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<sub>Form</sub> 990-PF

## Return of Private Foundation

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

2017

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

Fo	r caler	ndar year 2017 or tax year beginning	. 20	17, and	endina		, 20
		oundation	, 20	, and		er identification number	
ΔТ	IAL 2A	SURANCE AGENCY FOUNDATION			}	71-0894468	
		nd street (or P.O. box number if mail is not delivered to street address)	Rox	om/suite	B Telephor	ne number (see instructi	ons)
		•			[		
		HEL STREET  In, state or province, country, and ZIP or foreign postal code			0 16 0000	808-564-8309	
	-				Cirexemp	tion application is pendi	ing, check here ►
_		LU, HI 96813  k all that apply:	a of a former out	lio oboritu			
u	Checi	Rail triat apply.    Initial return   Amended	n of a former publi	iic charity	D 1. Foreig	n organizations, check i	nere ▶
		☐ Address change ☐ Name chan				n organizations meeting	
ш	Chaol			- Della		here and attach comput foundation status was to	
H		k type of organization: Section 501(c)(3) exempt p				07(b)(1)(A), check here	
분		on 4947(a)(1) nonexempt charitable trust			-		
		narket value of all assets at J Accounting method	: L Cash 🖸	Accruai		ndation is in a 60-month	
		of year (from Part II, col. (c), ☐ Other (specify)  6) ► \$ 533967 (Part I, column (d) must be			under se	ction 507(b)(1)(B), check	chere . ► 📋
В			on cash basis.)		<u> </u>	<del> </del>	
P	art I	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per books		investment ncome	(c) Adjusted net income	(d) Disbursements for charitable purposes
		the amounts in column (a) (see instructions).)	00000				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	14694	59			
	2	Check ► ☐ If the foundation is <b>not</b> required to attach Sch. B		1			
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	11730	09	117309	117309	
	5a	Gross rents					
	b	Net rental income or (loss)	· ,				
<u>e</u>	6a	Net gain or (loss) from sale of assets not on line 10	27470	9			
ĭ	b	Gross sales price for all assets on line 6a	<del></del>				
Revenue	7	Capital gain net income (from Part IV, line 2)			274709		
æ	8	Net short-term capital gain				0	
	9	Income modifications			,. ,		
	10a	Gross sales less returns and allowances					,
	ь	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
<b>``</b>	11	Other income (attach-schedule)					
≅	12	Total Add lines 1 (through 11)	18614	37	392018	117309	
3	13	Compensation of officers, directors, trustees, etc.					
nses (	14	Other employee salaries and wages					
Zű.	15	Other employee salaries and wages		<del></del>			
EXP	16a	Legal fees (attach schedule)					
ZÚ)	b	Accounting fees, lattach schedule					
Ž.{	С	Other professional-fees-(attach schedule)	220	08	2208	2208	2208
at	17	Interest					
ist	18	Taxes (attach schedule) (see instructions)	28	77			2877
Operating and Administrative	19	Depreciation (attach schedule) and depletion		<b></b>	<del></del> -		•
P	20	Occupancy					
Ž	21	Travel, conferences, and meetings					
چ	22	Printing and publications		1			
g a	23	Other expenses (attach schedule)		5	5	5	5
Ë	24	Total operating and administrative expenses.			<u>~</u>		
ā		Add lines 13 through 23	509	90	2213	2213	5090
þe	25	Contributions, gifts, grants paid	1393		5		139358
0	26	Total expenses and disbursements. Add lines 24 and 25	1444		2213	2213	144448
	27	Subtract line 26 from line 12:		1			, , , , , , ,
	a	Excess of revenue over expenses and disbursements	17170:	39	, , , , ,	-	
	b	Net investment income (if negative, enter -0-) .		1	389805		,
		Adjusted net income (if negative, enter -0-)		<del>                                     </del>	. +	115096	
			r			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

