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Form **990-PF**

EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

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

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Ī	For ca	cálendar year 2016 or tax year beginning		, and ending			
,	Nam	ne of foundation			A Employer identification	number	
	HZ	AWAII EMERGENCY PHYSICIA					
	FC	OUNDATION		99-0269551			
		nber and street (or P O box number if mail is not delivered to st	eet address)	Room/suite	B Telephone number		
		.O. BOX 1266			808-263-72	03	
	-	or town, state or province, country, and ZIP or foreig	n postal code		C If exemption application is p	ending, check here	
		AILUA, HI 96734					
	G Ch	Check all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	s, cneck nere	
		Final return	Amended return		Foreign organizations me check here and attach co	eting the 85% test,	
		Address change Check type of organization: Section 501(c)(3	Name change exempt private foundation				
		Section 4947(a)(1) nonexempt charitable trust		ion	E If private foundation sta under section 507(b)(1)		
	. — I Fai	air market value of all assets at end of year J Accou		Accrual	F If the foundation is in a	• •	
		rom Part II, col (c), line 16)	Other (specify)	7,00,00.	under section 507(b)(1)		
_	•	\$ 207,067. (Part I, c	olumn (d) must be on cash b	asıs)			
クノ		Analysis of Revenue and Expenses	(a) Davague and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
1/1		(The total of amounts in columns (b), (c), and (d) may no necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)	
24		1 Contributions, gifts, grants, etc., received			N/A		
_		2 Check X if the foundation is not required to attach Sch. B					
		3 Interest on savings and temporary cash investments					
9 2017	:	4 Dividends and interest from securities	4,059.	4,059.		STATEMENT 1	
		5a Gross rents					
	,	b Net rental income or (loss)					
S	<u>e</u>	6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all					
	, je	D assets on line 6a	-	0.			
	Revenue	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		<u> </u>			
1.		9 Income modifications					
j -		Gross sales less returns and allowances			DEARNE		
£ -;		b Less Cost of goods sold			WERFIAED		
		c Gross profit or (loss)		000	MOV 0 E ans	Š	
		11 Other income			100 13 2017	<u> </u>	
(99)		12 Total. Add lines 1 through 11	4,059.	4,059.	OGDEN, UT	E	
		13 Compensation of officers, directors, trustees, etc	0.		OODEN, U!	0.	
		14 Other employee salaries and wages					
	es	15 Pension plans, employee benefits					
	use	16a Legal fees					
	xpe	b Accounting fees c Other professional fees					
	ē E	17 Interest					
	aţį	18 Taxes STMT 2	80.	0.		0.	
	istr	19 Depreciation and depletion					
	١	20 Occupancy					
	Ad	21 Travel, conferences, and meetings					
	and	22 Printing and publications					
	ng (23 Other expenses STMT 3	447.	395.		52.	
	rati	24 Total operating and administrative		.			
	Operating and Administrative Expens	expenses. Add lines 13 through 23	527.	395.		52.	
	•	25 Contributions, girls, grants paid	10,000.	•	ļ	10,000.	
		26 Total expenses and disbursements	10 527	205		10,052.	
		Add lines 24 and 25 27 Subtract line 26 from line 12:	10,527.	395.		10,052.	
		27 Subtract line 20 from line 12. 8 Excess of revenue over expenses and disbursements	-6,468.				
		b Net investment income (if negative, enter -0-)	0, 2001	3,664.			
		c Adjusted net income (if negative, enter -0-)			N/A		



HAWAII EMERGENCY PHYSICIANS EDUCATION FOUNDATION

For	m 99	0-PF (2016) FOUNDATION		99-0	0269551 Page 2
Г	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
	ar L	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	l	Cash - non-interest-bearing			
	1	Savings and temporary cash investments	82,558.	76,071.	76,071.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts			
	_	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	l _	disqualified persons			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			· -
Assets	8	Inventories for sale or use			
Ass		Prepaid expenses and deferred charges Investments - U.S. and state government obligations			
-	ł		52,909.	52,928.	130,996.
		Investments - corporate stock STMT 4		52,540.	130,990.
	l	Investments - corporate bonds			
	'''	Investments - land, buildings, and equipment basis			
	12	Less accumulated depreciation Investments - mortgage loans			
	12 13	Investments - other		-	
	14	Land, buildings, and equipment: basis			··
	14	Less accumulated depreciation			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
	'	Instructions. Also, see page 1, item I)	135,467.	128,999.	207,067.
_	17	Accounts payable and accrued expenses	233/10//		20,700,0
	18	Grants payable			
s	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
폁	21	Mortgages and other notes payable			
ڐ	1	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Ses	24	Unrestricted		- <u></u>	
<u>la</u>	25	Temporarily restricted		<u> </u>	
Ba	26	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
F		and complete lines 27 through 31.	_		
ţ	27	Capital stock, trust principal, or current funds	0.	0.	1
Se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1
Ę	29	Retained earnings, accumulated income, endowment, or other funds	135,467.	128,999.	
ž	30	Total net assets or fund balances	135,467.	128,999.	1
			125 465	100 000	1
_	31	Total liabilities and net assets/fund balances	135,467.	128,999.	
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
_	Tota	Il net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)	30	1	135,467.
2	•	er amount from Part I, line 27a		2	-6,468.
3		er increases not included in line 2 (itemize)		3	0,400.
4		lines 1, 2, and 3		4	128,999.
5		reases not included in line 2 (itemize)		5	0.
6	Tota	If net assets or fund balances at end of year (fine 4 minus line 5) - Part II, co	olumn (b), line 30	6	128,999.

