,980
İ	2	Savings and temporary cash investments	13,471.	2	13,476
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
ŀ	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			
1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	3		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
S		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
٠	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
1	0a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D Less accumulated depreciation 10a 19,447 10b 13,127	<u>•</u>]]	
- (b	Less accumulated depreciation 10b 13,127	9,502.	10c	6,320
1	1	Investments - publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
1:	2	Investments - other securities See Part IV, line 11		12	
1:	3	Investments - program-related See Part IV, line 11		13	
1.	4	Intangible assets		14	90
1:	5	Other assets See Part IV, line 11		15	
	6	Total assets. Add lines 1 through 15 (must equal line 34)	38,136.	16	114,866
1	7	Accounts payable and accrued expenses		17	
1:	8	Grants payable		18	
1:	9	Deferred revenue		19	
2		Tax-exempt bond liabilities		20	
2		Escrow or custodial account liability Complete Part IV of Schedule D		21	
<u>s</u> 2	2	Loans and other payables to current and former officers, directors, trustees,		 	
		key employees, highest compensated employees, and disqualified persons			
<u> </u>		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	
2	5	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24) Complete Part X of		1 1	
1.	_	Schedule D	<u> </u>	25	
_ 20	6	Total liabilities. Add lines 17 through 25	0.	26	0
		Organizations that follow SFAS 117 (ASC 958), check here and			
rund balances	_	complete lines 27 through 29, and lines 33 and 34.		_	
2		Unrestricted net assets		27	
ē 28		Temporarily restricted net assets		28	
29	9	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
ָם מו	^	and complete lines 30 through 34.	^		^
30		Capital stock or trust principal, or current funds	0.	30	0
3		Paid-in or capital surplus, or land, building, or equipment fund	0.	31	114 966
Net Assets of		Retained earnings, endowment, accumulated income, or other funds	38,136.	32	114,866
3.		Total liabilities and not assets/fund halances	38,136.		114,866
34	4	Total liabilities and net assets/fund balances	38,136.	34	114,866. Form 990 (2015

	1990 (2015) HAWAII ASSOCIATION OF THE BLIND	<u>99-601</u>	<u> 5046</u>	Pag	_{je} 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		<u>4,8</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>8,1</u>	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>30.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	<u>8,1</u>	<u>36.</u>
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	11	4,8	6 <u>6.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	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	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,				
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		i i		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,	l		
	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 Scho	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	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 requi	red audit			
	or guidte, explain why in Schedule O and deparths any stone taken to undergo such audite		0.		

Form **990** (2015)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2015

Employer identification number Name of the organization 99-6015046 HAWAII ASSOCIATION OF THE BLIND Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) iv) Is the organization (v) Amount of monetary (vi) Amount of (ıii) Type of organization (i) Name of supported (ii) EIN listed in your (described on lines 1-9 support (see other support (see organization governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 HAWAII ASSOCIATION OF THE BLIND 99-6015046 Page 2

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

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

Se	ction A. Public Support		<u> </u>				
Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-					1.50	-
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					İ	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
_	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	nns)		<u> </u>	12	
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ay vear as a sectio		
	organization, check this box and stop		, mot, docorra, triii	a, 10a1111, 01 111111 to	ix year as a seemo	11 30 1(0)(0)	
Sec	tion C. Computation of Publi	Support Per	rcentage		· · · · ·		<u>F </u>
	Public support percentage for 2015 (lii			column (f))		14	%
15	Public support percentage from 2014	Schedule A, Part	II, line 14	```		15	%
16a	33 1/3% support test - 2015. If the or	ganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies a					.,	▶ □
b	33 1/3% support test - 2014. If the or		-		line 15 is 33 1/3%	or more, check th	us box
	and stop here. The organization qualif						▶□
	10% -facts-and-circumstances test		• • •		13, 16a, or 16b. a	and line 14 is 10%	or more.
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t					. Thom the organ	► T
	10% -facts-and-circumstances test					17a and line 15 in	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circu				= =		▶□
	Private foundation. If the organization		_				
	Trivate journation. It the organization	did not check a l	ON OH III 13, 10	a, 100, 17a, OF 17E	, check this box a	na see instructions	