621

P	art II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year			of year
_	كلكنت	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Valu	16	(c) Fair Market Value
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶		经通过		
	ĺ	Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				<del></del>
	6	Receivables due from officers, directors, trustees, and other				İ
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
ă	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges	ļ			
Ÿ	10a	Investments—U.S. and state government obligations (attach schedule)	L	ļ		
	b	Investments—corporate stock (attach schedule)				
	С	Investments—corporate bonds (attach schedule)	3300243	47	47472	4747472
	11	Investments —land, buildings, and equipment: basis ▶			237	
		Less: accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)	346388	5	<u>85385</u>	585385
	14	Land, buildings, and equipment: basis ▶				
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ► Accr Investment Income )	8212		6210	6210
	16	Total assets (to be completed by all filers—see the				
	4=	instructions. Also, see page 1, item I)	3654843	53	<u> 39067</u>	5339067
	17	Accounts payable and accrued expenses				
es	18	Grants payable		<del></del>		
Ě	19	Deferred revenue				
Liabilities	20 21	Loans from officers, directors, trustees, and other disqualified persons				
Ë	22	Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶				
	23	Total liabilities (add lines 17 through 22)	ļ <u>-</u>			
_	25	Foundations that follow SFAS 117, check here			0	1.3
es		and complete lines 24 through 26, and lines 30 and 31.				
Š	24	Unrestricted				
ala	25	Temporarily restricted				
ä	26	Permanently restricted				
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here ▶ □				
F		and complete lines 27 through 31.			l	
or	27	Capital stock, trust principal, or current funds				
ts	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds	3654843	53	39067	
Ř	30	Total net assets or fund balances (see instructions)	3654843		39067	
let	31	Total liabilities and net assets/fund balances (see				
~		instructions)	3654843	53	39067	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances				
1		I net assets or fund balances at beginning of year-Part II, colu				
	end-	of-year figure reported on prior year's return)			1	3654843
2		r amount from Part I, line 27a			2	1717039
3	Othe	er increases not included in line 2 (itemize) ▶			3	
4	Add	lines 1, 2, and 3			4	5371882
5		reases not included in line 2 (itemize) Change in Unrealized Gair			5	32815
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—	Part II, column (b), li	ne 30	6	5339067

