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Form **990**

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

2016

Open to Public

Α	For the 2	016 calen	dar year, o								d endir						
В	Check if app	licable	C Name of organization JACK HALL HAWAII HOUSING CORPORATION D Employer identific												fication num	ber	
	Addres	s change	Doing bus	iness a	s									37468			
	Name o	change	Number a	nd stree	et (or PO	box if mail is no	ot delivered	to street a	ddress)		Room	/suite	E Telepho	ne numb	er		
	Initial re	eturn	C/O 451	_AT	KINSC	N DRIV	E						(808)	<u>3)</u> _8(64-130	7	
	Final retu	urn/terminated	City or tov	vn, state	or provinc	ce, country, and	d ZIP or fore	ign posta	code								
	Amend	led return	HONOLUI	Ü					Н	II 9	6814		G Gross re	ceipts S	\$ 60,	003.	
	Applica	ition pending	F Name and	addres	s of princip	oal officer						H(a) Is this	a group return	for subo	rdinates?	Yes	X No
	L		LEONARD HO	SHIJO	5983	HALEOLA	A ST H	ONOLU	ILU	HI 9	6825	H(b) Are all	subordinates a	ncluded	·	Yes	No
ī -	Tax-exen	npt status	X 501(c)(3)	$\overline{}$	501(c)				4947(a)(1		527	I II NO,	RILECTI & HIST (S	see instr	ictions)		
J	Websit	<u> </u>			· · · · · ·	`		لمحث		<u> </u>		H(c) Group	exemption nut	mber >			
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_	b Net	t unrelated	business ta	xable	income	from Form	990-1, 11	ne 34 .		• • •	• • • • •			7b			<u>0.</u>
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Expenses	16 a Pro	6 a Professional fundraising fees (Part IX, column (A), line 11e)								~~~~~~~							
xbe	b Tot	tal fundrais	ing expense	es (Pa	rt IX, col	lumn (D), lı	ne 25) 🏲				0.		1411	137	4/12	`**,*	A 3. 8 1
W	17 Oth	ner expens	es (Part IX,	colum	ın (A), lıı	nes 11a-11	d, 11f-24	e)					47,3	328.		41,	731.
	18 Tot	tał expense	es Add lines	13-1	7 (must	equal Part	IX, colum	ın (A), I	ne 25) .				130,5	527.		121,1	149.
,	19 Re	venue less	expenses	Subtra	act line 1	18 from line	12	. , .					-76,7			-61,1	
88									DEO			Beginni	ng of Curre			of Year	
ig the	20 Tot	tal assets (Part X, line	16) .				· · ·~	RECI	۲ΙΛί	ED.	. 17 5	5,921,9	942.	5,8	358,9	960.
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\$2	22 Ne	t assets or	fund balanc	es Si	ubtract le	ine 21 from	line 20	[8] .	AUG. 1	2 · 2n		्रधा	5,921,9	942.	5.8	358,9	960.
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comp	lete Declara	ation of prepar	er (other than o	fficer) is	based on	all information	of which pre	eparer hàs	any knowled	igei "	127		21.				
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BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

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2	-					not listed on the prior	п. п.
					· · · · · ·		Yes X No
		hese new services					
3				it changes in how it co	nducts, any	program services?	· · Yes X No
		hese changes on S					
4	Describe the orga	nization's program	service accomplishm	ents for each of its the	ee largest p	rogram services, as measund allocations to others, the	red by expenses
	and revenue, if an	iy, for each progran	n service reported	to report the amount	or grants ar	id allocations to others, the	total expenses,
	•	, ,	•				
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4 0	(Code	) (Expenses \$		including grants of	\$	) (Revenue	\$)
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40	Other program se	rvices (Describe in	Schedule O)				
	(Expenses \$		including gran	ts of \$		) (Revenue \$	)
4 6	Total program ser	vice expenses		.,149.			<del></del>

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Form 990 (2016) 20-3746814 Page 3 JACK HALL HAWAII HOUSING CORPORATION Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? . . . 2 Χ 3 3 Χ 4 Χ 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 Χ 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, X 6 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Χ 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 . Χ 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.......... X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, Å. 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 Χ 11 a 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. . . . . . . Χ 11 b Χ 11 c 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 Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. . . . . Χ 11 e 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 . . . Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII . . . . 12a Χ Χ 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . . . 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Χ 14b X 15 16 X

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)

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

lines 1c and 8a? If 'Yes,' complete Schedule G, Part II . . . . . . . . .