Schedule A (Form 990 or 990-EZ) 2015 HAWAII ASSOCIATION OF THE BLIND Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

So	ction A. Public Support	elow, please com					
		(-) 0011	(1) 0010	() 6046	4 11 004 4		(n T : :
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received (Do not		F0 F1F	74 000	F2 010	455 500	624 405
_	include any "unusual grants ")		50,515.	74,290.	53,918.	455,702.	634,425.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		3,117.	2,389.	9,170.	2,730.	17,406.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf		İ				
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		ļ				
6	Total. Add lines 1 through 5		53,632.	76,679.	63,088.	458,432.	651,831.
	Amounts included on lines 1, 2, and					200,202	
	3 received from disqualified persons		2,050.	10,200.	325.	50.	12,625.
b	Amounts included on lines 2 and 3 received			10,200	3234	301	12/0251
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		5,000.	5,000.			10 000
_	Add lines 7a and 7b		7,050.	15,200.	325.	50.	10,000.
	Public support. (Subtract line 7c from line 6)		7,030.	15,200.	323.	50.	22,625.
Sec	tion B. Total Support						629,206.
Cale	ndar year (or fiscal year beginning in) ➤ 📙	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
				76 670	62 NOO 1	450 430	CE1 021
_	Amounts from line 6		53,632.	76,679.	63,088.	458,432.	651,831.
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		4,355.	76,679.	5.	458,432.	4,370.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		4,355.	5.	5.	5.	4,370.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital		4,355.	5.	5.	5.	4,370.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain		4,355.	5.	5.	5.	4,370.
10abbccc111	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	he organization's	4,355. 4,355. 57,987.	5. 5. 76,684.	5.	5. 5. 458,437.	4,370. 4,370. 656,201.
10abbccc111	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	he organization's	4,355. 4,355. 57,987.	5. 5. 76,684.	5.	5. 5. 458,437.	4,370. 4,370. 656,201.
10 a b c c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the security is support.		4,355. 4,355. 57,987. s first, second, third	5. 5. 76,684.	5.	5. 5. 458,437.	4,370. 4,370. 656,201.
10 a b c c 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here.	Support Pe	4,355. 4,355. 57,987. s first, second, third	5. 5. 76,684. fourth, or fifth tax	5.	5. 5. 458,437. 1501(c)(3) organiza	4,370. 4,370. 656,201. ation,
10 a b c c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here. Stion C. Computation of Public Public support percentage for 2015 (lines.)	Support Pe	4,355. 4,355. 57,987. s first, second, third	5. 5. 76,684. fourth, or fifth tax	5.	5. 5. 458,437. 501(c)(3) organiza	4,370. 4,370. 656,201. ation, 95.89 %
10 a b c c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here. Stion C. Computation of Public Public support percentage from 2014.	Support Pe le 8, column (f) di Schedule A, Part	4,355. 4,355. 57,987. s first, second, third rcentage rvided by line 13, co	5. 5. 76,684. fourth, or fifth tax	5.	5. 5. 458,437. 1501(c)(3) organiza	4,370. 4,370. 656,201. ation,
10 a b c c 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the child the business is received this box and stop here. The computation of Public support percentage from 2014. Setion. D. Computation of Investition.	c Support Pe le 8, column (f) di Schedule A, Part tment Incom	4,355. 4,355. 57,987. s first, second, third, rcentage rivided by line 13, co. III, line 15 e Percentage	5. 5. 76,684. fourth, or fifth tax	5.	5. 5. 458,437. 501(c)(3) organiz	4,370. 4,370. 4,370. 656,201. ation, 95.89 % 90.43 %
10 a b c c 11 12 13 14 Sec 15 16 Sec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here. Stion. C. Computation of Public Public support percentage for 2014. Stion. D. Computation of Invest.	c Support Peres 8, column (f) di Schedule A, Part tment Income 5 (line 10c, colum	4,355. 4,355. 4,355. 57,987. s first, second, third, rcentage rivided by line 13, co III, line 15 e Percentage nn (f) divided by line	5. 5. 76,684. fourth, or fifth tax	5.	5. 5. 458,437. 1501(c)(3) organiz.	4,370. 4,370. 4,370. 656,201. ation, 95.89 % 90.43 % .67 %