Par	(a) List and describe the kill	d Losses for Tax on Investn nd(s) of property sold (for example, real e ise, or common stock, 200 shs. MLC Co	estate,		(b) How acquired P-Purchase D-Donation		Date acquired no., day, yr)	(d) Date sold (mo., day, yr.)
<u>1a</u>								
<u>b</u>	·	·						
<u>c</u>					ļ			<u> </u>
d	<del></del>							
<u>e</u>	<del></del>	<del></del>	т		L			<u> L</u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale			in or (loss) (f) minus (g))
a								
<u>p</u>								
c		······	<del> </del>			<del> </del>		
<u>u</u>		<del></del>	<del> </del>			<del> </del> -		
	Complete only for assets sho	owing gain in column (h) and owned	by the	foundation	on 12/31/69.		M Gains (Co	l. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col. (î) (ĵ), if any		col. (k), but no	it less than -0-) or from col (h))
а								
b								
<u>c</u>			<b> </b>					
<u>d</u>								
<u>е</u>	<del></del>	( If gain	also	enter in Par	rt Lino 7			
2	Capital gain net income or			er -0- in Par		2		274709
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	iction	s. If (loss),	, enter -0- in )			
Part		er Section 4940(e) for Redu				3		
		vate foundations subject to the						
Was t	s," the foundation doesn't q	e this part blank. section 4942 tax on the distribu jualify under section 4940(e). Do bunt in each column for each yea	not o	complete th	nis part.			☐ Yes ☑ No
	(a)	<del></del>	ar, se	e the mstru	<del></del>	aking	any entries.	(d)
Cale	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s	Net value of	(c) nonchantable-use a	ssets	Dis (col. (b)	tnbution ratio divided by col. (c))
	2016	1;	32434		347	77734		0.038081
	2015		41317		291	33083		0.047373
	2014		29600			33833		0.051148
	2013		01789			34544		0.043048
	2012		70736		12:	33191		0.057360
2	Total of line 1, column (d)						2	0.237009
3		for the 5-year base period—div			line 2 by 5.0. or	bv	-	0.237003
		oundation has been in existence					3	0.047402
4	Enter the net value of none	charitable-use assets for 2017 f	rom F	Part X, line !	5		4	4223897
5	Multiply line 4 by line 3	· · · · · · · · · · · ·			<i>.</i>		5	200221
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b	) .	• • •	<i>.</i>		6	3898
7	Add lines 5 and 6						7	204119
8		ns from Part XII, line 4					8	144448
	If line 8 is equal to or great	ter than line 7, check the box in	n Part	VI, line 1b	, and complete t	hat p	art using a	% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instruction	is)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1.  Date of ruling or determination letter:  (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		
	here ▶ ☐ and enter 1% 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).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	7796	
3	Add lines 1 and 2	7796	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	7796	
6	Credits/Payments:		
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 1876	}	
b	Exempt foreign organizations—tax withheld at source 6b	<b>!</b>	
C	Tax paid with application for extension of time to file (Form 8868) . 6c		
q	Backup withholding erroneously withheld		
7	Total credits and payments. Add lines 6a through 6d	1876	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	0	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9	5920	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶ 11		
	VII-A Statements Regarding Activities	Yes Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		No
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1a	<u> </u>
J	instructions for the definition	1b	1
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		<u> </u>
	published or distributed by the foundation in connection with the activities.		
c	Did the foundation file Form 1120-POL for this year?	1c	1
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		
_	(1) On the foundation. ► \$ NONE (2) On foundation managers. ► \$ NONE		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		
	on foundation managers. ► \$ NONE		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	7
	If "Yes," attach a detailed description of the activities.		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<b>✓</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u>√</u>
•	If "Yes," attach the statement required by General Instruction T.		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		
	<ul> <li>By language in the governing instrument, or</li> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that</li> </ul>		
	conflict with the state law remain in the governing instrument?	) <del></del> )	
7	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	6 7	
, 8а	Enter the states to which the foundation reports or with which it is registered. See instructions.		
Va	HAWAII		
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 ✓	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	<del></del>	
•	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"		
	complete Part XIV	9 1	L
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		
	names and addresses	10 1	

Par	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			ł
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<b>/</b>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			)
	person had advisory privileges? If "Yes," attach statement. See instructions	12		_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	<b>✓</b>	<u> </u>
	Website address ► N/A			
14	***************************************	8-564-		
	Located at ► 1022 BETHEL STREET, HONOLULU, HI ZIP+4 ►	9681	3	·
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here		•	
16	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	NONE No
10	over a bank, securities, or other financial account in a foreign country?	16	105	<del></del>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶	{		
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		l
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? $\square$ Yes $\square$ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes  No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			
h	termination of government service, if terminating within 90 days.)			
U	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		N.	
С	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 2017?	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20, 20, 20, 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)			
•	•	2b	يصحد	<b>√</b>
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.  20, 20, 20, 20, 20, 20	]		
За	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 2017 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, Form 4720, to determine if the		U.	
	foundation had excess business holdings in 2017.)	3b	N	4
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<b>✓</b>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		✓