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## Part IV | Checklist of Required Schedules (continued)

	•		Yes	No
20a	a 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		Χ
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		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
24 8	a 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		Х
i	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ď	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	a 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		Х
t	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		Х
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)			
á	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28b		Х
(	c 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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
١	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
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		Х
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	Х	

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Form 990 (2016)

	Check if Schedule O contains a response or note to any line in this Part V	· · ·	• • •	
			Yes	No
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	]		
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	.		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	- <u>&amp;</u> -	 <del></del>
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 1	***	1	3
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a 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)?	4 a		Х
	b If 'Yes,' enter the name of the foreign country	<u> </u>	` ;	: *
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	k		3.85
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X.
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
		-30		
	a Does 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 as charitable contributions?	6 a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	, %.  }	, )/	\$ .
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	i 1	X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			
	Form 8282?	7 c		_ X
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	. 33	ي شف	Ľ.
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Χ
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	ļ	
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	·		5,0
	organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			3
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		X
	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		Х
10	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		- 1	
11	Section 501(c)(12) organizations. Enter		1	
	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 )			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O			
	· · · · · · · · · · · · · · · · · · ·		ł	
	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		ļ	
	c Enter the amount of reserves on hand			
	a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	]	X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

Form	990 (2016) JACK HALL HAWAII HOUSING CORPORATION 20-3746814		F	age 6
Par	t VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below	v, an	d for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes i	n		
	Schedule O See instructions			J
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	<u></u>	. X
Sec	tion A. Governing Body and Management		· ·	
			Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	2	1	. 1
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad	*	2 19	2-5
_	authority to an executive committee or similar committee, explain in Schedule O	\$ \$ \$		
	Enter the number of voting members included in line 1a, above, who are independent	<i>.</i>	- %.	
2	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	<u>7,3</u>	X
_				<del>  ^</del>
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		Х
4	Did the organization make any significant changes to its governing documents			
_	since the prior Form 990 was filed?	_4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7 a	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?	7 a		x
		/ a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	r¥		3 *
	the following	*	418	لْت ا
	The governing body?	8 a	X	<del></del>
	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
500	tion B. Policies (This Section B requests information about policies not required by the Internal Revenues)		odo I	<u> </u>
366	tion b. Folicies (This Section & requests information about policies not required by the internal Revent	Je C	Yes	
10 a	Did the organization have local chapters, branches, or affiliates?	10 a	163	X
	of Yes, did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their	104	-	<u> </u>
U	operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	3.1		*
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	_	
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		ĺ
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		, « , <u>;</u>	, ,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		, *** , ,	
	The organization's CEO, Executive Director, or top management official	15 a		X
b	Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)	, 3		100
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		* *	·
	taxable entity during the year?	16a	, .	X
b	of Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint vetter arrangements under applicable federal tax law, and take steps to safeguard the			
500	organization's exempt status with respect to such arrangements?tion C. Disclosure	16 b		
17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	- – – ivailat	 le	· <del>-</del>
	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 the public during the tax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
		8) !	949-	4111

