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· 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Dep- Inter	artment of nal Revenu	the Treasury ue Service			orm 990 and its in		-	-	0.	Inspec	tion
_			ndar year, or tax year		July 1		and ending		ne 30	, 20 16	
В			C Name of organization		Ka Huli O Haloa		and ontaing	<u> </u>		er identification n	umber
Ō.	Address		Doing business as	_	Na rian o rialoa		 		,	75-3115246	
$\overline{\Box}$	Name ch		Number and street (or F	O box if mail	is not delivered to st	reet address)	Room/suite		E Telephor		
П	Initial retu	-	,		PO Box 1159	,					
Ħ		n/terminated	City or town, state or pr	ovince, country		postal code	ļ			(808) 284-8558	
\exists	Amended		,, ₋		Kaneohe, Hawa	•			G Gross re	occupte ¢	
H			F Name and address of pa	rincinal officer	Raileone, Hawa	111 30/44		M(a) to this a a		subordinates? Yes	[Z] No
_	Application	on pending	r mano and address of pr	inoparomoor				1		s included? Yes	_
_	Tayloyon	npt status	✓ 501(c)(3)	501(c) (\ d (moort no.)	4947(a)(1) or	527			i list (see instructio	
'- -	Website:		<u> </u>) (insert no)	4947(a)(1) or	<u>□ 527</u>	Ⅎ	exemption		,
_			✓ Corporation ☐ Trust	Associatio	n	1 10	ear of formation		1	of legal domicile	
_	art I	Summa			II Other =		ai Oi IOITTIALIOI	2003	IN State	or legal domicile	<u>HI</u>
-			scribe the organizati	on's missio	n or most signifi	cant activities	· Provide	eunnort an	d accietar	ace to commun	
ø			_		_						
JE C			icational initiatives ar egrate the Hawaiian ki								
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S.			of independent voting	_		-				·	
es			ber of individuals er	-			•		5		
Activities & Governance			ber of volunteers (e:		-		•		6		0
	1		elated business reve		• .				7a		15
•	l .		ated business taxab			•			7b		0
_		THE UTIL	ated business taxab	ic income in		FOEN	=D: 	Prior Ye		Current Ye	0 ear
Revenue	8	Contribut	ions and grants (Par	t VIII line 1h		FOFIA	101	-			
			service revenue (Par			-,	016	3,	33,316.62		D1,614 26
			nt income (Part VIII,		" · I.O.I.	yinv I 5 2	016 : 🔯	}			
æ			enue (Part VIII, colur			uje :	· · ·				
			enue (Fart VIII, Colui enue – add lines 8 thre					1			
_			nd sımılar amounts p				11 12 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		33,316.62	-	01,614 26
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		•	other compensation, e	•	• • •	•	5-10)			.	
Expenses			nal fundraising fees		•						
Sen	I		draising expenses (P								
ă	I		penses (Part IX, colu						20612.66		10 611 21
	I	-	enses. Add lines 13-			•	5) -		28613.66 30,207.60		<u>18,611.31</u> 90,528 26
	I		less expenses Subt			2000 (7, 110 2	"		3,109.02		11,086 00
- S		110101140	icco expenses cust	1401 1110 10			Be	ginning of Cu		End of Ye	
ssets or	20	Total asse	ets (Part X, line 16)						37,826.13		90,598.38
Ass	21		ilities (Part X, line 26)	1					37,616.39		79,302.64
Net As Fund B	22		s or fund balances.		e 21 from line 20)			00,209 74		11,295 74
_	art II		ure Block			<u> </u>			, , , _ , , , , , , , , , , , , , , , ,	<u> </u>	11,200 71
Un	der penal	ties of perfur	y, declare that I have tx	amined this reti	urn, including accom	panying schedule	es and stateme	ents, and to t	he best of n	nv knowledge and	belief, it is
			etel Declaration of prepare							,	
			NAL I	re							_
Sig	jn 💮	Signa	ature of officer		. 1			Da	te 2.1 /	- /	
Here			Charl.	one.	Hoe	160	asur	er	ri/	8/16	
		Туре	or print name and title			•••					
Pa	id	Print/Typ	oe preparer's name	P	reparer's signature		Date		Check	T of PTIN	
	epare:	<u>.</u>							self-emp		
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US	e Only	y	ddress ▶						ne no		
Ma	y the IR		this return with the	preparer sh	own above? (se	e instructions)			<u> </u> Yes	No No
			ction Act Notice, see				Cat No.	11282Y			90 (2015)