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Part IV Capital Gains a	nd Losses for Tax	on Investment	Income					
	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P - Purchase D - Donation		low acquired - Purchase - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)		
a								
NON	<u> </u>							
<u> </u>								
<u>d</u>								
(e) Gross sales price	(f) Depreciation allowe (or allowable)		st or other basis xpense of sale				Gain or (loss s (f) minus	
a								
)								
;								-
<u> </u>							_	
								
Complete only for assets showing	· · · · · · · · · · · · · · · · · · ·						Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (ı) col. (ı), ıf any		·	Losses	not less tha (from col. ((h))
1								
,								
1	- · · · ·							
	(If pain al	so enter in Part I, line	 7	7				
Capital gain net income or (net cap		enter -0- in Part I, line		P	2			
Net short-term capital gain or (loss								
If gain, also enter in Part I, line 8, c]				
If (loss), enter -0- in Part I, line 8 Part V Qualification Ur				ال	3			
as the foundation liable for the secti "Yes," the foundation does not quali			•	rıod?				Yes X N
Enter the appropriate amount in e	ach column for each year; s	ee the instructions be	fore making any e	ntries				
(a) Base period years Calendar year (or tax year beginnin	A	(b) ying distributions	Net value of no	(c) nchai	ritable-use asse			(d) bution ratio vided by col. (c))
2015		4,005.			204,98			.01953
2014		4,505.			198,96			.02264
2013		5,505.			187,09			.02942
2012		3,025.			186,04			.01626
2011	<u> </u>	9,005.			176,89	· / • [-	<u>.05</u> 090
Total of line 1, column (d)			b Ab b			2	<u> </u>	.13876
Average distribution ratio for the 5 the foundation has been in existen	•	ne total on line 2 by 5,	or by the number	or ye	ais	3	-	.02775
Enter the net value of noncharitable	e-use assets for 2016 from	Part X, line 5				4_	 	204,811
Multiply line 4 by line 3						5	 	5,684
Enter 1% of net investment incom	e (1% of Part I, line 27b)					6	ļ	37
Add lines 5 and 6						7		5,721
Enter qualifying distributions from	•					8_		10,052
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Par	t VI, line 1b, and com	plete that part usir	ng a 1	% tax rate. ———			- 000 PT
23521 11-23-16								Form 990-PF (20

Part VI 🏌 Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	0269!			Pag nsi
	300 11	istru	Clioi	13
Ia, Exempt operating foundations described in section 4940(d)(2), check here	ļ			
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	}			2
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	 			3
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 			_
Add lines 1 and 2	 			3
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	 			_
Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	ļ <u>-</u> -			3
Credits/Payments:				
a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a 16.				
b Exempt foreign organizations - tax withheld at source	ļ			
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld	ļ			
Total credits and payments. Add lines 6a through 6d	↓			9
Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<u> </u>			_
Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	↓			_
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	 			5
Enter the amount of line 10 to be: Credited to 2017 estimated tax > 59 . Refunded > 11				
art VII-A Statements Regarding Activities				_
a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1		Yes	
any political campaign?	ļ	1a		Ļ
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	ľ	1b		L
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	• [ıĺ		
distributed by the foundation in connection with the activities		1		
c Did the foundation file Form 1120-POL for this year?	J	1c		
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		i 1		l
(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				l
managers. ▶ \$ 0 .	ļ			l
Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		
If "Yes," attach a detailed description of the activities		t		
Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	_	l
a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	1	4a		L
b If "Yes," has it filed a tax return on Form 990-T for this year?	1/A [4b		Ι
Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Ţ
If "Yes," attach the statement required by General Instruction T				T
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
By language in the governing instrument, or	ļ			
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	ļ			
remain in the governing instrument?	l	6	Х	1
Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV		7	X	Ť
2.2 and 122.22 hard at loadst popular in accord at any sind during the year. It is too, configurate if are in, con just, and it are its	1			t
				1
a. Enter the states to which the foundation reports or with which it is registered (see instructions).				1
HI		1 1		
HI b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			v	l
HI b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	х	+
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		8b 9	Х	+