#### 

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

- 1 a 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 nor any rela	ted organ	zatio	n co			ted a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title		Pos thar	s both	an o	ot che unles: fficer (truste			(D)  Reportable compensation from	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LEONARD HOSHIJO PRESIDENT	_0.00			Х				0.	0.	0.
(2) TONY BISE VICE PRESIDENT	_0.00			Х				0.	0.	0.
(3) TRACY TAKANO SECRETARY/TREASURER	_0.00			Х				0.	0.	0.
(4) GILBERT DE MOTTA DIRECTOR	_0.00	Х			ļ			0.	0.	0.
(5) REX JOHNSON DIRECTOR	0.00	Х						0.	0.	0.
_(7)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII   Section A. Officers, Directors, Tru	1	Key i	En			es, a	anc	Highest Com	ipensated Emp	DIOYE	es	(continued)
• (A) Name and title	Average hours per week (list any hours	box	heck ss pe nd a	Position heck more than one ss person is both an and a director/frustee)  Officer  Control  Officer			(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)		Estim mount	of other sation the	
•	for related organiza - tions below dotted line)	or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner				and re	elated zations
(15)												
(16)												
(17)										-		
(18)												
(19)		-							-			
(20)												
(21)												
(22)		<del> </del>								ļ <u> </u>		
(23)												
(24)												
(25)					1					<b> </b>		
1 b Sub-total			• •		• •	• •	<u> </u>	0.	0.	<u> </u>		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							<b>&gt;</b>	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ►	to those	listed	l abo	ove)	who	rece	eive	d more than \$100,0	000 of reportable co	mper	satio	n
3 Did the organization list any former officer, director,	or truste	e kev	, em	nlov	ee	or hic	hes	t compensated em	nlovee		Y	'es No
on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual				•		٠.				3	X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	han \$150,	0002	if 'Y	es,'	con	otner iplete	Sc	hedule J for			- -	Х
5 Did any person listed on line 1a receive or accrue or for services rendered to the organization? If 'Yes,' control	ompensat omplete S	ion fr Schea	om a	any <i>J for</i>	unre	lated h per	org son	anızatıon or ındıvic	dual		5	X
Section B. Independent Contractors  1 Complete this table for your five highest compensate	ed indepe	nden	t co	ntrac	ctors	that	rec	eived more than \$1	100,000 of			
compensation from the organization Report compe		rtne	cale	enda	ryea	ar end	Jing	(B) Description o			(C)	ation
											_	
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not lir ►	nited	to th	iose	liste	ed ab	ove	) who received mo	re than			

	990 (2016) JACK HALL HAWAII HOUSING CORE	ORATION		20-3746814	Page 9
art	VIII Statement of Revenue	line in this Dart \/III			
	Chèck if Schedule O contains a response or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	1 a Federated campaigns 1 a  b Membership dues 1 b 22,500  c Fundraising events 1 c  d Related organizations 1 d  e Government grants (contributions) . 1 e  f All other contributions, gifts, grants, and similar amounts not included above . 1 f  g Noncash contributions included in lines 1a-1f \$  h Total. Add lines 1a-1f	22,500.			
Program Service Revenue	Business Code  2 a  b  c  d e			· Allahansa samand · u n Allam sam	, mile,
Progra	f All other program service revenue g Total. Add lines 2a-2f	<b>&gt;</b>			<b>7</b> 8 4 .
	3 Investment income (including dividends, interest and other similar amounts)	<b>▶</b>	0.	0.	37,503.
	b Less cost or other basis and sales expenses c Gain or (loss)	<b>•</b>		\$ 5 m	
Other Revenue	8 a Gross income from fundraising events (not including. \$	, ,		, ,	*
0	9 a Gross income from gaming activities See Part IV, line 19				
	10 a Gross sales of inventory, less returns and allowances	. ▶			
	11 a b c d All other revenue	. Þ			
	e Total. Add lines Tra-Tra		. 0	. 0	. 37,503

## Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organizations must complete column (A)
Check if Schedule O contains a response or note to	any line in this Part IX

	Check ii Schedule O contains a res	·	(B)	(C)	(D)
6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21			,	
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				
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)	73,692.	73,692.	0.	0.
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits				-
10	Payroll taxes	5,726.	5,726.	0.	0.
11	Fees for services (non-employees)				
	Management	9,354.	9,354.	0.	0.
b	Legal	6,032.	6,032.	0.	0.
c	; Accounting	6,283.	6,283.	0.	0.
c	Lobbying				
e	Professional fundraising services See Part IV, line 17 .	_	" · " <b>* *</b> * • • • • • • • • • • • • • • • • • •	, ,,	
f	Investment management fees				
Ū	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion		.		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	10,354.	10,354.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,159.	6,159.	0.	0.
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 O)				
а	DUES	3,100.	3,100.	0.	0.
b	MISCELLANEOUS	449.	449.	0.	0.
c					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	121,149.	121,149.	0.	0.
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 I if following  SOP 98-2 (ASC 958-720)				
	· · · · · · · · · · · · · · · · · · ·				<del></del>

Capital stock or trust principal, or current funds . . . . . . . . .

Paid-in or capital surplus, or land, building, or equipment fund . . . . . . . . .

Retained earnings, endowment, accumulated income, or other funds. . . . . . . . .