	0 (2015) Page Z
Part l	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Provide support and assistance to community based educational initiatives and community charter schools;
	provide support and assist in providing learning experiences which integrate the Hawaiian knowledge and practice with students
	students in a contemporary context; Perpetuate Hawaiian arts.
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.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	- -
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 171,916.95 including grants of \$ 171,916.95) (Revenue \$)
	Provide support and assistance to community based educational initiatives and community charter schools.
	1. Through four managed grants to Hakipu u Learning Center A Public Charter School, educational services were enhanced
	and supplemented during school year (SY) 2015-2016 for 63 students, their families and the greater community. These grants
	provided funding for the following purpose. 1. Staffing of ocean/agriculture science labs, technology support, and
	Educational Assistance; 2. Funding for professional development to improve teacher effectiveness and support school goals.
	3. Staffing support for an Administrative Team approach to school management. 4. Partial funding for a web-based math program
	2. Provide operating support for the Hawaiiian cultural Evaluation Hui - Hawaiian culture based evaluation framework.
4b	(Code.) (Expenses \$ 10,000.00 including grants of \$ 10,000.00) (Revenue \$ 10,000.00)
	Provide support and assist in providing learning experiences which integrate the Hawaiian knowledge and practices with
	Students in a contemporary context.
	1. Continue working with the City and County of Honolulu, and the Ko olauloa and Ko olaupoko communities to implement
	the up dated Master plan for the Kualoa Regional Park.
	2. Continue working with The Trust For Public Lands, the Legacy Land Conservation Program, and State of Hawaii to become
	stewards of property which is part of an intact traditional Hawaiian hydrological system in Hakipu u. This acquisition will preserve
	he coastal end of the Hakipu u ahupua a and open it to community educational programs and activities.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶
	TOTAL Program Jol Not expended F

arı	Checklist of Required Scriedules			,
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	<u> </u>	Yes	No
2	complete Schedule A	2	1	
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	•	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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	-	-	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<i>'</i>
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	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		✓
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	▼	√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		· ✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		√
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		-
	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		✓
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		✓
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		✓
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 (see instructions)	17		✓
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>. </u>	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		✓

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		<u> </u>
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	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 Schedule K If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
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		✓
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		✓
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		1
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):	2		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		_
30	conservation contributions? If "Yes," complete Schedule M	20		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	_	V
٥.	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
U_	complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	✓	

Part				
	Check if Schedule O contains a response or note to any line in this Part V	· ·		
1a	Enter the number reported in Box 2 of Form 1006. Enter 0, if not applicable	· @	Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a .o. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b .o.		۶,	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	-7.5) Las	
	reportable gaming (gambling) winnings to prize winners?	1c	, Lindse si	Allian V
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	111111111111111111111111111111111111111	i> 4	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a NONE	, , ,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	· Same ·		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		_
4a	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			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	₹a	1 3 L .	
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	****		a ' ,"
	(FBAR).	ř. Lena		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓.
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
J	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD	\$ 1 3	W. 252:
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	İ		
	and services provided to the payor?	7a	Ø-1-28	√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	·	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d e	If "Yes," indicate the number of Forms 8282 filed during the year	` <u>_</u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		-
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, , , , , , , , , , , , , , , , , , ,	1.	,
	sponsoring organization have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	·		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u>√</u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	. 2	√
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		_ * "	i i
a b	Initiation fees and capital contributions included on Part VIII, line 12			* 1
11	Section 501(c)(12) organizations. Enter:	.	i. Z	:
а	Gross income from members or shareholders			~ · · · 1
b	Gross income from other sources (Do not net amounts due or paid to other sources		1, \$1. X	13. 3
	against amounts due or received from them.)		15, I	التاتك
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			٠, إ
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	,	j, þes
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	3.7	
b	Enter the amount of reserves the organization is required to maintain by the states in which	~*		, ,
	the organization is licensed to issue qualified health plans	: 2	·	
С	Enter the amount of reserves on hand	` *	`	illou
14a		14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		
		Form	990	(2015)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	•	<u>. </u>
Secti	on 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.			
b 2	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 officer, director, trustee, or key employee?	2	· •	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		 ✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?. Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	4 5 6		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	* \$	San A	
a b 9	The governing body?	8a 8b	√	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven	9	-da	✓
Secui	on b. Policies (This Section B requests information about policies not required by the internal never	ue C	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		1
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	√	1 -36-WG-11-278
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b		✓
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy?	13		✓
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		***
	with a taxable entity during the year?	16a 16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Hawaii Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Ka Huli O Haloa, 45-720 Keaahala Road, Cottage #1, Kaneohe, HI 96744	cords	.▶	