Par	Statements Regarding Activities	s tor v	vnich Form	4/20	may be r	require	<b>ea</b> (continued	"		
5a	During the year, did the foundation pay or incur	-							Yes	No
	<ul><li>(1) Carry on propaganda, or otherwise attempt t</li><li>(2) Influence the outcome of any specific public</li></ul>						Yes 🗸	No		
	directly or indirectly, any voter registration dr					-	□Yes ☑	No		
	(3) Provide a grant to an individual for travel, stu						☐ Yes 🗹	No		
	(4) Provide a grant to an organization other than									
	section 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious						☐ Yes 🗹 l	No		
	purposes, or for the prevention of cruelty to						। ∏Yes 7ि।	No.		[
b	If any answer is "Yes" to 5a(1)-(5), did any of the	trans	actions fail to	qualify	under the	excepti	ons described		0.0	
	Regulations section 53.4945 or in a current notice	-	=-				s	5	b N	4
•	Organizations relying on a current notice regardi	_							l V	
C	If the answer is "Yes" to question 5a(4), does to because it maintained expenditure responsibility						: □Yes,□I	No.		
	If "Yes," attach the statement required by Regula		-				N7A"			
6a	Did the foundation, during the year, receive any	funds,	directly or in	directly	, to pay pre	emiums	; (''	ļ		\$
	on a personal benefit contract?						√ Yes 🕖			
b	Did the foundation, during the year, pay premium If "Yes" to 6b, file Form 8870.	ns, aire	ectly or indire	ctly, on	a persona	beneti	t contract? .	6	b	<b>/</b>
7a	At any time during the tax year, was the foundation a	a party	to a prohibited	d tax sh	elter transad	ction?	☐ Yes 🗸	No	a a	
	If "Yes," did the foundation receive any proceeds								b N	
Part	VIII Information About Officers, Direct and Contractors	tors,	rustees, F	ounda	tion Man	agers,	Highly Paid	Empl	oyees,	
1	List all officers, directors, trustees, and found	ation	managers ar	nd their	compens	ation. S	See instructio	ns.		
	(a) Name and address		e, and average irs per week		mpensation not paid,		Contributions to byee benefit plans		xpense ac	
CZATE			ed to position		ter -0-)		erred compensation	on otr	ner allowar	
SIAIE	MENT 1	•								
			<del></del>				<del></del>			
								+-		
2	Compensation of five highest-paid employee "NONE."	es (oth	er than tho	se incl	uded on li	ne 1-	see instructio	ons). If	none,	enter
(	a) Name and address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek T	(c) Compe	nsation	(d) Contributions employee benef plans and deferre compensation	it (e) E:	xpense ac ner allowar	count, nces
						-	- <del></del>			
			<b> </b>		<b> </b>					
					,					
							<del></del>			
					<del> </del>					
			<del> </del>					+		
F-4 -			L		L		<u> </u>			
otal r	number of other employees paid over \$50,000 .	<u>: : : : : : : : : : : : : : : : : : : </u>	<del></del>	<u> </u>	<u> </u>	<u> </u>	<u> ▶</u>		NONE	

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E	imployees,
3 Five	and Contractors (continued) highest-paid independent contractors for professional services. See instructions. If none, enter "NO	NE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	***************************************	
		<del></del>
		<del></del>
		}
otal numb	er of others receiving over \$50,000 for professional services	NONE
Part IX-A	Summary of Direct Charitable Activities	
	- Summary of Direct Offantable Activities	<del></del>
List the four	ndation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 FOUND	DATION PURSUES CHARITABLE DONATIONS OF IRC 501(c)(3) ORGANIZATIONS.	
		}
		NON
2		
3		
4		
Part IX-B	L	Amount
1	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
		· <b>-</b>
		- (
2		
********		·-
		···
All other pro	gram-related investments. See instructions	
3		
otal Add I	nes 1 through 3	
July Add II	nes 1 through 3	Form <b>990-PF</b> (2017
		1000 9 9 9 1 1 (20)

Part	winimum investment Heturn (All domestic foundations must complete this part. Fore see instructions.)	ign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	- 7	
а	Average monthly fair market value of securities	1a	4288220
b	Average of monthly cash balances	1b	4200220
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	4288220
е	Reduction claimed for blockage or other factors reported on lines 1a and		1200220
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	d
3	Subtract line 2 from line 1d	3	4288220
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		7200223
	instructions)	4	64323
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4.	5	4223897
6	Minimum investment return. Enter 5% of line 5	6	211195
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundation	าร
1	Minimum investment return from Part X, line 6	1	211195
2a	Tax on investment income for 2017 from Part VI, line 5	7.	
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	3 1	
С	Add lines 2a and 2b	2c	7796
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	203399
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	203399
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	203399
	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	144448
р	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	144448
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	144448
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whether	the foundation