Part X **Balance Sheet** Chèck if Schedule O contains a response or note to any line in this Part X . . . (B) (A) End of year Beginning of year 1 18,610. 13,340. 1 2 5,002,134. 4,824,114 2 Savings and temporary cash investments . . 3 3 4 465 1,081,737 835 4 Loans and other receivables from current and former officers, directors, 5 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' 6 beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . Notes and loans receivable, net ........... 7 Assets 8 751 9 751 Prepaid expenses and deferred charges . . . . . . . 13 10 a b Less accumulated depreciation . . . . . . . . . . . 10 b 10 c 11 11 Investments - other securities See Part IV, line 11 . . . . . . 12 12 Investments - program-related See Part IV, line 11 . . . . . . . 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 5,858,960 5.921.942 16 17 17 18 Grants payable........ 18 19 Deferred revenue . . . . . . . . . . . . . . . . . 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . . . . 21 Loans and other payables to current and former officers, directors, trustees, 22 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 parties, 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 0 26 O Total liabilities. Add lines 17 through 25. . . . Organizations that follow SFAS 117 (ASC 958), check here ► X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 5,921,942 27 858. 960 Unrestricted net assets..... 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.

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5,858,960. Form 990 (2016)

5,858,960

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5,921,942

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5.921,

rom	# 990 (2016) JACK HALL HAWAII HOUSING CORPORATION 20-1	3746814		Pε	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. Г
1		1		60,0	003.
2	Total expenses (must equal Part IX, column (A), line 25)	2		21,1	
3	Revenue less expenses Subtract line 2 from line 1	3		61,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		21,9	
5	Net unrealized gains (losses) on investments	5		-1,8	
6	Donated services and use of facilities	6			, <u></u>
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,	_			
	· · · · · · · · · · · · · · · · · · ·	10	5,8	58,9	<del>)</del> 60.
Pa	rt:XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash XAccrual Other		No. 2		,
				3	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		1.00		ĺ.
2 8	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	,	X
	• • •		1		<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			. · · · ·	K
	Separate basis Consolidated basis Both consolidated and separate basis			i -Ali	<u> </u>
1	b Were the organization's financial statements audited by an independent accountant?		2 b	Х	1
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate				$\vdash$
	basis, consolidated basis, or both		1 277		W.
	X Separate basis Consolidated basis Both consolidated and separate basis				1 3
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit	t.	haassa agoogtaa s	JANA	ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		Χ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		i Aire	\$	
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single				
	Audit Act and OMB Circular A-133?		3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au				ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь		ł

Form 990 (2016)

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#### 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 2016

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number JACK HALL HAWAII HOUSING CORPORATION 20-3746814 Part | 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 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 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 5 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) 6 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 Χ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 2 Provide the following information about the supported organization(s) (III) Type of organization (described on lines 1-10 (i) Name of supported organization (v) Amount of monetary (vi) Amount of other (iv) is the organization listed in your governing support (see instructions) above (see instructions)) document? Yes No <u>JACK HALL KONA MEMORIAL 99-0168454</u> Governmental unit or general public WAIPAHU JACK HALL MEMORIAL 99-0193074 Χ Governmental unit or general public (C) (D) (E)

Total

# 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 I f the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support				-		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2012	(b) 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization'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 amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			A			
Sec	tion B. Total Support				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ndar year (or fiscal year nning ın) ►	(a) 2012	(b) 2013	(c) 2014	( <b>d</b> ) 2015	(e) 2016	(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	**	. '%	, , ,	<i>*</i> *		. <del>-</del>
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
	First five years. If the Form 990 is organization, check this box and s	top here		hird, fourth, or fifth	tax year as a sec	tion 501(c)(3)	▶ 🔲
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 2010 Public support percentage from 20						<u>%</u>
							<u>%</u>
	33-1/3% support test—2016. If the and stop here. The organization of	jualifies as a public	ly supported organ	nization			▶ ∐
b	33-1/3% support test—2015. If the and stop here. The organization of	e organization did i qualifies as a public	not check a box on cly supported organ	ı line 13 or 16a, an nızatıon	id line 15 is 33-1/3	% or more, check th	is box ▶
17a	10%-facts-and-circumstances te or more, and if the organization methe organization meets the 'facts-a	est—2016. If the orgets the 'facts-and- ind-circumstances'	ganization did not o circumstances' tes test The organiza	check a box on line it, check this box a tion qualifies as a	e 13, 16a, or 16b, and <b>stop here</b> . Exp publicly supported	and line 14 is 10% plain in Part VI how organization	▶ []
b	10%-facts-and-circumstances te or more, and if the organization meorganization meets the 'facts-and-circumstance's and companization meets the 'facts-and-circumstance's and circumstance's and circumstanc	eets the 'facts-and-	circumstances' tes	t check this how a	indistan here. Eva	Jain in Part VI how t	ha
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or 1	17b, check this box	and see instruction	s ▶ []

