Form **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

		ndar year 2017 or tax year beginning		, 2017, an	d ending		, 20
Na	me of fo	oundation			A Employe	r identification number	er
ISL	AND I	NSURANCE FOUNDATION				71-0894475	
Nu	mber ar	nd street (or P.O. box number if mail is not delivered to street address)		Room/suite	B Telephon	e number (see instructi	ons)
102	2 BET	HEL STREET			-	808-564-8309	
City	y or tow	n, state or province, country, and ZIP or foreign postal code			C If exempt	ion application is pend	ing, check here ▶
HOI	<u>NOLUL</u>	_U, HI 96813					_
G	Checl	k all that apply: Initial return Initial retur	n of a former	public char	ty D 1. Foreig	n organizations, check	here ▶[
		☐ Final return ☐ Amended	return		2. Foreign	n organizations meeting	the 85% test
		Address change Name cha			را معاما	h	
Н	Check	type of organization: Section 501(c)(3) exempt p	rivate founda	ation 19	(UE If private	nere and attach comput foundation status was 07(b)(1)(A), check here	terminated under
		on 4947(a)(1) nonexempt charitable trust 🔲 Other ta			Ш	0. (b)(1)¢ (), 0.100k 11010	
		narket value of all assets at J Accounting method	l: 🔲 Cash	✓ Accrua	F If the four	ndation is in a 60-monti	h termination
		f year (from Part II, col. (c), Other (specify)			under sec	ction 507(b)(1)(B), checl	chere ▶ 🗀
		6) ► \$ 20400386 (Part I, column (d) must be	on cash basis	s.)		<u></u>	,
Pá	art I		(a) Revenue		let investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses p books	per (D)	income	income	purposes
		the amounts in column (a) (see instructions).)	550115				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	10	97600		· · · · · · · · · · · · · · · · · · ·	
	2	Check ► ☐ If the foundation is not required to attach Sch. B		`			
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities	5	52382	552382	552382	
	5a	Gross rents					
	b	Net rental income or (loss)	·				
e	6a	Net gain or (loss) from sale of assets not on line 10	11	17168			· · · · · · · · · · · · · · · · · · ·
ē	ь	Gross sales price for all assets on line 6a				<u></u>	
Revenue	7	Capital gain net income (from Part IV, line 2)	<u> </u>		1117168		
-	8	Net short-term capital gain	,			0	
	9	Income modifications	ļ				
	10a	Gross sales less returns and allowances			,		
	b	Less: Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					,
	11	Other income (attach schedule) RECEIVED	1				
\dashv	12	Total. Add lines 1 through 11		67150	1669550	552382	
es	13 14	Compensation of officers, directors, trustees, etc. Other employee salaries and wages MAK 0 2018	000-6				
benses	15	Pension plans, employee benefits-					
8	16a	Legal fees (attach schedule) . OGDEN, UT	<u> </u>				
낊	b	Accounting fees (attach schedule)					
Š	C	Other professional fees (attach schedule)		10378	10378	10378	1037
Administrative	17	Interest		10376	10376	10376	1037
str	18	Taxes (attach schedule) (see instructions)		19097			1909
<u>`</u> ≣∣	19	Depreciation (attach schedule) and depletion		13037		·	1303
튀	20	Occupancy					
₹	21	Travel, conferences, and meetings		-+			
and	22	Printing and publications				_ 	
	23	Other expenses (attach schedule)		4139	4139	4139	413
ايَ	24	Total operating and administrative expenses.			- 1,00		
Operating		Add lines 13 through 23		33614	14517	14517	3361
g	25	Contributions, gifts, grants paid		15856	//	; ,	71585
0	26	Total expenses and disbursements. Add lines 24 and 25		49470	14517	14517	74947
	27	Subtract line 26 from line 12:					
	а	Excess of revenue over expenses and disbursements	20	17680	•	,	
- 1	b	Net investment income (if negative, enter -0-) .	,		1655033	,	
		Adjusted net income (if negative enter -0-)	<i>}</i>			537865	