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here. Etion C. Computation of Public Public support percentage from 2014. Section D. Computation of Invest Investment income percentage from 2011.	c Support Peres 8, column (f) di Schedule A, Part Ement Income 5 (line 10c, colum 014 Schedule A,	4,355. 4,355. 57,987. s first, second, third, rcentage wided by line 13, co III, line 15 e Percentage nn (f) divided by line Part III, line 17	5. 76,684. fourth, or fifth tax lumn (f))	5. 5. 63,093. c year as a section	5. 5. 458,437. 1501(c)(3) organiz.	4,370. 4,370. 4,370. 656,201. ation, 95.89 % 90.43 % 67 % 1.55 %
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here. Ition C. Computation of Public Public support percentage from 2014. Section D. Computation of Invest Investment income percentage from 2011 investment income percentage from 2013. 1/3% support tests - 2015. If the organization of support percentage from 2013.	Support Peres 8, column (f) dischedule A, Part Incomes 6 (line 10c, column 14 Schedule A, organization did n	4,355. 4,355. 4,355. 57,987. s first, second, third, rcentage rvided by line 13, co III, line 15 e Percentage nn (f) divided by line Part III, line 17 ot check the box or	5. 76,684. fourth, or fifth tax lumn (f)) 13, column (f))	5. 5. 63,093. year as a section	5. 458,437. 1501(c)(3) organized at 1516 1718 31/3%, and line 1	4,370. 4,370. 4,370. 656,201. ation, 95.89 % 90.43 % 67 % 1.55 % 7 is not
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the check this box and stop here. In the Computation of Public Public support percentage from 2014. Section D. Computation of Investing Investment income percentage from 2011 investment income percentage from 2013 1/3% support tests - 2015. If the comore than 33 1/3%, check this box and stop the computation of the comore than 33 1/3%, check this box and stop the computation of the computat	se Support Per de 8, column (f) di Schedule A, Part treent Income 5 (line 10c, colum 014 Schedule A, organization did not stop here. The	4,355. 4,355. 4,355. 57,987. s first, second, third rcentage roided by line 13, co III, line 15 e Percentage nn (f) divided by line Part III, line 17 rot check the box or organization qualification	5. 76,684. fourth, or fifth tax lumn (f)) 13, column (f)) 1 line 14, and line res as a publicly su	5. 63,093. 4 year as a section 15 is more than 33 upported organiza	5. 458,437. 1501(c)(3) organize 1516 1718 31/3%, and line 1	4,370. 4,370. 4,370. 656,201. ation, 95.89 % 90.43 % 67 % 1.55 % 7 is not
10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the check this box and stop here. Ition C. Computation of Public Public support percentage from 2014. Section D. Computation of Invest Investment income percentage from 2011 investment income percentage from 2013. 1/3% support tests - 2015. If the organization of support percentage from 2013.	e Support Per se 8, column (f) di Schedule A, Part treent Income 5 (line 10c, column 14 Schedule A, prganization did not stop here. The rganization did not stop here did not stop here.	4,355. 4,355. 4,355. 57,987. s first, second, third, rcentage roided by line 13, co III, line 15 e Percentage nn (f) divided by line Part III, line 17 rot check the box or organization qualification check a box on line	5. 76,684. fourth, or fifth tax lumn (f)) 13, column (f)) 1 line 14, and line es as a publicly sune 14 or line 19a,	5. 5. 63,093. 6 year as a section 15 is more than 36 ipported organiza and line 16 is more	5. 458,437. 15 16 17 18 3 1/3%, and line 1 tion re than 33 1/3%, a	4,370. 4,370. 4,370. 656,201. ation, 95.89 % 90.43 % 67 % 1.55 % 7 is not