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

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.

Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	W Sinds and a director, addition,						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Carden Vincent	1									
Chairperson		✓		✓			i.	00	00	00
(2) Katherine Tibbetts, PhD Vice Chairperson	2	1		_ _				00	00	00
(3) Teresa Makuakane-Drechsel	2	Ť	-	-	-			- 00		00
Secretary	† -	1		1				00	00	00
(4) Charlene Hoe	4									
Treasurer		✓		✓				00	00	00
(5) Kehaulanı Lum	1									
Director		✓						00	00	00
(6) Calvin Hoe	2									
Director		√						00	00	00
(7) Noelle Kahanu	1									
Director		✓						00	00	00
(8) Shelly Tokunaga-May	11									
Director		✓						00	00	00
(9) Bonnie Beatson	1									
Director		✓	_					00	00	00
(10)										
(11)										
(12)										
(13)										
(14)								-		

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title	(B) Average hours per	verage box, unless person is both urs per officer and a director/trus						(D) Reportable compensation	(E) Reportable compensation from		(F) Estimated amount of other		
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N		comp fro orga and	ensation the inization related	1
(15)														•
(16)												•	_	
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)								,						
(25)					_									
1b c d	Sub-total	VII, Sectio	n A			· ·	•	> > >						
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received m	ore than \$1	00,000) of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete S						-		•	•		3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	greater that	an \$1	50,	000	? //	"Yes	s,"	complete Sch	edule J fo	r such	4	×	
5	Did any person listed on line 1a receive of for services rendered to the organization?											1 5		
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compens		
	NONE													
	Table and a design of the latest and a design of	/1 -1						Ļ						
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Par	VIII	Statement of Reve Check if Schedule C		a recr	onse or note t	o any line in this	· Dart VIII		
		Oneck ii Goriedale C	· · · ·	a resp	>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a b	Federated campaigns Membership dues		1a 1b		3	and the second	* (-	
s, Gifts, milar An	d e	Fundraising events . Related organizations Government grants (con	3	1c 1d 1e		ş. , s	· ~**		
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, g and similar amounts not inc Noncash contributions include	ifts, grants, cluded above	1f	201,614.26				
Congand	g	Total. Add lines 1a-1				201,614.26			
	<u> </u>	Totali / tad ii/los Ta T	<u>' </u>		Business Code	201,014.20		1. 18. 2. 11. 15. 2. 1.	4, ,) 45 mg/s 2 mg/s 3 mg
Program Service Revenue	2a b c								
Šeī	d								
ogram S	e f	All other program ser	vice revenu						
	g	Total. Add lines 2a-2				-0-	\$17 BY	*	
	3	Investment income and other similar amount income from investmen	ounts) .		•	-0-			
	5	Royalties			•	-0-			
		,	(i) Real		(II) Personal	, , , , ,	. 2	LA THE	
	6a	Gross rents							
	ь	Less, rental expenses					5 42 5 7		
	С	Rental income or (loss)				Ĭ .	. ", ", ",		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	d	Net rental income or	(loss) .		🕨	-0-	A Park AV I I DOWN TO A PARK AND LAND	Accordance of the second secon	hands a see annually a street and
	7a	Gross amount from sales of assets other than inventory	(i) Securiti	es	(II) Other		6 F4 Section 5		
	b	Less: cost or other basis and sales expenses .							
	d	Gain or (loss) Net gain or (loss) .		<u>_</u> 	▶	-0-	Atom alma was		
enue	8a	Gross income from fuevents (not including \$. <u>.</u> .					
Other Rever		of contributions reported See Part IV, line 18		· a		, k i j		-	To the second se
δ	i	Less: direct expenses Net income or (loss) f			events . ►		*	non a secondario e la secolo desse	* * * * * * * * * * * * * * * * * * * *
	9a	Gross income from ga		ties. [events .	-0-		٠	, ,
	b c	Less: direct expenses Net income or (loss) f	s	. b	vities ▶	-0-		P TOTAL THE PERSON AS THE BOARD AND A	
	10a	Gross sales of in returns and allowance	es	· a			40	,	
	b	Less: cost of goods s				×* ** '			, ,
	С	Net income or (loss) f		of inve		-0-			
		Miscellaneous R	Revenue	ļ	Business Code		·		,
	11a								
	b								
	C	All address and					<u> </u>		
	d	All other revenue .	444	١		-0-			
	4 e	Total. Add lines 11a-		• •	🟲	-0-			