HAWAII EMERGENCY PHYSICIANS EDUCATION 99-0269551 Form 990-PF (2016) FOUNDATION Page 5 Part VII-A Statements Regarding Activities (continued) No Yes 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? X If "Yes," attach statement (see instructions) 12 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ▶ DONNA LUZON Telephone no. > 808-263-7203Located at $\triangleright 407$ ULUNIU STREET, ZIP+4 ▶96734 4TH FLOOR, KAILUA 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year N/A Yes No 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, X securities, or other financial account in a foreign country? 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X No Yes X No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No termination of government service, if terminating within 90 days.) b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? 1b Organizations relying on a current notice regarding disaster assistance check here c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2016? X 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(1)(3) or 4942(1)(5)); a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? Yes X No If "Yes," list the years b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose

of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2016)

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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X

3b

4a

N/A

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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F				
			/		
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	n 4045(a)\2	□ v _o	s X No		
			S LALINU		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly of moire		s X No		
any voter registration drive?				l l	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	1 1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f				
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	uctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h	nere			1 1	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ned			
expenditure responsibility for the grant?		/A 🗌 Ye	s No	ļ l	
If "Yes," attach the statement required by Regulations section 53.494				1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay premiums on	□ v _t	s X No		
·	noroanal hanafit contract?		S 21 110	6b	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			00	
If "Yes" to 6b, file Form 8870	1 ft 1		es X No		,
7a At any time during the tax year, was the foundation a party to a prohibited tax		Y6	- 		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7 b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly	y		
The state of the s					
List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions t	0 (0) Evnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions t employee benefit pla and deferred	ns acc	Expense count, other
(a) Haino and abstract	to position	enter -0-)	compensation	a	llowances
	4				
	_				
SEE STATEMENT 5		0.	_0).	0.
			1		
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	1				
<u> </u>	1				
· · · · · · · · · · · · · · · · · · ·					
		-			
	-		İ		
	1				
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none	enter "NONE."			
Compensation of five highest-paid employees fortier than those in	(b) Title, and average		(d) Contributions employee benefit pla	to 10	e) Expense
(a) Name and address of each employee paid more than \$50,000	` 'hours per week `	(c) Compensation	and deferred	00	count, other
	devoted to position		compensation	- l a	Illowances
NONE	4				
		<u> </u>		_	
	_			Ì	
	7				
	7				
	 				
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Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant sta number of organizations and other beneficiaries served, conferences convened, research papers p	tistical information such as the roduced, etc.	Expenses
1 <u>N</u> /A	-	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		

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Total. Add lines 1 through 3

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and do not complete this part.) 10,241. Minimum investment return from Part X, line 6 1 37. 2a Tax on investment income for 2016 from Part VI, line 5 2h b Income tax for 2016. (This does not include the tax from Part VI.) c Add lines 2a and 2b 2c Distributable amount before adjustments. Subtract line 2c from line 1 10. 3 Recoveries of amounts treated as qualifying distributions 4 204. 5 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 0. 7 204. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: 10,052. a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) **b** Cash distribution test (attach the required schedule) 3b 10,052 4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

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6

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

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Part XIII Undistributed Income (see	e instructions)			
	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				10,204.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only	1		6,168.	
b Total for prior years.				
	[0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011				
b From 2012				
c From 2013				
d From 2014				
e From 2015				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: > \$ 10,052.	1			
a Applied to 2015, but not more than line 2a			6,168.	
b Applied to undistributed income of prior			0,100.	
years (Election required - see instructions)	ľ	0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U •			2 004
d Applied to 2016 distributable amount				3,884.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			······································
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2015. Subtract line				·
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				6,320.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			j	
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2012	ļ			
b Excess from 2013				
c Excess from 2014	ļ		1	
d Excess from 2015				
e Excess from 2016				
E CYCE22 II OH TO LO	1			5 000 DE (00.40)

HAWAII EMERGENCY PHYSICIANS EDUCATION Form 990-PF (2016) FOUNDATION Page 10 99-0269551 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a, If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section 4942(i)(3) or Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (a) 2016 (b) 2015 (c) 2014 (d) 2013 (e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(i)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Luli of the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed: DONNA LUZON, 808-263-7203 P.O. BOX 1266, KAILUA, HI 96734 b The form in which applications should be submitted and information and materials they should include: COPY OF APPLICATION (SEE STATEMENT 6) c Any submission deadlines:

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

COPY OF DISCLOSURE STATEMENT OF GRANT MAKING PROCEDURE (SEE STATEMENT 7)

Form **990-PF** (2016)