Part IV Supporting Organizations

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

A 1:		All Suppo		^	
SACTION	Δ	All Silnn	AMINA.	()raan	リフクサレヘいぐ
Jecuvii	ᄼ	All Juppi	JI UHIM	Organi	ızalıvılə

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

		Yes	No
	1_		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c	_	
	5a		
	5b_		
	5c		
	_		
	6		
	7		
i			
	8		
	9a		
	9b		
	9c		
	10a		
			·
_	10b	O E7)	

	edule A (Form 990 or 990 EZ) 2015 HAWAII ASSOCIATION OF T			99-6015046 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting		· · · · · · · · · · · · · · · · · · ·	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		uctions. All
-	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5	·	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
	Chock here if the current year is the organization's first as a non-functional	lly-intograte	ad Type III supporting or	ianization (soo

Schedule A (Form 990 or 990-EZ) 2015

	edule A (Form 990 or 990-EZ) 2015 HAWAII ASSOCI			9-6015046 Page 7
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
<u>Sect</u>	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	Organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
а	, , , , , , , , , , , , , , , , , , , ,			
b				
c				
	From 2013			
	From 2014			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
•	line 7 \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
-	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2015 Subtract lines 3h			
-	and 4b from line 1 (if amount greater than zero, see			
	instructions)	,		
7	Excess distributions carryover to 2016. Add lines 3		 	
•	and 4c			
8	Breakdown of line 7			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI	Supplemental Information. Provide the explanations required by Pa	rt II. line 10. Part II. line 17a or 17b. Part III. line 12.
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also com	a and 3b, Part V, line 1; Part V, Section B, line 1e, Part V,
	(See instructions)	
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

OMB No 1545-0047 Inspection

Name of the organization

Employer identification number

	HAWAII ASSOCIATION	OF THE	E BLIND			99-60150	46
Pa	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fun	ds or A	ccounts	Complete if the)
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6					
		(a) Do	onor advised funds	(b) Funds a	nd other accour	its
1	Total number at end of year		·		 <u></u>		
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	writing that th	ne assets held in donor ac	lvised fun	ds		
	are the organization's property, subject to the organization's	v				Yes	No
6	Did the organization inform all grantees, donors, and donor a	advisors in wri	ting that grant funds can	be used o	only		
	for charitable purposes and not for the benefit of the donor of	or donor advis	or, or for any other purpo	se confer	ring		
_	impermissible private benefit?					Yes	No_
Pa				0, Part IV,	, line 7		
1	Purpose(s) of conservation easements held by the organizat	·					
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a h	•	-		
	Protection of natural habitat		Preservation of a c	ertified hi	storic struc	cture	
_	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quality of the state of the	ified conserva	tion contribution in the fo	rm of a co			
_	day of the tax year					d at the End of the	lax year
a	Total garage restricted by conservation eagements				2a		
b b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic str	ructure includ	ad in (a)		2b 2c		
ď	Number of conservation easements included in (c) acquired		` '	icture	20		
ū	listed in the National Register	arter 0/17/00,	and not on a mistoric stre	Cluie	2d		
3	Number of conservation easements modified, transferred, re	eleased, extinc	uushed or terminated by	the organ		ing the tax	
•	year >	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	jaioriou, or torrimiatou by	ano organ	112411011 441	ing the tax	
4	Number of states where property subject to conservation ea	asement is loc:	ated >				
5	Does the organization have a written policy regarding the pe			— of			
	violations, and enforcement of the conservation easements i		5, 1			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of v	iolations, and enforcing c	onservatio	on easeme	nts during the ye	ear
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violation	ons, and enforcing conse	rvation ea	sements d	uring the year	
	> \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section 1	70(h)(4)(B	B)(I)		
	and section 170(h)(4)(B)(ii)?					L Yes	L No
9	In Part XIII, describe how the organization reports conservati						nd
	include, if applicable, the text of the footnote to the organiza	ition's financia	I statements that describ	es the org	janization's	accounting for	
Da	conservation easements t III Organizations Maintaining Collections o	A Aut Llink	wisel Transcript	Othor	Cimilar A	\	
Par			•	Other	Similar <i>F</i>	Assets.	
	Complete if the organization answered "Yes" on Form						
та	If the organization elected, as permitted under SFAS 116 (AS		•				
	historical treasures, or other similar assets held for public extended the footnote to its financial statements that described the footnote to its financial statements.			erance or	public serv	rice, provide, in F	an Am,
h	If the organization elected, as permitted under SFAS 116 (AS			ont and b	alanca sho	at works of art.	netorical
b	treasures, or other similar assets held for public exhibition, ea	•				· ·	
	relating to these items	ducation, or re	ssearch in fulfilerance of	public ser	vice, provi	de trie following	amounts
	(i) Revenue included on Form 990, Part VIII, line 1				•		
	(ii) Assets included in Form 990, Part X				- \$		
2	If the organization received or held works of art, historical tre	easures or oth	er similar assets for finan	cial dain i			
-	the following amounts required to be reported under SFAS 1			o.a. gam,	p. ovido		
а	Revenue included on Form 990, Part VIII, line 1	. 5 (.50 000)	. s.c.ing to those torns		▶ \$		
	Assets included in Form 990, Part X				* * -		