Part	XIII Undistributed Income (see instruction	ons)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years pnor to 2016	2016	2017
	line 7				203399
2	Undistributed income, if any, as of the end of 2017:	··· <del>-</del> · · · · · · · · · · · · · · · · · · ·			
а	Enter amount for 2016 only			60351	
b	Total for prior years: 20 ,20 ,20		0		-
3	Excess distributions carryover, if any, to 2017:		1		
а	From 2012				;
b	From 2013				
c	From 2014				
d	From 2015				
e	From 2016				
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
•	line 4: ▶ \$ 144448				
а	Applied to 2016, but not more than line 2a .			60351	
	Applied to undistributed income of prior years	· · · · · · · · · · · · · · · · · · ·	<del> </del>	00331	
-	(Election required—see instructions)		ا		
С	Treated as distributions out of corpus (Election		<del>                                     </del>		
-	required—see instructions)				
d	Applied to 2017 distributable amount		<del> </del>		84097
e	Remaining amount distributed out of corpus		+		04037
5	Excess distributions carryover applied to 2017				0
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				Ì
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions				
е	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions				
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2018				119302
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
_	required—see instructions)				
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
	Excess from 2013				
	Excess from 2014				
C	Excess from 2015		1		
d	Excess from 2016				
e	Excess from 2017				i

Part	XIV Private Operating Founda	<b>itions</b> (see instru	ctions and Part	VII-A, question 9	)	
1a	If the foundation has received a ruling foundation, and the ruling is effective fo	•				
b	Check box to indicate whether the four		_		ection	(3) or 4942(j)(5)
	Enter the lesser of the adjusted net	Tax year	operating foundat	Prior 3 years	70.1011 40+£(j)	(0) 01 (_) +0+2()(0)
20	income from Part I or the minimum	<del></del>	(h) 0010		(d) 2014	(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	<u> </u>	<del></del>
	each year listed	115096	90124	74101	63252	342573
b	85% of line 2a	97832	76605	62986	/ <b>53764</b>	291187
С	Qualifying distributions from Part XII, line 4 for each year listed	144448	132434	141317	129600	547799
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0		o
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:	144448	132434	,1/41317	129600	547799
_	·	Į į				
а	"Assets" alternative test—enter:					
	(1) Value of all assets			/		
	(2) Value of assets qualifying under		/	ĺ		
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
C	"Support" alternative test-enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)	1469469	516034	550500	0	2536003
	(2) Support from general public	1403403	3,10034	330300		2536003
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)		0	o	1	o
	(3) Largest amount of support from	/ 1				
	an exempt organization		0			0
	· · ·	0	92966	0	0.4504.0	
Part	(4) Gross investment income XV Supplementary Information	392018				
Fart			•	ie iounuation n	au \$5,000 or in	016 III 922612 91
	any time during the year-		<u>5.)                                    </u>			
1	Information Regarding Foundation	<del>-</del>				
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	ntributed more th	an \$5,000). (See s	ection 507(d)(2).)	
N/A_						
b	List any managers of the foundation ownership of a partnership or other el					rge portion of the
N/A						
2	Information Regarding Contribution	n, Grant, Gift, Loai	n, Scholarship, e	tc., Programs:		
	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the ficomplete items 2a, b, c, and d. See ir	oundation makes o				
а	The name, address, and telephone nu		ress of the persor	n to whom applica	tions should be a	ddressed:
	SINSURANCE AGENCY FOUNDATION, FI					
b	The form in which applications should	be submitted and	information and i	materials they sho	uld include:	
LETTE	R TO FOUNDATION STATING REQUEST	AND PURPOSE OF	ORGANIZATION S	HOULD BE SUBMI	ITED.	
	Any submission deadlines:				<del></del> _	
	YEAR-ROUND					
	Any restrictions or limitations on av factors:	vards, such as by	geographical ar	eas, charitable fi	elds, kinds of ins	titutions, or other
N/A						

	XV Supplementary Information (conti	inued)			
3	Grants and Contributions Paid During to	he Year or Approve	ed for Fut	ture Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
STATE	EMENT 3		!	}	
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	<del>!</del>				
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	Total		٠	▶ 3a	139358
b	Approved for future payment				
	-				:
			}		•
				1	
	}		[		
	-				
			<b> </b>		
	}				
	<b>,</b>				
	Total		<u> </u>	▶ 2h	NAME