NONE

FOUNDATION

Form 990-PF (2016)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year GENDALL MANLEY NONE N/A SCHOLARSHIP C/O LIBERTY UNIVERSITY, 1971 UNIVERSITY BLVD LYNCHBURG VA 24515 500. NONE SCHOLARSHIP AMBER AFELIN N/A C/O WESLEYAN UNIVERSITY, 45 WYLLYS 500. AVENUE MIDDLETOWN CT 06459 ASIA PAVAO NONE N/A SCHOLARSHIP C/O UNIVERSITY OF PORTLAND, 5000 N. 500. WILLAMETTE BLVD, PORTLAND OR 97203 N/A NONE SCHOLARSHIP ELLA RAGUINDIN C/O GRAND CANYON UNIVERSITY, 3300 W. 500. CAMELBACK ROAD PHOENIX, AZ 85017 JONTE SING NONE N/A SCHOLARSHIP C/O UNIVERSITY OF HAWAII, 2500 CAMPUS ROAD HONOLULU HI 96822 <u>500.</u> SEE CONTINUATION SHEET(S) **▶** 3a Total 10,000. b Approved for future payment NONE **≥** 3b Total

99-0269551

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orm 990-PF (2016) FOUNDATION				99-0	269551 Page 12
Part XVI-A Analysis of Income-Produ	ıcing Activiti	es			
Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded	by section 512, 513, or 514	(0)
Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	5500		1 1		
b					
C					
d					
e	-				
f	-				
g Fees and contracts from government agencies			+ $+$		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
Investments	 		14	4 050	
4 Dividends and interest from securities 5 Net rental income or (loss) from real estate:	 		14	4,059.	 ,
a Debt-financed property	 				
b Not debt-financed property			 		
6 Net rental income or (loss) from personal			+ +-		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	-	<u></u>	- - -		
C	-				
d			 		
e	- 		-	4,059.	
12 Subtotal, Add columns (b), (d), and (e)	<u> </u>		-		0. 4,059.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	4,053.
Part XVI-B Relationship of Activities	to the Accor	mpiishinent of t	=xempt r	-urposes	
Line No Explain below how each activity for which inc			-A contribute	ed importantly to the accom	plishment of
the foundation's exempt purposes (other that	n by providing fund	ls for such purposes).			
					_
					
	-				
					
l .					