	dule'D (Form 990) 2015 HAWAII TIII Organizations Maintaining O	ASSOCIATIO			or Othor		99-60			age 2
	Using the organization's acquisition, accessi									
3	(check all that apply)	on, and other record	os, check any or	ine tollowing th	iai are a sigi	nincant	use of its	Conection	nem	S
а	Public exhibition	C	d Diagnor	exchange prog	rame					
b	Scholarly research	6		excitatinge progr	Idilis					
c	Preservation for future generations	•	carlottiei							
4	Provide a description of the organization's co	ollections and explai	in how they furth	er the organizat	tion's evem	nt nurn	ose in Par	t XIII		
5	During the year, did the organization solicit o		-	-			,00 mm a			
•	to be sold to raise funds rather than to be ma				iloi Siiriilai a	00010		Yes	_	No
Pai	t IV Escrow and Custodial Arran				"Yes" on F	orm 990) Part IV			<u> </u>
	reported an amount on Form 990, Par		oro ii iiio organizi			0,,,,,	,, . u,			
	Is the organization an agent, trustee, custodi		diary for contribu	tions or other a	ssets not in	cluded				
	on Form 990, Part X?					.0.0000		Yes	Γ	No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table					_ 100		,
~	, so, so, parameter and an angenton in the anti-time		g table					Amount		
С	Beginning balance					1c		7 4111001111		
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow o	r custodial acc	ount Irability			Yes		No
	If "Yes," explain the arrangement in Part XIII				-					į
Par										
,		(a) Current year	(b) Prior year	(c) Two yea			ears back	(e) Four	vears	back
1a	Beginning of year balance			1-7						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colum	n (a)) held as						
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are hel	d and administi	ered for the	organiz	ation			
	by							[Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Schedule	R۶				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds							
Par										
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11a	See Form 99	0, Part X, lır	ne 10				
	Description of property	(a) Cost or o	ther (b) Co	ost or other	(c) Acc	umulate	d	(d) Book	value	,
		basis (investr		is (other)	depre	eciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
_e	Other			19,447.	1	3,1:	27.	6	, 32	20.
Tatal	Add lines 1a through 1e (Column (d) must ex	rual Form 000 Part	Y column (P) lin					6		

Schedule D (Form 990) 2015

(a) Description of security or category (including name of security)	(b) Book value	11b See Form 990, Part X, line 12 (c) Method of valuation Cost or el	nd-of-year market value
(1) Financial derivatives	(2)	(C)	<u> </u>
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			_
(E)			
(F)			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c See Form 990, Part X, line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	, , ,		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line 15	
(a)	Description		(b) Book value
(1)			
(2)			
(2)			
_ (3)			<u> </u>
(4)			
(4)			
(4) (5)			
(4) (5) (6)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col (B) line	∍ 15)		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 2	5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	on Form 990, Part IV, line		5
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line		5

532053 09-21-15

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

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

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

HAWAII ASSOCIATION OF THE BLIND

► Attach to Form 990.