Рa	rt XV	Analysis of income-Producing Ac	tivities				
Ente	er gros	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e) Related or exempt
			(a)	(b)	(c)	(d)	function income
4	Proc	gram service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions.)
•	a	irum service revenue.					
	ь -						<del> </del>
	c -						
	· -					<u>-</u>	
	d _		ļ				ļ
	е -		ļ <u> </u>	<u> </u>			<u> </u>
	T _						
	g F	ees and contracts from government agencies					
2	Men	bership dues and assessments					
3	Inter	est on savings and temporary cash investments				-	
4		dends and interest from securities			14		117309
-		rental income or (loss) from real estate:					117300
·			<u></u>				<u> </u>
		,	<u> </u>				
		Not debt-financed property					
_		rental income or (loss) from personal property					ļ
7		er investment income	ļ			<del></del>	
8		or (loss) from sales of assets other than inventory			14		274709
9		ncome or (loss) from special events					
10	Gros	ss profit or (loss) from sales of inventory					
11	Othe	er revenue: a	{				
	b						
	c -						
	ď						
			-				
	0						
12							
		total. Add columns (b), (d), and (e)		0		40	
13	Tota	I. Add line 12, columns (b), (d), and (e)				13	392018 392018
<b>13</b> See	<b>Tota</b> work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s.)				
13 See Pai	Tota work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	392018
13 See Pai Lin	<b>Tota</b> work	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	s.) ccomplishm	ent of Exemp	t Purposes	13	392018
13 See Pai Lin	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	II. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation    B   Relationship of Activities to the A	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018
13 See Pai Lin	Tota work it XV e No. ▼	sheet in line 12, columns (b), (d), and (e)	s.) ccomplishm income is repoposes (other than	ent of Exemp	t Purposes  (e) of Part XVI ds for such purp	-A contributed i oses). (See instru	392018

Part XVII

uiu )			Organizati	ons									
(2) Other assets b) Other transactions:  (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundralsing solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should alvalue of the goods, other assets, or services given by the reporting foundation. If the foundation revalue in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets (e) Line no. (a) Amount involved (b) Amount involved (c) Name of onchartable exempt organization (d) Description of transfers, transaction (e) Line no. (a) Amount involved (b) Amount involved (c) Name of onchartable exempt organization (d) Description of transfers, transaction (e) Line no. (b) Amount involved (c) Atlas Insurance agency, Inc.  AGREEMENT TO REIMBURSE A FOR CHARITABLE DONATIONS THE FOUNDATION. IN 2017 ALL DIRECTLY FROM THE FOUNDATION IN 2017 ALL DIRECTLY FROM THE FOUNDATION IN 2017 ALL DIRECTLY FROM THE FOUNDATION. (a) Name of organization (b) Name of organization (c) Description or in force of the propagate other than tacpayer) is based on all information of vieworp reposer has any knowledge.  Contact and formities of propagate other than tacpayer) is based on all information of vieworp reposer has any knowledge.  Contact and formities of propagate other than tacpayer is based on all information of vieworp reposer has any knowledge.  Contact and formities of propagate other than tacpayer is based on all information of vieworp reposer has any knowledge.  Contact and formities of propagate the following schedules and statements, and to the best of the contact and formities of vieworp reposer has any knowledge.  Contact and formities of the contact and formities of the contac	1	in s	section 501(c) (c									Yes	No
(2) Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundralsing solicitations (6) Performance of services or membership or fundralsing solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees (8) If the answer to any of the above is "Yes," complete the following schedule. Column (b) should all value of the goods, other assets, or services given by the reporting foundation. If the foundation revalue in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation. If the foundation revalue in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets (e) Line no. (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transaction (e) Description of transfers, transaction FOR CHARITABLE DONATIONS  THE FOUNDATION. IN 2017 ALL DIRECTLY FROM THE FOUNDATION IN 2017 ALL DIRECTLY FROM THE FOUNDATION IN 2017 ALL DIRECTLY FROM THE FOUNDATION (e) Description of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties and the best of the properties	а	Trar	nsfers from the rep	porting foundation to	a noncharitable exempt org	ganization	of:				1		
b Other transactions:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reimbursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundraising solicitations  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should all value of the goods, other assets, or services given by the reporting foundation. If the foundation revalue in any transaction or sharing arrangement, show in column (d) the value of the goods other asset (e) Line no. (b) Amount moved (c) Name of noncharitable exempt organization (d) Description of transfers, transaction (b) Amount moved (c) Name of noncharitable exempt organization (d) Description of transfers, transaction (b) Amount moved (c) Name of noncharitable exempt organization (d) Description of transfers, transaction (d) Description of transfers, transaction (d) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction or transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction (e) Description of transfers, transaction		(1)	Cash								1a(1)		1
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#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**ATLAS INSURANCE AGENCY FOUNDATION** 