HAWAII EMERGENCY PHYSICIANS EDUCATION

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

the Code (other three section \$510(x)\$) organizations) or in section \$27, relating to political organizations? Transfer's from the reporting (condition to a concharitable exempt organization of: 13 (1) Cash	1 Did the	organization directly or indir	ectly engage in any o	f the following	g with any other organiz	ation described in sec	tion 501(c) of		Yes	No
(2) Other transactions: 10) Siles of assets to a noncharitable exempt organization (2) Perunchase of assets from a noncharitable exempt organization (3) Rental of textides, equipment, or other assets (4) Remitterine an arrangement arrangements (5) Loans or loan quarantees (6) Performance of services or membership or fundrating solicitations (7) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (9) Performance of services or membership or fundrating solicitations (9) Performance of services or membership or fundrating solicitations (9) Performance of services or membership or fundrating services (exemptions) (9) Performance of services (exemptions) (1) It the answer to any of the above is "Yes," complete the following schedule. Column (9) should always show the fax market value of the goods, other assets, or services scoreed, or services services, overlay should produce the production of th	the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
(2) Other sassets to a noncharitable exempt organization (1) Selss of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Retail of beliefs, equipment, or other assets (4) Remoduratement arrangements (5) Loss or from guirantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Sharing of facilities, equipment, mainting latis, other assets, or paid employees (8) If the answer to any of the above is "kes," complete the following schedule. Column (6) should always show the far market value of the goods, other assets, or services represent. 2a Is the foundation directly or indirectly affinited with, or related from the column (6) the value of the goods, other assets, or services represent. 2a) Inc. no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of sharing arrangement, show in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than section 501(c)(3)) or in section 501(c) of the Code (other than	a Transfers from the reporting foundation to a noncharitable exempt organization of:									
1 Site of sasets to a noncharitable exempt organization 15 15 15 15 15 15 15 1	(1) Cash									
(1) Sales of assets from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remainusement arriangements (5) Loans or foat guarantees (5) Loans or foat guarantees (6) Performance of services or membership or fundrasing solicitations (7) A strain of facilities, equipment, making lasts, other assets, or paid employes (8) If the answer to any of the above is "Yes," complete the following schedule. Column (6) the value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than far market value in any transaction or sharing arrangement, show in column (6) the value of the goods, other assets, or services received. (a) Lee no (b) Amount involved (c) Name of noncharitable exempt organization (d) Decorption of treatiles, transactions, and sharing arrangements 11 Yes, Complete the following schedule. (a) Name of lorganization (b) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A (c) Name of noncharitable exempt organization (e) Description of relationship N/A (d) Description of relationship N/A (e) Description of relationship N/A (i) Name of lorganization (e) Description of relationship N/A (a) Name of lorganization (e) Description of relationship N/A (b) Type of organization (e) Description of relationship N/A (c) Name of lorganization (e) Description of relationship N/A (a) Name of lorganization (e) Description of relationship N/A (b) Type of organization (e) Description of relationship N/A (c) Description of relationship N/A (d) Description of relationship N/A (e) Description of relationship N/A (f) Name of lorganization (e) Description of propagate data and information of which prepare has any soundedge of the propagate of the long of the load of the long of the load of t	(2) Other assets									
(2) Purchases of assets from a noncharitable exampt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursament arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Italia	b Other tra	ansactions:						1		
(3) Bental of Societies, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (1) X 16(6) X 16(6	(1) Sal	es of assets to a noncharital	ble exempt organızatı	on				16(1)		
(4) Rambursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundratising solicitations. (6) Performance of services or membership or fundratising solicitations. (7) It is a services greatly the reporting foundation. If the foundation received less than fair market value in any to the above "S're", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services generity the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization directly or indirectly arrifiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? (a) If Yes, complete the following schedule. (a) It was completed the following schedule. (a) It was completed the following schedule and statements, and to the best of my knowledge schedule and information of which prepare has any knowledge schedule in the complete of the schedule	(2) Pur	rchases of assets from a nor	ncharitable exempt or	ganızatıon				1b(2)		
(6) Petromane of services or membership or fundraising solicitations (7) Petromane of services or membership or fundraising solicitations (8) Petromane of services or membership or fundraising solicitations (8) Petromane of services or membership or fundraising solicitations (8) Itel	(3) Rer	ntal of facilities, equipment, (or other assets					1b(3)		
(6) Performance of servives or membership or fundratising solicitations								1b(4)		<u>X</u>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees It X All If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation deceived less than fair market value in any transaction or sharing arrangement, show in column (d) the value of this goods, other assets, or services received. 3 Line river (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N A		-								
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A										<u>X</u>
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assists, or services recovers. a	-		-	-	•				لل	<u>X</u>
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N / A 12a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) of organization (e) Description of relationship N / A (a) Name of organization (b) Type of organization (c) Description of relationship N / A (b) Type of organization (c) Description of relationship (c) Description of relationship (d) Description of relationship (e) Description of relationship (e) Description of relationship (f) Description of relationship (e) Description of relationship (f) Description									ets,	
(a) Description of transfers, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52? b if Yes,' complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and Section 2. Print's Exit Section 3. Print's Signature of other or trustee Preparer's signature of other or tr					ed less than fair market v	alue in any transactio	n or sharing arrangement, sh	ow in		
N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If Yes, "complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and fellet, Jest The correct, and complete Declaration of preparer (other than tappayer) is based on all information of which preparer has any knowledge. Yes X No				_	evernt organization	(4) 5				
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes	(a) Line no	(u) Annount involved	(c) Name of		exempt organization	(U) Description	on of transfers, transactions, and si	aring arr	angeme	nis
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Ves X No			<u> </u>	N/A						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Ves X No	- 					 -				
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Value	-									
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Value			<u> </u>						·	
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Value					<u> </u>		<u></u>			
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Ves X No					<u> </u>					
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In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Ves X No							· <u>-</u> -			
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If Yes, "complete the following schedule. (a) Name of organization N/A Ves X No	2a is the fo	oundation directly or indirect	tly affiliated with, or re	elated to, one	or more tax-exempt org	anizations described				
(a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign Under permituse of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and delete, and the permituse of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and delete, and the permit has any knowledge. Sign and delete, and the permit has any knowledge and statements, and to the best of my knowle								Yes	X	No
N/A Sign Here Under permatage of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, its the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instr.)?	<u>b</u> If <u>"Ye</u> s,"	complete the following sch	edule.							
Sign Here		<u>```</u>	janization		(b) Type of organization	on	(c) Description of relationsh	ıp		
Sign Here		N/A	<u> </u>							
Sign Here		<u> </u>								
Sign Here										
Sign Here										
Sign Here Application of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Application of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Application of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Application of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Application of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Application of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Application of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below (see instr.)? Application of preparer shown below (see instr.)? Applica					<u> </u>					
Here Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if PTIN self-employed Preparer Use Only Firm's name ► IKEDA & WONG CPA INC Firm's address ► 1001 BISHOP ST STE 1717 HONOLULU, HI 96813-3429 Phone no. (808)524-3660							or had any knowledge May			
Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed PO1368654 Preparer Use Only Firm's name ► IKEDA & WONG CPA INC Firm's address ► 1001 BISHOP ST STE 1717 HONOLULU, HI 96813-3429 Phone no. (808)524-3660	Here		1		1 . als Lo	Da	shov	vn below	(see ins	tr)?
Paid Preparer's name Preparer's signature Date Check if self-employed	(F	unneture of officer or trustee					esiden D	_ Yes		J No I
Paid Preparer Use Only KIMBERLY IKEDA Kumbuly Oula 1011811 P01368654				Desperario			Chook Lif DTIN			
Paid Preparer Use Only KIMBERLY IKEDA Kumbuly Chila 101368654 Firm's name ► IKEDA & WONG CPA INC Firm's EIN ► 99-0209171 Firm's address ► 1001 BISHOP ST STE 1717 Phone no. (808)524-3660		Printrype preparer s na	ame	Preparer s s	ignature	Date				
Preparer Use Only Firm's name ► IKEDA & WONG CPA INC Firm's EIN ► 99-0209171 Firm's address ► 1001 BISHOP ST STE 1717 HONOLULU, HI 96813-3429 Phone no. (808)524-3660	Paid	VINDEDIN I	KEDA	Kunto	uly Queda	10/18/17	, , ,	260	C F 4	
Use Only Firm's address 1001 BISHOP ST STE 1717 HONOLULU, HI 96813-3429 Phone no. (808)524-3660				CDA T	NC					
Firm's address ► 1001 BISHOP ST STE 1717 HONOLULU, HI 96813-3429 Phone no. (808)524-3660	-		DW & MONG	CPA I	INC		riinsein > 39-02	, U J T	<i>,</i> T	
HONOLULU, HI 96813-3429 Phone no. (808)524-3660	222 4111	- 	01 BICHOD	Cm Cm	F 1717	. 	 			
							Phone no /QOQ\E	:21-	366	Λ
			TACHOTO' U	<u> </u>	J_J=4J					