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

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	SPOTE	Attached schedules and amounts in the description column	Beginning of year	Er	nd of	year
	art II	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 Value		(c) Fair Market Value
	1	Cash-non-interest-bearing			\neg	
	2	Savings and temporary cash investments			\neg	
	3	Accounts receivable			一	
		Less: allowance for doubtful accounts ▶			\neg	
	4				_	
	i .	Pledges receivable ► Less: allowance for doubtful accounts ►	<u> </u>			
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other	-		一十	
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶			+	
	'	Less: allowance for doubtful accounts ▶				·
S	8	Inventories for sale or use			\dashv	
Assets	9	Prepaid expenses and deferred charges	 		-	
SS	10a	Investments—U.S. and state government obligations (attach schedule)			\dashv	
•	l <u>-</u>	Investments—corporate stock (attach schedule)			+	
	b	· · · · · · · · · · · · · · · · · · ·				
	C	Investments—corporate bonds (attach schedule)	15536894	19048	251	19048251
	11	Investments—land, buildings, and equipment: basis ▶				
	40	Less: accumulated depreciation (attach schedule) ▶			\dashv	
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)		1324	140	1324140
	14	Land, buildings, and equipment: basis ▶			\dashv	
	45	Less: accumulated depreciation (attach schedule) ▶			+	
ł	15	Other assets (describe ► Accr Investment Income)	30116	279	995	27995
	16	Total assets (to be completed by all filers—see the	1		ĺ	
		instructions. Also, see page 1, item I)	18394101	204003	386	20400386
	17	Accounts payable and accrued expenses				
Ś	18	Grants payable			_	ı
ij	19	Deferred revenue				
ਙ	20	Loans from officers, directors, trustees, and other disqualified persons			_	
Liabilities	21	Mortgages and other notes payable (attach schedule)				-
	22	Other liabilities (describe ►)			_	
	23	Total liabilities (add lines 17 through 22)	0		_0	
S		Foundations that follow SFAS 117, check here ▶ □				
e C		and complete lines 24 through 26, and lines 30 and 31.				
alances	24	Unrestricted				
	25	Temporarily restricted			_}	
d E	26	Permanently restricted				
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ □				
		and complete lines 27 through 31.	ĺ		Í	
ō	27	Capital stock, trust principal, or current funds			-	nn air i aire — air — pari — iii bha
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds	18394101	20400	386	
Į,	30	Total net assets or fund balances (see instructions)	18394101	204003	386	
É	31	Total liabilities and net assets/fund balances (see				
		instructions)	18394101	20400	386	
	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)		<u> </u>	1	18394101
2		r amount from Part I, line 27a		[:	2	2017680
3	Othe	er increases not included in line 2 (itemize)			3	
4	Add	lines 1, 2, and 3			4	20411781
5		reases not included in line 2 (itemize) Change in Unrealized Gain			5	11395
6		I net assets or fund balances at end of year (line 4 minus line 5)-F		30	6	20400386