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number 71-0894468

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ☐ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
ATLAS INSURANCE AGENCY FOUNDATION	71-0894468

Part I	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P O BOX 1520 HONOLULU, HI 96806	4 1450460	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<b></b>		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization Employer identification number
ATLAS INSURANCE AGENCY FOUNDATION 710894468

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Date received Description of noncash property given Part I (See instructions.) **CENTRAL PACIFIC FINANCIAL CORP - 15,000 SHARES** 470400 03/07/2017 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) **CENTRAL PACIFIC FINANCIAL CORP - 32,660 SHARES** 12/13/2017 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.)

Name of organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

ATLAS INS Part III	EURANCE AGENCY FOUNDATION  Exclusively religious, charitable, (10) that total more than \$1,000 for the following line entry. For organiz contributions of \$1,000 or less for	or the year from any ations completing Pa the year. (Enter this in	one contributo art III, enter the to aformation once	or. Complete on the control of the c	columns (a) through (e) and vely religious, charitable, etc.,			
(a) No.	Use duplicate copies of Part III if ac	(c) Use		(d) Des	cription of how gift is held			
Part I	(b) Furpose of gift	(c) use		(d) Des				
		(e) Trans	fer of gift					
	Transferee's name, address,	and ZIP + 4	Relat	tionship of tran	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	cription of how gift is held			
	Transferee's name, address,	fer of gift Relat	tionship of tran	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(b) Purpose of gift (c) Use of gift		(d) Des	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address,	and ZIP + 4	Relat	ionship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	cription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address,	Relationship of transferor to transferee						

# Atlas Insurance Agency Foundation Statement 1

Form 990-PF, Part I, Line 16c. Investment Manager Fees		2,208		
Form 990-PF, Part I, Line 23 Dues, Assessments and Fees	-	5		
Farm 000 DF Bart II Line 40h		Beginning	Ending	FMV
Form 990-PF, Part II, Line 10b: Raymond James	-	3,300,243	4,747,472	4,747,472
Form 990-PF, Part II, Line 13. Raymond James	-	346,388	585,385	585,385
Capital Gains and Losses, Part IV		Short-Term	Long-Term	Total
Raymond James Capital Gain Distributions		0 0 0	274,709 0 274,709	274,709 0 274,709
Form 990-PF, Part VIII, Line 1:		-		
(a) Name & Address	. (b) Tible	(a) Camp	•	(e) Expense
Franklin M. Tokioka, c/o 1132 Bishop Street	(b) Title Chairman/	(c) Comp 0	Bene Plans 0	Acct 0
Honolulu, HI 96813 Colbert M Matsumoto, c/o 1022 Bethel	Director Vice President/	0	0	0
St., Honolulu, HI 96813 Myles Murakami, c/o 1132 Bishop St.,	Director Director	0	0	0
Honolulu, HI 96813				
Lionel Y Tokioka, c/o 1022 Bethel St., Honolulu, HI 96813	Director	0	0	0
Dana Tokioka, c/o 1132 Bishop St., Honolulu, HI 96813	Director	0	0	0
Tyler M. Tokioka, c/o 1022 Bethel St.,	President/ Sec/Director	0	0	0
Honolulu, HI 96813 Scott A. Kuioka, c/o 1132 Bishop St., Honolulu, HI 96813	Treasurer	0	0	0