Part XV **Supplementary Information** Grant's and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor NONE N/A SCHOLARSHIP KAMALET HASHIMOTO C/O COLORADO MESA UNIVERSITY, 1100 NORTH AVENUE GRAND JUNCTION, CO 500. 81501 KRYSTAL ANTOLIN NONE N/A SCHOLARSHIP C/O WESTERN OREGON UNIVERSITY, 345 MONMOUTH AVE, N MONMOUTH, OR 97361 500. NINA CARDOZA NONE SCHOLARSHIP N/A C/O HAWAII COMMUNITY COLLEGE, 200 W. 500. KAWILI STREET HILO, HI 96720 SASHA KAUWALE NONE N/A SCHOLARSHIP C/O HAWAII COMMUNITY COLLEGE, 200 W. KAWILI STREET HILO, HI 96720 500. AILEEN MATEO NONE N/A SCHOLARSHIP C/O COLORADO MESA UNIVERSITY, 1100 NORTH AVENUE GRAND JUNCTION, CO 81501 500. NONE SCHOLARSHIP TARA TAKATA N/A C/O PACIFIC LUTHERAN UNIVERSITY. 500. 12180 PARK AVE S TACOMA WA 98447 GABRIELLE LASTIMOSA NONE N/A SCHOLARSHIP C/O WINDWARD COMMUNITY COLLEGE 45-720 KEAAHALA ROAD KANEOHE, HI 500. 96744 KEIKI KANAHELE-SANTOS NONE N/A SCHOLARSHIP C/O UNIVERSITY OF HAWAII, 200 W KAWILI STREET HILO, HI 96720 500, NONE SCHOLARSHIP MARIA BARTOLOME N/A C/O UNIVERSITY OF HAWAII, 2500 CAMPUS ROAD HONOLULU HI 96822 500. RIANNE MASUDA NONE N/A SCHOLARSHIP C/O SEATTLE UNIVERSITY, 901 12TH AVENUE SEATTLE, WA 98122 500. Total from continuation sheets 7 500 HAWAII EMERGENCY PHYSICIANS EDUCATION

FOUNDATION

99-0269551

Part XV **Supplementary Information** 3 Grant's and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation status of show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor recipient MOANA-ASYRIANA OKURA NONE N/A SCHOLARSHIP C/O UNIVERSITY OF HAWAII, 2500 CAMPUS 500. ROAD HONOLULU HI 96822 JODICE POPOVICH-PUNG NONE N/A SCHOLARSHIP C/O UNIVERSITY OF HAWAII, 200 W 500. KAWILI_STREET HILO, HI 96720 LEXI DALMACIO NONE N/A SCHOLARSHIP C/O UNIVERSITY OF HAWAII, 200 W 500. KAWILI STREET HILO, HI 96720 NONE N/A SCHOLARSHIP HELENA SAITO C/O UNIVERSITY OF HAWAII, 2500 CAMPUS 500. ROAD HONOLULU HI 96822 GABRIELLE BARTOLOME NONE N/A SCHOLARSHIP C/O UNIVERSITY OF SAN DIEGO, 5998 500. ALCALA PARK SAN DIEGO CA 92110 Total from continuation sheets