Part:	Capital Gains and	d Losses for Tax on Investn	ent Income	3			
	(a) List and describe the ki	ind(s) of property sold (for example, real ease, or common stock, 200 shs. MLC Co.)	state,	(b) How acquired P-Purchase D-Donation	(c) Date a (mo., da		(d) Date sold (mo , day, yr)
1a							
b							
<u>C</u>				- 			
<u>d</u>				_}			
е_							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis opense of sale		(h) Gain ((e) plus (f)	
a_							
b	 						
<u> </u>							
<u>d</u>							
<u>e</u>	Complete only for assets sho	owing gain in column (h) and owned	by the foundati	on on 12/31/69		<u> </u>	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col. (i) col. (j), if any			(h) gain minus less than -0-) or om col (h))
a	·						
<u>=</u>	·						
С							
d							
е							
2	Capital gain net income o		also enter in l enter -0- in f		2		1117168
3	Net short-term capital gai	in or (loss) as defined in sections	1222(5) and	(6):			
		I, line 8, column (c). See instru					
	Part I, line 8				3		
Part	V Qualification Unc	ler Section 4940(e) for Redu	ced Tax on	Net Investment	Income		
Was th	," the foundation doesn't	section 4942 tax on the distribu qualify under section 4940(e). Do	not complete	e this part.	<u>, </u>		☐ Yes ☑ No
1	Enter the appropriate amo	ount in each column for each yea	ar; see the ins	tructions before ma	aking any	entries.	
Cale	(a) Base penod years ndar year (or tax year beginning in	(b) Adjusted qualifying distributions	s Net value	(c) e of nonchantable-use as	ssets		(d) bution ratio vided by col. (c))
	2016	67	11445	1758	36354	0.	038180
	2015	66	3856	1441	4694	0.	046054
	2014	50	4543	1270	9445	0.	039698
	2013	·	10122		70969		057302
	2012	60	8279	1049	6649	0.	057950
2	Total of line 1, column (d)				. 2	<u> </u>	0.239184
3		for the 5-year base period—divoundation has been in existence			· 3	 	0.047837
4	Enter the net value of non	acharitable-use assets for 2017 fi	om Part X, lir	ne 5	. 4		19654051
5	Multiply line 4 by line 3				. 5		940191
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		. 6	ļ	16550
7	Add lines 5 and 6				. 7	<u> </u>	956741
8	Enter qualifying distribution	ons from Part XII, line 4			. 8		749470
		ater than line 7, check the box ir	raπ VI, line	10, and complete t	nat part u	ising a 19	% tax rate. See the
	Part VI instructions.						- 000 DE
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Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	nstruct	tions)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ 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		
С	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-)	331	101
3	Add lines 1 and 2	331	101
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	331	101
6	Credits/Payments:		
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 11000		
b	Exempt foreign organizations—tax withheld at source 6b		
C	Tax paid with application for extension of time to file (Form 8868) . 6c		
_d	Backup withholding erroneously withheld		
7	Total credits and payments. Add lines 6a through 6d	110	000
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	221	101
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax Refunded 11		
	VII-A Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Y	es No
	participate or intervene in any political campaign?	1a	1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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		
	published or distributed by the foundation in connection with the activities.		
С	Did the foundation file Form 1120-POL for this year?	1c	1
d	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	1
	If "Yes," attach a detailed description of the activities.	واحتدا	النواط
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	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	+
b	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	1
	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:		
	By language in the governing instrument, or		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		
	conflict with the state law remain in the governing instrument?	6	
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	7 \	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	1	
	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		
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"		, [
10	complete Part XIV	9 \	4-
10	names and addresses	10	
		<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

Par	Statements Regarding Activities (continued)			
44	At any time during the year did the foundation discatly as indicably access a controlled patity within	.h.a	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	ne . 11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualif person had advisory privileges? If "Yes," attach statement. See instructions	ied 12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application			
		10		<u> </u>
14	Website address ► N/A The books are in care of ► ISLAND INSURANCE FOUNDATION Telephone no. ►	808-564-	8309	
	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		•	▶ □
	and enter the amount of tax-exempt interest received or accrued during the year		_	NONE
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other author		Yes	
	over a bank, securities, or other financial account in a foreign country?			<u> </u>
	the foreign country	01		
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a				
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	į		
	disqualified person?	(
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ (5) Transfer any income or assets to a disqualified person (or make any of either available for	NO I		
	the benefit or use of a disqualified person)?	No		
	(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	(in the later)		
_	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 Regulation section 53 4041(d) 3 or in a current native regarding diseases assistance? See instructions		J	<u>,</u>
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	. 1b	<u> </u>	<u> </u>
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, the	hat		
	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 to distribute income (section 4942) (does not apply for years the foundation was a private to distribute income (section 4942) (does not apply for years the foundation was a private to distribute income (section 4942) (does not apply for years the foundation was a private to distribute income (section 4942) (does not apply for years the foundation was a private to distribute income (section 4942) (does not apply for years the foundation was a private to distribute income (section 4942) (does not apply for years the foundation was a private to distribute income (section 4942) (does not apply for years the foundation was a private to distribute income (section 4942) (does not apply for years the foundation was a private to distribute income (section 4942) (does not apply for years the foundation was a private to distribute to distribute the foundation was a private the foundation	ate		
	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?	No.		
	If "Yes," list the years ► 20 , 20 , 20 , 20			
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 statement—see instructions.)	2b		1
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
2-	▶ 20 , 20 , 20 , 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
За	at any time during the year?	No B		
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by			
	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	-	-ų (
۸.	foundation had excess business holdings in 2017.)	3b	N	P3
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize			<u> </u>
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201			1