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Par		r Organization	s Described in	Section 509	9(a)(2)		· · · · · · · · · · · · · · · · · · ·
	(Complete only if you check fails to qualify under the test				led to qualify under F	art II If the organiz	ation
Sec	tion A. Public Support	is listed below, plea	ise complete Part	11 )			
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants').	(4) 2512	(3) 2010	(0) 20 11	(4, 2010	(0, 20.0	
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	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons		-				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		į				
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)		. Jan		1,32		
500	tion B. Total Support	× 彩 線 x ,		<u> </u>	× Γ » » » 1	^ ^ ^* % *	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(4) 2012	(5) 2010	(0) 2011	(4) 20 10	(0, 20.0	(.)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources						
_	acquired after June 30, 1975 Add lines 10a and 10b					<del>-</del> -	
11							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9,						
14	10c, 11, and 12)	is for the organization	on's first, second, t	hırd, fourth, or fit	fth tax year as a sect	on 501(c)(3)	
Sec	tion C. Computation of Pu						· · · · · · · · · · ·
15	Public support percentage for 201	6 (line 8 column (f	divided by line 13	column (f))		15	
16	Public support percentage from 2						8
	tion D. Computation of Inv						
17	· · · · · · · · · · · · · · · · · · ·				(ft)	17	<del></del>
18	Investment income percentage fro						8
	33-1/3% support tests—2016. If						
	is not more than 33-1/3%, check to 33-1/3% support tests—2015. If	this box and stop h	ere. The organizat	ion qualifies as a	a publicly supported of	organization	•
o	line 18 is not more than 33-1/3%,	check this box and	stop here. The or	ganization qualif	ies as a publicly sup	ported organization	▶ [

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 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 12a or 12b 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
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	10a		X
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	10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
	•	the organization accepted a gift or contribution from any of the following persons?  Son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
ų.		ning body of a supported organization?	11a		X
b	A fam	ily member of a person described in (a) above?	11b		X
		6 controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		X
Sect	tion E	3. Type I Supporting Organizations			<u> </u>
1	or elector Part V	de directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in M how the supported organization(s) effectively operated, supervised, or controlled the organization's activities organization had more than one supported organization, describe how the powers to appoint and/or remove ors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year	1	Yes	No No
2	that of	e organization operate for the benefit of any supported organization other than the supported organization(s) perated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such it carried out the purposes of the supported organization(s) that operated, supervised, or controlled the orting organization	2		X
Sect	tion C	C. Type II Supporting Organizations			
				Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees the of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1	<u>.</u>	
Sect	tion C	D. All Type III Supporting Organizations			
	-			Yes	No
1	organi year, (	e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	organi	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported ization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how ganization maintained a close and continuous working relationship with the supported organization(s)	2	X	
3	voice all tim	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at les during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played a regard	3		x
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	Пт	he organization satisfied the Activities Test. Complete line 2 below			
ь	$\equiv$	he organization is the parent of each of its supported organizations. Complete line 3 below			
c	$\equiv$	he organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructi	ons)		
2	Activit	ties Test <i>Answer (a) and (b) below.</i>		Yes	No
		1		103	
а	suppo organ respon	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the organization was responsive? If 'Yes,' then in Part VI identify those supported nizations and explain how these activities directly furthered their exempt purposes, how the organization was insive to those supported organizations, and how the organization determined that these activities constituted antially all of its activities.	2a		
-		· · ·			
b	the or	e activities described in (a) constitute activities that, but for the organization's involvement, one or more of ganization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for ganization's position that its supported organization(s) would have engaged in these activities but for the ization's involvement	2b		
	•				
		it of Supported Organizations Answer (a) and (b) below.	1		
а	Did the each	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		te organization exercise a substantial degree of direction over the policies, programs, and activities of each of its order organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Schedule A (	(Form 990 or 990-EZ	2016	JACK	HALL	HAWATT	HOUSING	CORPORATIO	N