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SE	CURITIES	Sī	ATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENU	E NET I	B) NVEST- INCOME		
BANK OF HAWAII MERRILL LYNCH MERRILL LYNCH	15. 3,991.		0. 3,9	15. 91.	15. 3,991.		
TAX-EXEMPT INCOME VANGUARD VANGUARD	38. 12.			38. 12.	38. 12.		
TAX-EXEMPT INCOME	3.		0.	3.	3.		
TO PART I, LINE 4	4,059.		0. 4,0	59 . —— ——	4,059.		
FORM 990-PF		TAX	ES		Sī	TATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		- ADJU		(D) CHARITA PURPOS:	
FEDERAL INCOME TAXE	s —	80.		0.			0.
TO FORM 990-PF, PG	1, LN 18	80.		0.			0.
FORM 990-PF		OTHER E	XPENSES		SI	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM	(C - ADJU E NET I	:) ISTED INCOME	(D) CHARITA PURPOS	
INVESTMENT EXPENSES LICENSES AND FEES OFFICE EXPENSE	- FEES	395. 5. 47.		5. 0. 0.			0. 5. 47.
TO FORM 990-PF, PG	1, LN 23	447.	39	5.			52.
	=						

KAILUA, HI 96734

FORM 990-PF CO	DRPORATE STOCK		STATI	EMENT
DESCRIPTION		BOOK VALUE		MARKET ALUE
DANK OF HAMATA	_	2.0		700
BANK OF HAWAII CONSOLIDATED EDISON INC		13,05)2.	728 33,893
HAWAIIAN ELECTRIC INDS INC		9,05		13,228
MERCK & CO		18,12		47,096
OWEST COMM		7,02		2,782
VERIZON COMM		2,91		6,833
AT&T INC.		2,17		1,871
COMCAST CORP NEW CL A		28	34.	10,358
EXPRESS SCRIPTS HLDG CO			0.	14,102
FRONTIER COMMUNICATIONS			3.	105
TOTAL TO FORM 990-PF, PART II, LI	NE 10B	52,92	28.	130,996
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
CRAIG S. THOMAS, MD	PRESIDENT	····		
C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734	0.08	0.	0.	0
GEORGE R. BRUNO, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734	VICE PRESIDENT 0.02	0.	0.	0
VINCENT RITSON, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734	VICE PRESIDENT 0.02	0.	0.	0
GARY GOLDBERG, MD C/O HEPA EDUC FDN, P.O. BOX 1266				
KAILUA, HI 96734	VICE PRESIDENT 0.02	0.	0.	0

HAWAII EMERGENCY PHYSICIANS EDUCA	ATION FO		99	0-0269551
OAKLEY DAVIS, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734	VICE PRESIDENT 0.02	0.	0.	0.
ANN MALIA HALEAKALA, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734		0.	0.	0.
ERIN SMITH, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734	VICE PRESIDENT 0.08	0.	0.	0.
JOANN SARUBBI, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734	VICE PRESIDENT 0.02	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6,	PART VIII	0.	0.	0.

HAWAIL EMERGENCY PHYSICIANS EDUCATION FOUNDATION

Scholarship Application

Name:				
	Last	First	M.I.	
Address:	No	Street		
	No.	Street	Apt. No.	
City		State	Zip Code	
Phone Number:		Date of Birt	Data of Birth:	
EDUCATIO	<i>R</i>			
High Sch	001:			
			Grade Point Average:	
Extracur	ricular Activitie	85:		
		85:		
Colleges	Applied to:			
Collages	Applied to:			
Colleges	Applied to:			
Collages WORK HIST	Applied to:	Phone N	0.:	
Collages WORK HIST Employer:	Applied to:		0.:	
Collages WORK HIST Employer; Dates of	Applied to: TORY : Employment:	Phone N	0.:	
Collages WORK HIST Employer: Dates of Outles:	Applied to:	Phone N	0.:	

FINANCIAL INFORMATION					
Present Source of Financial So	upport:				
plans for Financial Support while Attending College:					
Annual Family Income:					
\$0 - \$10.000	\$30,000 - \$40,000				
\$10,000 - \$20,000	\$40,000 ~ \$50,000				
\$20,000 - \$30,000	Over \$50,000				
PERSONAL STATEMENT					
Attach a personal statement as why you need this scholarship situation; and your personal a	ddressing the following areas: to attend college; your family and career goals.				
REFERENCES					
Attach a list of the names, as three teachers, counselors or references.	idresses and phone numbers of employers whom we may contact as				
Signature	Date				
	•				
Scholarship Application Deadli	lne:				
	-				
48921	,				

HAWAII EMERGENCY PHYSICIANS EDUCATION FOUNDATION

Reg. §53.4945-4(d)(1) Disclosure Statement of Individual Grant-Making Procedures

Pursuant to IRC §4945(g). Reg. §53.4945-4(d)(1) and Rev. Rul. 86-77. 1986-1 C.B. 334, the following are the procedures of the Hawaii Emergency Physicians Education Foundation (the "Foundation") in the awarding of grants to individuals.

1. The Selection Process -- Candidates for Grants.

(a) Goal.

The Foundation's goal is to provide scholarships and grants to individuals to encourage their post-high school education.

(b) Criteria.