Atlas Insurance Agency Foundation Form 990PF December 31, 2017 Statement 2

### Part X, page , Minimum Investment Return

Average FMV of Investments:	
January	3,679,591
February	3,767,363
March	4,227,854
April	4,253,327
May	4,265,239
June	4,273,419
July	4,290,020
August	4,283,129
September	4,348,787
October	4,326,915
November	4,393,646
December	5,349,357
	51,458,647
Divide by 12	12
Average FMV of Investments	4,288,220

Atlas Insurance Agency Foundation Part XV, Supplementary Information Grants and contributions Paid During the Year Statement 3

Recipient	Relationship to Foundation	Foundation Status of		
Name and address	Manager	Recipient	Purpose of grant or contribution	Amount
Aloha Council Boy Scouts	N/A	501(c)(3)	Support programs	4,900
American Diabetes Association	N/A	501(c)(3)	Support programs	1,000
Better Business Bureau Foundation, Inc	N/A	501(c)(3)	Support programs	7,200
Boys & Girls Club of Hawali	N/A	501(c)(3)	Support programs	3,000
Child & Family Services	N/A	501(c)(3)	Support programs	10,000
Easter Seals	N/A	501(c)(3)	Support programs	2,428
Goodwill Industries	N/A	501(c)(3)	Support programs	9,650
Hale Makua Health Systems	N/A	501(c)(3)	Support programs	7,505
Hawaii Baptist Academy	N/A	501(c)(3)	Support programs	500
Hawaii High School Ahtletic Association	N/A	501(c)(3)	Support programs	2,500
Honolulu Festival Foundation	N/A	501(c)(3)	Support programs	6,000
Honolulu Police Community Foundation	N/A	501(c)(3)	Support programs	3,880
HUGS	N/A	501(c)(3)	Support programs	4,000
Island Pacific Academy	N/A	501(c)(3)	Support programs	1,500
Institute for Human Services, Inc	N/A	501(c)(3)	Support programs	2,500
KAMP Hawaii, Inc	N/A	501(c)(3)	Support programs	1,900
Kuakini Foundaion	N/A	501(c)(3)	Support programs	3,000
Lanakila Rehabilation Center	N/A	501(c)(3)	Support programs	4,650
Maui Economic Council	N/A	501(c)(3)	Support programs	5,000
Maui Family Support Services	N/A	501(c)(3)	Support programs	1,000
Maui Memonal Medical Center Foundation	N/A	501(c)(3)	Support programs	4,150
Maui Youth & Family Services, Inc	N/A	501(c)(3)	Support programs	3,000
Pacific Region Baseball, Inc	N/A	501(c)(3)	Support programs	5,000
Palama Settlement	N/A	501(c)(3)	Support programs	1,460
Parents and Children Together	N/A	501(c)(3)	Support programs	7,000
Polynesian Football Hall of Fame	N/A	501(c)(3)	Support programs	5,000
Reach Out Hawaii	N/A	501(c)(3)	Support programs	7,000
Rehab Foundation	N/A	501(c)(3)	Support programs	4,250
Rotary Club of Hakalur	N/A	501(c)(3)	Support programs	500
Sacred Hearts Academy	N/A	501(c)(3)	Support programs	1,000
Saint Francis Healthcare Foundation of Hawaii	N/A	501(c)(3)	Support programs	250
Special Education Center of Hawaii	N/A	501(c)(3)	Support programs	500
Special Olympics	N/A	501(c)(3)	Support programs	500
St John Vianney	N/A	501(c)(3)	Support programs	2,500
St Louis School	N/A	501(c)(3)	Support programs	2,925
The ARC of Hilo	N/A	501(c)(3)	Support programs	1,000
TJ Mahoney & Associates	N/A	501(c)(3)	Support programs	1,000
University of Hawaii Foundation - West Oahu	N/A	501(c)(3)	Support programs	5,000
YMCA of Honolulu	N/A	501(c)(3)	Support programs	3,000
YMCA of Oahu	N/A	501(c)(3)	Support programs	2,210

139,358