	Part IX Statement of Functional Expenses									
Section	n 501(c)(3) and 501(c)(4) organizations must cor			ns must complete co	olumn (A).					
<u> </u>	Check if Schedule O contains a respon			· · · · · · · · · · · · · · · · · · ·						
3b, 9t	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	171,916.95	171,916.95							
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			* 0 pt 1	1					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees			,,,	24 14 1					
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9 10	Other employee benefits									
11 a	Fees for services (non-employees): Management									
b	Legal									
c d	Accounting :									
e f	Professional fundraising services. See Part IV, line 17 Investment management fees		· , ; ; ; ; ·)	# was :						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	5,000.00	5,000.00							
12 13	Advertising and promotion									
14	Information technology									
15 16	Royalties		<u> </u>							
17 18	Travel									
19	Conferences, conventions, and meetings .									
20 21	Interest									
22	Depreciation, depletion, and amortization .				·					
23 24	Insurance	\$ 15 T	· **	₹ . ,						
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column		, - , - ,	<i>.</i>	**					
	(A) amount, list line 24e expenses on Schedule O.)			. }	. *					
a b	Managed Grant Fees GL Insuance	8,000.00 5,430.31		8,000.00 5,430.31						
c c	Service Fees	181.00		181.00						
d e	All other expenses Total functional expenses. Add lines 1 through 24e									
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the									
40	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)	190,528.26	176,916.95	13,611.13						

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) ľΔì Beginning of year End of year 312.018.90 1 312,012.09 2 Savings and temporary cash investments 2 3 3 4 41,200.00 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 6 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L **Assets** 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges . . 9 10,277,49 4,256.55 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b b 10c 74,329.74 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 437,826.13 16 390,598.38 Accounts payable and accrued expenses 17 17 18 18 52.807.44 10,599.95 19 19 274,531.46 264,446.14 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors. Ø, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. 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 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 10,277.48 4,256.55 26 Total liabilities. Add lines 17 through 25 . 26 337,616.39 279,302.64 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. C. Unrestricted net assets 27 27 17,330.08 28,416.08 28 8,549.92 28 8,549.92 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 74,329.74 31 74,329.74 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 100,209.74 111,295.74 34 Total liabilities and net assets/fund balances 437,826.13 390,598.38

Form 9	90 (2015)		Page 12
Par	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	201,614.26
2	Total expenses (must equal Part IX, column (A), line 25)	2	190,528.26
3	Revenue less expenses. Subtract line 2 from line 1	3	11,086.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	100,209.74
5	Net unrealized gains (losses) on investments	5	100,200.7 1
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	·
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		
	33, column (B))	10	111,295.74
Part	XII Financial Statements and Reporting		111,233.74
	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: Cash Accrual Other		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in	
	Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a /
	If "Yes," check a box below to indicate whether the financial statements for the year were comp		
	reviewed on a separate basis, consolidated basis, or both		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?		2b 🗸
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	dona	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	separate basis, consolidated basis, or both:		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiaht	MITSER 203
•	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c
	If the organization changed either its oversight process or selection process during the tax year, ex		
	Schodulo O	٠٠٠ ٠٠٠٠ ٠٠٠	