20-3746814

Page 6

Pa	rt v   Type in Non-Punctionally integrated 505(a)(5) Supporting Org	Januz	1110112	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust or instructions. All other Type III non-functionally integrated supporting organizations	Nov 2 must c	20, 1970 (explain in Part V omplete Sections A throug	/I) <b>See</b> gh E
Sec	tion A – Adjusted Net Income		(A) Prior 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		
Sec	tion 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)			
ā	Average monthly value of securities	1 a		
ŀ	Average monthly cash balances	1 b		
	Fair market value of other non-exempt-use assets	1 c		
-	Total (add lines 1a, 1b, and 1c)	1 d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)	Se se		<b>美</b> 有公寓 第二百
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		
Sec	tion C - Distributable Amount		5	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	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	```	77
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		
7	Check here if the current year is the organization's first as a non-functionally integral (see instructions)	ted Typ	e III supporting organizat	on

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Schedule A (Form 990 or 990-EZ) 2016

Par	t v   Type III Non-Functionally Integrated 509(a)(3) St	upporting Organiza	tions (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizatio	ns,	
3	Administrative expenses paid to accomplish exempt purposes of suppo			
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	<del>-</del>		
8	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ation is responsive (provid	e details	
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		<del></del> .	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1_	Distributable amount for 2016 from Section C, line 6	3. <b>Ya</b>		
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required — explain in Part VI) See instructions			
_ 3	Excess distributions carryover, if any, to 2016	***	77/ <b>.</b> k	(1 2 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1
a			111/2004	
b		Cara WY		M 16.3
c	From 2013	100	1777	111111111111111111111111111111111111111
d	From 2014		" & Was and "	1110 %
е	From 2015		Y. da.	. Alaman il
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	<b>着</b> , 法、 、、 、 、 、 、		2
h	Applied to 2016 distributable amount		887 Sec. 3	
1	Carryover from 2011 not applied (see instructions)	100 Mg.	*	51.6
	Remainder Subtract lines 3g, 3h, and 3i from 3f		17 / 18 (A. A. A.	
4	Distributions for 2016 from Section D, line 7 \$			
а	Applied to underdistributions of prior years	**** 💢		* / ' * à à !
b	Applied to 2016 distributable amount	, "y,	( <b>* * * * * * *</b>	
С	Remainder Subtract lines 4a and 4b from 4		<i>x</i> , ,	3 80
5	Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions	*		
6	Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions		λ	
7	Excess distributions carryover to 2017. Add lines 3 ₁ and 4c			
8	Breakdown of line 7			
a				
	Excess from 2013			
	Excess from 2014	·		
	Excess from 2015			
	Excess from 2016			
_	Endedo notification in the	1	i	1

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Schedule A (Form 990 or 990-EZ) 2016

(See instructions)

Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, 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 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1, Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information.

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service Name of the organization

rm990. Open to Public Inspection &

	JACK HALL HAWAII HOUSING COR	PORATION		20 2746014
D.		Advised Funds or Other Similar Fu	Indo or Ao	120-3746814
Pa	Organizations Maintaining Donor Complete if the organization answer	ed 'Yes' on Form 990 Part IV line 6	inus or Aci	counts.
		(a) Donor advised funds	(b) 5	unds and other accounts
1	Total number at end of year	(a) Donor advised failes	(6) 1	unds and other accounts
2			<del>-</del>	·
3			<del> </del>	
4	Aggregate value at end of year		-	
5	Did the organization inform all donors and donor ac are the organization's property, subject to the organ	lvisors in writing that the assets held in donor a	advised funds	· · · · □Yes □ No
6	Did the organization inform all grantees, donors, an for charitable purposes and not for the benefit of the impermissible private benefit?	e donor or donor advisor, or for any other purp	ose conferrinc	у 1
Da	rt II Conservation Easements.			163 140
	Complete if the organization answere			
1	Purpose(s) of conservation easements held by the		-	
	Preservation of land for public use (e g , recrea	tion or education) Preservation of	of a historically	/ important land area
	Protection of natural habitat	Preservation of	of a certified h	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization he last day of the tax year	ld a qualified conservation contribution in the f	form of a cons	ervation easement on the
	idd. ddy di tild tax yddi			Held at the End of the Tax Year
	a Total number of conservation easements		- 33	Total at the Elia of the Tax Teal
	b Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·		-
	c Number of conservation easements on a certified h			
	d Number of conservation easements included in (c)	• •		
	structure listed in the National Register			
3	Number of conservation easements modified, trans tax year ►	ferred, released, extinguished, or terminated b	by the organiza	ation during the
4	Number of states where property subject to conserv	vation easement is located ►		
5	Does the organization have a written policy regarding and enforcement of the conservation easements it I		•	[ ] [ ]
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, and enforcing	conservation 6	easements during the year
7	Amount of expenses incurred in monitoring, inspect ►S	ing, handling of violations, and enforcing cons	ervation easei	ments during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of section	170(h)(4)(B)(	^{I)} 
9	In Part XIII, describe how the organization reports of include, if applicable, the text of the footnote to the conservation easements	onservation easements in its revenue and exp	ense stateme	nt, and balance sheet, and
Pa	rt III Organizations Maintaining Collectic	ions of Art, Historical Treasures, or	r Other Sin	nilar Assets.
_	<del>_</del>		<del> </del>	
1	a If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets held in Part XIII, the text of the footnote to its financial st	for public exhibition, education, or research in	tatement and furtherance o	balance sheet works of f public service, provide,
	b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for following amounts relating to these items	S 116 (ASC 958), to report in its revenue state public exhibition, education, or research in furt	ement and bala herance of pu	ance sheet works of art, blic service, provide the
	(i) Revenue included on Form 990, Part VIII, line 1	l		▶\$
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, his amounts required to be reported under SFAS 116 (	torical treasures, or other similar assets for fina ASC 958) relating to these items	ancial gain, pr	ovide the following
	a Revenue included on Form 990, Part VIII, line 1 .			▶\$
	b Assets included in Form 990, Part X			▶\$