Page	€

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Part	VII-B	Statements Regarding Activities	for W	hich Form	4720	May Be F	lequire	d (contin	nued)		
5a		year, did the foundation pay or incur	•							Ye	s No
		n propaganda, or otherwise attempt to the outcome of any specific public						☐ Yes	✓ No		
		or indirectly, any voter registration dr		•		· - ·		☐ Yes	✓ No		
		a grant to an individual for travel, stu						☐ Yes	✓ No		
		a grant to an organization other than							_		
-								☐ Yes	✓ No		
		for any purpose other than religious, es, or for the prevention of cruelty to c						☐Yes	☑ No		
b		ver is "Yes" to 5a(1)-(5), did any of the									
-		s section 53.4945 or in a current notice								5b	117
	Organizatio	ons relying on a current notice regardi	ng disa	ster assistan	ce, che	ck here		4[0	▶ □		
C		ver is "Yes" to question 5a(4), does t								£	
		maintained expenditure responsibility		•				☐ Yas	_□ No		
6-		tach the statement required by Regula						N f	*		
6a		ndation, during the year, receive any nal benefit contract?		airectly or in	_		:		√ No		
b	•	ndation, during the year, pay premiun					benefit		_	6b	
		6b, file Form 8870.	,	,	,,						
		during the tax year, was the foundation							✓ No		
		the foundation receive any proceeds								7b N	HA-
Part		formation About Officers, Directed Contractors	tors, i	rustees, r	ounda	uon man	agers,	rigiliy F	alu E	inployees	>,'
1		cers, directors, trustees, and found	ation r	nanagers ar	d their	compens	ation. S	See instru	ctions		
		(a) Name and address	(b) Title	e, and average	(c) Co	mpensation	(d) (Contributions	to	(e) Expense	account,
		(a) Name and address		rs per week ed to position	en	not paid, iter -0-)	and def	yee benefit perred compe	nsation	other allov	ances
STATE	MENT 1								ĺ		
							ļ				
							<u> </u>				
							L				
2	Companes	ition of five highest-paid employee	e (oth	er than tho	e incl	uded on li	ne 1 –	eae instr	ıction	s) If none	enter
_	"NONE."	ndon of five highest-paid employed	.5 (VIII	er diam dio	36 11101	uded on n		occ mour	200011	5). II 11011C	, 011101
				(b) Title, and a	verage			(d) Contribu	tions to	(a) Evmana	
(a) Name and a	ddress of each employee paid more than \$50,00	0	hours per v	veek	(c) Compe	nsation	employee plans and d	leferred	(e) Expense other allow	
				· · · · · ·				compens	auon		
				ļ							
										- 	
				}		}	!				
				<u> </u>		<u> </u>		L			
Total ı	number of o	ther employees paid over \$50,000 .	<u> </u>	<u> </u>	<u> </u>	· · ·	<u> </u>		. ▶	NON Form 990-	
										rom MMU-i	- 🗀 (2017)

Part-VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Education and Contractors (continued)	nployees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NON	IE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
otal number	er of others receiving over \$50,000 for professional services	NONE
Part IX-A	Summary of Direct Charitable Activities	
List the four	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 FOUND	ATION PURSUES CHARITABLE DONATIONS OF IRC 501(c)(3) ORGANIZATIONS.	
2		NONE
		,
3		
,		
4		İ
Part IX-B	Summary of Program-Related Investments (see instructions)	····
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
2		+
•	gram-related investments. See instructions.	
3		1
otal. Add li	nes 1 through 3	NONI
		Form 990-PF (2017

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	ign founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	19953351
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	19953351
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	19953351
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	299300
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19654051
6	Minimum investment return. Enter 5% of line 5	6	982703
Part	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.)	oundations	S
1	Minimum investment return from Part X, line 6	1	982703
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	33101
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	949602
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	949602
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	949602
	XII Qualifying Distributions (see instructions)	(a)	
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	749470
р	Program-related investments—total from Part IX-B	1b	
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 chantable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	out all the state of the state	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	749470
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	749470
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g whether t	he foundation