OMB No 1545-0047	2015
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Open to Public Inspection Employer identification number

99-6015046

° ⊠ PROVIDE FUNDS FOR PROGRAM SERVICES FOR THE VISUALLY PROVIDE FUNDS TO PURCHASE ADDITIONAL RESOURCES AND (h) Purpose of grant or assistance SUPPORT THE VISUALLY UND ACTIVITIES TO Yes 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 MPAIRED 1 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 300 000 25,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table 99-6001089 99-0277716 Part I General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? PHYSICALLY HANDICAP - 402 KAPAHULU 1 (a) Name and address of organization DEPT OF HUMAN SERVICES - HO'OPONO HAWAII LIBRARY FOR THE BLIND & AVE - HONOLULU, HI 96815-3848 or government HONOLULU, HI 967817 1901 BACHELOT ST Part II

532101 10-28-15

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2015)

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE FUNDS TO PURCHASE ADDITIONAL 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 (d) Amount of non-cash assistance RESOURCES AND FUND ACTIVITIES TO SUPPORT THE VISUALLY IMPAIRED (c) Amount of cash grant HAWAII LIBRARY FOR THE BLIND & PHYSICALLY HANDICAP (b) Number of recipients NAME OF ORGANIZATION OR GOVERNMENT: PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance Part IV

Schedule I (Form 990) (2015)

31

532102 10-28-15

Page 2

99-6015046

HAWALI ASSOCIATION OF THE BLIND

Schedule I (Form 990) (2015)

Part III

SCHEDULE O

Internal Revenue Service

532211 09-02-15

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

Open to Public Inspection

Name of the organization

HAWAII ASSOCIATION OF THE BLIND

Employer identification number 99-6015046

Schedule O (Form 990 or 990-EZ) (2015)

FORM 990, PART VI, SECTION A, LINE 6: REGULAR MEMBERS HAVE VOTING RIGHTS, MAY SERVE ON COMMITTEES, MAY SPEAK AT MEETINGS, AND MAY HOLD OFFICE. ASSOCIATE MEMBERS MAY SERVE ON COMMITTEES AND SPEAK AT MEETINGS. AT LEAST TWO-THIRDS OF THE REGULAR MEMBERSHIP BODY SHALL BE BLIND. FORM 990, PART VI, SECTION A, LINE 7A: REGULAR MEMBERS ARE ALLOWED TO VOTE FOR OFFICERS AND DIRECTORS. REGULAR MEMBERS ARE ALSO ALLOWED TO VOTE ON MATTERS PRESENTED TO MEMBERSHIP BY THE GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: THE OFFICERS MAY PRESENT GOVERNANCE ISSUES TO THE MEMBERSHIP FOR VOTE AT ANNUAL, NATIONAL OR STATE CONVENTIONS. FORM 990, PART VI, SECTION A, LINE 8B: NOT_ALL COMMITTEE MEETINGS HAVE WRITTEN DOCUMENTATION AS SOME MEETINGS ARE CONVENED SIMPLY TO CONFIRM EVENT LUNCH MENUS OR ASSIGN RESPONSIBILITIES TO COMMITTEE MEMBERS FOR SOCIAL GATHERINGS. COMMITTEES ORGANIZED TO HANDLE GOVERNANCE ISSUES, MEMBERSHIP CONCERNS, OR MAJOR EVENTS USUALLY HAVE DOCUMENTED MEETING MINUTES. FORM 990, PART VI, SECTION B, LINE 11: THE OFFICERS ARE RESPONSIBLE FOR REVIEWING AND FILING THE INFORMATION TAX RETURNS FOR THE ENTITY. COPIES OF THE TAX RETURN ARE MADE AVAILABLE TO THE MEMBERSHIP UPON REQUEST AND MAY ALSO BE ACCESSED VIA PUBLIC WEBSITES SUCH

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

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization HAWAII ASSOCIATION OF THE BLIND	Employer identification number 99-6015046
AS GUIDESTAR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION ALLOWS REVIEW OF ITS GOVERNING DOCUMENTS	S AND AVAILABLE
FINANCIAL STATEMENTS UPON REQUEST FROM AN INTERESTED PAR	TY.