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment				
e Other				
and Add bear An through An (California (d) moved and	-15 000 B-1V - 1	(5) ( 10 )		

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Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

Schedule D (Form 990) 2016

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Part VII Investments - Other Securities.	<del></del>		
Complete if the organization answered "	Yes' on Form 990, I	<u>Part IV, line 11b See Form 990, P</u>	art X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			<u> </u>
(B)			
(C)			-
(D)			_
(E)	·		
<u>(F)</u>			
(G)			<del> </del>
(H)			
<u>(I)</u>			
Total (Column (b) must equal Form 990, Part X, column (B) line 12) ▶	<u> </u>	* * * * * * * * * * * * * * * * * * * *	1994. <b>16</b> 1
Part VIII Investments - Program Related. Complete if the organization answered	/os' on Form 000 I	Part IV June 11a See Form 000 D	ort V. Juno 12
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-o	
(1)	(b) Book Value	(c) Wethod of Valuation Cost of end-o	i-year market value
(2)			<del></del>
(3)			<del></del>
(4)			<del></del>
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13) >	<del></del>	*** ***	* St. M. Avis.
Part IX Other Assets.			
Complete if the organization answered '		Part IV, line 11d See Form 990, P	
(a) Des	scription		(b) Book value
(2)			
(3)			_
(4)			
(5)			
(6)			
(7)			
(8)	<del></del>		
(9)			
(10)	- 45)		
Total. (Column (b) must equal Form 990, Part X, column (B) III	ne 15)		<u> </u>
Complete if the organization answered 'Yes' on F	orm 000 Part IV line 1	1e or 11f See Form 900 Part V line 25	
(a) Description of liability	(b) Book value	Te of TH See Form 770, Fait A, line 25	<del></del>
(1) Federal income taxes	\=/=±000 \		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9) (10)		—	
(11)		—	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	<u> </u>		
2. Liability for uncertain tax positions In Part XIII, provide the text of the footn		ncial statements that reports the organization's liabil	ily for uncertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote h			

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	58,167.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	, }	
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	-1,836.
3 Subtract line 2e from line 1	3	60,003.
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 4a	8 5	
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		60,003.
Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	1	121,149.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	121,149.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a	2 3	
b Other (Describe in Part XIII )	*	
C Add lines 4a and 4b	4 c	101 1:0
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	121,149.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

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Schedule D (Form 990) 2016

#### 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.

Attach to Form 990 or 990-EZ.

n 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Públic

OMB No 1545-0047

2016

JACK HALL HAWAII HOUSING CORPORATION

Employer identification number

20-3746814

Each year, the Secretary/Treasurer of the Corporation shall review and circulate the Form 990 and audited annual financial statements prior to filing. Each year at the annual meeting, the Board of Directors of the Corporation shall review and approve the Form 990 and the audited

Pt VI, Line 11b

financial statements for the preceeding year.