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

Form **990** (2015)

SCHEDULE A (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

20**15**

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number Ka Huli O Haloa 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 I, Type II, 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 (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9) isted in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2011 **(b)** 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total Gifts. contributions. grants. membership fees received. (Do not include any "unusual grants.") . . . 391.590 368,217 436,785 333,317 201,614 1,731,523 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . 391,590 368,217 436,785 333,317 201,614 1,731,523 The portion of total contributions by than each person (other governmental unit publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 1,731,523 Section B. Total Support (a) 2011 (c) 2013 Calendar year (or fiscal year beginning in) ▶ (b) 2012 (d) 2014 (e) 2015 (f) Total Amounts from line 4 391,590 368.217 436,785 333.317 201.614 1,731,523 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 1,731,523 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 100 % Public support percentage from 2014 Schedule A, Part II, line 14 331/3% support test-2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 7 b 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more. check this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

Open to Public Inspection

			Employer Identification flumber
Da	Ka Huli O Haloa	riond Funda on Other Circles From	75-3115246
Pai			
	Complete if the organization answered	(a) Donor advised funds	
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		1
5	Did the organization inform all donors and donor		10
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene		
Day	conferring impermissible private benefit?		· · · · · · · · Yes 🗌 No
Par	till Conservation Easements.	(1)/22/2 22 Farms 000 Bart 11/1 1/2 27	
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recrea		• •
	Protection of natural habitat	□ Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization his	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a			
b	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in		1 1
_	~		
3	Number of conservation easements modified, tran	sferred, released, extinguished, or teri	minated by the organization during the
	tax year ▶		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservation easements during the year
_	-		
7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	conservation easements during the year
•	\\$	0/10 1 / / /	
8	Does each conservation easement reported on line		
			· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text of		nancial statements that describes the
	organization's accounting for conservation easeme		
Par			
	Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
_	public service, provide, in Part XIII, the text of the f		
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		ducation, or research in furtherance of
	public service, provide the following amounts relat		
	(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		
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		> \$
h	Assets included in Form 990, Part X		•

Page	2
rage	~

Part	Organizations Maintaining	Collections of	Art, His	torical	reasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot						
а	☐ Public exhibition		d	☐ Loan	or exchang	ge prog	rams	
b	☐ Scholarly research							
C	☐ Preservation for future generations							
4	Provide a description of the organizat XIII.	tion's collections a	and expla	ain how t	hey further	the org	janization's exen	npt purpose in Part
5	During the year, did the organization							
1	assets to be sold to raise funds rather		uned as p	part of the	e organizat	ion's co	llection?	☐ Yes ☐ No
Part		_						
	Complete if the organization	answered "Yes	" on For	m 990, I	Part IV, lin	e 9, or	reported an am	nount on Form
	990, Part X, line 21. Is the organization an agent, trustee,	austadian ar ath	ar intern	andiam (fi		*!	athan accata	
ıa	included on Form 990, Part X?	, custodian or oth	ier mierm	lediary it	or contribu	tions or	other assets no	
b	If "Yes," explain the arrangement in Pa					• • •		
-	ii res, explain the arrangement iii r	art Am and comple	ste the lo	mowning to	abie.	<u> </u>	T A	mount
С	Beginning balance					1c	-	
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amoun					ustodial	account liability	? 🗌 Yes 🗍 No
b	If "Yes," explain the arrangement in Pa						•	
Par								
	Complete if the organization						<u> </u>	
		(a) Current year	(b) Pri	or year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs	<u> </u>						
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of t	•		e (line 1g	j, column (a	a)) held a	as:	
a	Board designated or quasi-endowmer		%					
b	Permanent endowment >							
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and	%	000%					
За	Are there endowment funds not in the			zation th:	at are held	and ad	ministered for th	Δ
	organization by:	o possocion or in	io organii		u. u.o 11010	ana aa	initiotored for the	Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related of	rganizations listed	as requi	red on So	chedule R?			3b
4	Describe in Part XIII the intended uses		on's endo	owment fo	unds.			
Part								
	Complete if the organization	·-···				e 11a.	See Form 990,	Part X, line 10.
_	Description of property	(a) Cost or ot (investm			or other basis other)	d€	Accumulated preciation	(d) Book value
1a	Land							
b	Buildings	.			74,329.74		-0-	74,329.74
C	Leasehold improvements	·						
d	Equipment	•		<u> </u>				
T-4-1	Other	·	00 0	<u> </u>	/O) t== 11	L		
ı otal.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9:	9υ, <i>Ρ</i> απ λ	k, column	າ (<i>ʁ), lin</i> e 10	JC.)	🕨 📗	74,329.74