- (i) The Foundation intends to make scholarship grants to students beginning their university, college or community college studies that school year, and who is or will be a graduate from a high school in a geographical area served by Hawaii Emergency Physicians Associated, Inc. (the "Catchment Area")
- (ii) Financial need will be a primary consideration in selecting the scholarship grant recipients. Other criteria that may considered includes, but is not limited to, the following: prior academic performance; performance of each student on tests designed to measure ability and aptitude for educational work, recommendations from instructors of the student and any others who have knowledge of the student's capabilities: additional biographical information regarding a student's academic, employment, community service and other relevant experiences; and conclusions which the selection committee may draw as to the student's motivation, character, ability, or potential. Criteria may also include the student's place of residence, past or future attendance at a particular school, past or proposed course of study or evidence of the student's artistic, scientific or other special talent. Each recipient must be seriously interested in pursuing higher education.

(c) How Solicited.

The Foundation or the selection committee chosen by the Foundation will request that high schools within the Catchment Area recommend students or former students meeting the above criteria.

(d) How Selected.

The Foundation's Board of Directors, or a selection committee chosen by or under the direction of the Foundation's Board of Directors, will select the students or former students to receive the scholarship grants. Every member of any selection committee charged with the evaluation of candidates for scholarship grants will adhere to the relevant policies of the Foundation as they may be adopted and amended from time to time, including, but not limited to, conflict of interest and confidentiality policies. Every member of any selection committee charged with the evaluation of candidates for scholarship grants will be obligated to disclose any personal knowledge of and relationship with any potential grantee under consideration and to refrain from participation in the award process in a circumstance where he or she would derive, directly or indirectly, a private benefit if any potential grantee or grantees are selected over others. No grant covered by this policy may be awarded to any member of the Foundation's Board of Directors, any substantial contributor to the Foundation, any employee of the Foundation, or any other disqualified person (as defined in IRC § 4946(a)) with respect to the Foundation.

2. Terms and Conditions under which the Foundation Makes Individual Grants.

The terms and conditions of each scholarship grant will be contained in a letter sent to each recipient. The recipient will be required to communicate his or her acceptance thereof by a letter to the Foundation or the selection committee. The terms and conditions may include, but are not limited to, the following: specific purpose of the grant, its duration, the total amount of the grant, requirements for narrative reports and the terms of any renewal of the grant.

3. Procedure for Exercising Supervision over Individual Grants.

With respect to individual scholarship grants, the Foundation will arrange to receive a transcript of the recipient's courses taken and grades received for each academic period. Such transcript will be verified by the educational institution attended and will be obtained at least once a year, and prior to renewing any recipient's grant for the following academic year. Upon completion of a recipient's study at an educational institution, a final transcript will also be obtained.

The Foundation may not consider it necessary to obtain the foregoing transcript if the following conditions are met: (a) the grant is a scholarship or fellowship subject to the provisions of section 117(a) of the Internal Revenue Code and is to be used for study at an educational institution which normally maintains a regular faculty and curriculum and normally has a regularly organized body of students in attendance at the place where its educational activities are carried on: (b) the Foundation pays the scholarship or fellowship to the educational institution, and (c) the educational institution agrees to use the grant funds to defray the recipient's expenses or pay funds to the recipient only if he is enrolled at the educational institution and his standing at such institution is consistent with the purposes and conditions of the grant.

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4. <u>Procedures for Investigation Where Diversion of Grant Funds from their Specified Purposes is Indicated, and for Recovery of Diverted Grant Funds</u>

Where reports to the Foundation or other information (including failure to submit reports after a reasonable time has elapsed from their due date) indicates that all or any part of individual scholarship grant funds are not being used for the purposes of such grant, the Foundation will initiate an investigation. While conducting the investigation, the Foundation will withhold further payments to the extent possible until it has determined that no part of the grant has been used for improper purposes and until any delinquent reports have been submitted.

If the Foundation determines that any part of a grant has been used for improper purposes, the Foundation will take all reasonable and appropriate steps to recover diverted grant funds or to insure the restoration of diverted funds and the dedication of any remaining grants funds being held for the recipient to new scholarships being funded by the Foundation. These steps will include legal action unless such action would in all probability not result in the satisfaction of execution of a judgment.

If the Foundation determines that any part of the grant has been used for improper purposes and the recipient has not previously diverted grant funds to any use not in furtherance of a purpose specified in the grant, the Foundation will withhold further payments on the particular grant until:

- (i) It has received the recipient's assurances that future diversions will not occur:
- (ii) any delinquent reports have been submitted; and
- (iii) it has required the recipient to take extraordinary precaution to prevent future diversions from occurring.

If the Foundation determines that any part of the grant has been used for improper purposes and the recipient has previously diverted Foundation grant funds, the Foundation will withhold further payment until all three conditions of the preceding sentence are met and the diverted funds are in fact recovered and restored.