SCHEDULE R (Form 990)

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

▶ Attach to Form 990.

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

15	Open to Public Inspection
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OMB No 1545-0047

Employer identification number

99-6015046 THE BLIND HAWAII ASSOCIATION OF Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Part

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

(g) Section 512(b)(13) ž × controlled entity? Yes Direct controlling status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(3) ਉ Legal domicile (state or foreign country) છ HAWAII 99-8010224 PROMOTE WELFARE OF BLIND ASSISTANCE TO THE BLIND Primary activity PROVIDE EDUCATIONAL 9 Name, address, and EIN of related organization HAWAII FOUNDATION FOR THE BLIND 225 LILIUOKALANI AVE HONOLULU, HI 96815

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

532161 09-08-15 LHA

Schedule R (Form 990) 2015

Page 2 99-6015046

Schedule R (Form 990) 2015 HAWAII ASSOCIATION OF THE BLIND

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

(a)	(q)	9	(p)	(e)	(4)	(6)	(£)	3	S	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Direct controlling Predominant income entity (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	를 이	86.48.5E	General or Finanaging partner?	General or Percentage managing ownership lie partner? 55) Yes No
									_	
					_		-			
							-			
							-			
									-	

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

(a)	(a)	(0)	(d)	(e)	£	(b)	(F)	Ξ
Name, address, and EIN of related organization	Primary activity	ا ا	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	9 C	Section 512(b)(13) controlled entity?
		country)		(icas)		433613		Yes No
								_
								-
	- 1 -							
								+
	-							
					•			
	-1-							
532162 09-08-15		35				Sch	Schedule R (Form 990) 2015	1 990) 2015

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
	s with one or more re	slated organizations listed	ın Parts II-1V?	1
a neceipt of (I) interest, (II) aminutes, (III) regaines, of (IV) tent norma controlled entity	•			1a
				×
				4
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e
f Dividends from related organization(s)				1f X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
i Exchange of assets with related organization(s)				± X
j Lease of facilities, equipment, or other assets to related organization(s)				1 _i X
k Lease of facilities, equipment, or other assets from related organization(s)				* X
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			1n X
o Sharing of paid employees with related organization(s)				10 X
 Peimbursement paid to related organization(s) for expenses 				1p X
 Reimbursement paid by related organization(s) for expenses 				1g X
 Other transfer of cash or property to related organization(s) 				* :
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
TINDA TINDA TOR WHE BILIND	ح	450 000 CASH	TWILL DAY	
THE WALLEST THE THE	J	• 000 / 000#	Choir Arroam	
(2)				
(4)				
(5)				
(9)				
532183 09-08-15	36		Schedul	Schedule R (Form 990) 2015

99-6015046

Page 4

Schedule R (Form 990) 2015 HAWAII ASSOCIATION OF THE BLIND

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)	(e) Are all partners sec 501(c)(3) Jer Ves No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(h) (l) (l) (k) (k) (k) Ospanor Code V-UBI General or Percentage Illonate amount in box 20 managing ownership of Schedule K-1 partner? Ownership Yes No (Form 1065) Yes No	General or managing partner?	(k) Percentage ownership

Schedule R (Form 990) 2015

Schedule R	(Form 990) 2015	HAWAII	ASSOCIATION	OF THE	BLIND	99-6015046 Page 5
Part VII	(Form 990) 2015 Supplemental Inform	mation				
	Provide additional informa		soos to augotions on C	ahadula Dilaaa i	(acta intigata)	
	Provide additional informa	ation for respon	ises to questions on Si	riedule H (see i	instructions)	
						
						
			 			
						
						
						
						
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