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12. (g) Description of investment security or segurity or segurity interests (g) Other (A) (g)	Part VII	Investments - Other Securiti		000 D. + B / B	. 111 0 5	000 Bart V line 10
(recluding name of security) (p) Financial derivatives (2) Closely-held equity interests (3) Other (A) (6) (7) (8) (9) (9) Cost or end-of-year market value (9) C				1		
(2) Closely-held equity interests		(including name of security)	gory	(b) Book value		
(8) Other (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	• •					
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Investments		(h) must equal Form 990, Part Y, col. (R) line 12.)	_		1 3	
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 end-of-year market value				1		, ,,
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Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶			 			
		b) must equal Form 990. Part X. col. (B) line 25.)				
				ote to the organization	n's financial stateme	nts that reports the

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

Part			Return.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		111
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3 Communications
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С 5	Add lines 4a and 4b		4c
Part			5 Dotum
Fait	Complete if the organization answered "Yes" on Form 990,		er neturn.
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	المتعال
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	<u> </u>	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)	5
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an		
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	formation.
			•••••
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Schedule D (Fo	m 990) 2015	Page 5
Part XIII	Supplemental Information (continued)	
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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.

► Attach to Form 990.

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

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

Schedule I (Form 990) (2015) ° □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance enhance services enhance services ✓ Yes 75-3115246 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. ' (g) Description of non-cash assistance NONE NONE (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 00 8 . . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant 180,347.26 10,000,00 Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. **General Information on Grants and Assistance** 99-0347698 99-0347698 (e) 1 (a) Name and address of organization (2) Hakipu u Learning Center: A Hakıu'u Learning Center: A Public Charter School Public Charter School or government Part I Part II Đ ල € 2 9 S **®** 9 5 [2]

Schedule I (Form 990) (2015)

Part III 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 it additional space	al space is needed	Ġ.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 NONE					
2					
3					
4					
2					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information	equired in Part I, lin	e 2, Part III, columr	(b), and any other additi	onal information.
Srants are awarded based on a detailed proposal - outlining Goal	ining Goals, Outcom	es and Activities, with	a detailed budget which	s, Outcomes and Activities, with a detailed budget which supports goals and activities. Proposals are reviewed	s. Proposals are reviewed
or its wind mission. It proposes is taken, works are more will book the managed grant.	ethod as outlined in t	the MOA's. Generally re	eports on progress of	goals and actual expenditure	payment of the managed grant. reports are required mid year
with a final report due after the close of the fiscal year addressing, goals met with a detailed expenditure report. Independent audit of the organization receiving the grant verify	iddressing goals me	t with a detailed expen	diture report. Indepen	dent audit of the organization	receiving the grant verify
appropriate use of funds.					
					Schedule I (Form 990) (201

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2015

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization Ka Huli O Haloa 75-3115246 Part VI, Section A, Line 2 Charlene and Calvin Hoe are married Part VI, Section B, Line 11b - Process for 990 review After 990 and supporting schedules are prepared, they are reviewed by Board Officers. If acceptable the 990 is emailed to the full board prior to the scheduled meeting where it is presented and accepted, then it is signed and mailed. Part VI, Section C, Line 19 Documents are made available to the pubic upon request and are required to be submitted with any grant request.