Part	20-PF (2017) XIII Undistributed Income (see instruction	ne)	·		Page 9
		(a) Corpus	(b) Years pnor to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI, line 7		Tours prior to 2010		
2	Undistributed income, if any, as of the end of 2017:		<u> </u>		949602
a	Enter amount for 2016 only		İ	475205	
b	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2017:				
а	From 2012				
b	From 2013		[İ	
C	From 2014		1		
d	From 2015			j	
е	From 2016]		
f	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,		İ		
	line 4: ▶ \$		<u> </u>		
а	Applied to 2016, but not more than line 2a .		ļ	475205	
b	Applied to undistributed income of prior years		1		
_	(Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election required—see instructions)				
			 		
d	Applied to 2017 distributable amount		<u> </u>		27426
е 5	Remaining amount distributed out of corpus Excess distributions carryover applied to 2017				
J	(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			1	
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	 	1		
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		1		
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	<u>.</u>			
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		1	1	
	4d and 5 from line 1. This amount must be		-		
_	distributed in 2018		 		67533
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				
U	applied on line 5 or line 7 (see instructions) .				
9	Excess distributions carryover to 2018.		 		
•	Subtract lines 7 and 8 from line 6a		Ì		
10	Analysis of line 9:				
а	5 tu u 0040		[1	
b	Excess from 2013				
c	Excess from 2015				
d	Excess from 2016			ć	
e	Excess from 2017		1		

N/A

Part-	XIV Private Operating Founda	tions (see instru	ctions and Part \	VII-A, question 9)	
	If the foundation has received a ruling foundation, and the ruling is effective for	or determination	letter that it is a p	private operating	<u></u>	
b	Check box to indicate whether the four		_		ection	3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for each year listed	537865				1641039
b	85% of line 2a					1394883
	Qualifying distributions from Part XII,	457185	367938	322637	24/123	1354003
C	line 4 for each year listed	749470	671445	668807	504543	2594265
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	749470	671445	668807	504543	2594265
3	Complete 3a, b, or c for the alternative test relied upon:					
a b	"Assets" alternative test—enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) "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)	1097600	1054113	3968500		6120213
	an exempt organization		ol	0	0	^
	(4) Gross investment income	4600550				2890469
Part		1669550				
rait	• • • • • • • • • • • • • • • • • • • •	•	•	ie iouiluation n	au 45,000 or in	ore iii assets at
	any time during the year-		<u> S.)</u>			
1 a N/A	Information Regarding Foundation of List any managers of the foundation of before the close of any tax year (but of	who have contribu				by the foundation
b	List any managers of the foundation ownership of a partnership or other er					rge portion of the
N/A						
2	Information Regarding Contribution Check here ▶ ☐ if the foundation unsolicited requests for funds. If the fo complete items 2a, b, c, and d. See in	only makes controundation makes (estructions.	ibutions to presel gifts, grants, etc.,	ected charitable of the control of t	rganizations under	other conditions,
	The name, address, and telephone nu				tions should be ac	ddressed:
	D INSURANCE FOUNDATION, TYLER TO				and an at the	
b	The form in which applications should	l be submitted and	information and r	materials they sho	uld include:	
	R TO FOUNDATION STATING REQUEST	AND PURPOSE OF	ORGANIZATION S	HOULD BE SUBMI	TTED.	
С	Any submission deadlines:					
d d	YEAR-ROUND Any restrictions or limitations on aw	vards, such as by	geographical ar	eas, charitable fie	elds, kinds of ins	titutions, or other
	factors:					

	XV Supplementary Information (cont.	inued)			
3	Grants and Contributions Paid During t	he Year or Approv	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				
CTAT	CRACKIT 2				
SIAI	EMENT 3				
					İ
		1			
	Total				3a 71585
b	Approved for future payment				
Gſ	atenent				
91	N (a un ful)				
		ĺ	[
			1		
	Total	<u> </u>	<u> </u>		3b 135,000
					'- '- '' '' '' '' '' '' '' '' '' '' '

	LAV			icinose income	Evaluded by seet	on 612 512 or 514	
		ss amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	_	ram service revenue:					
	a _	<u> </u>			ļ		
	b _				ļ		
			<u> </u>	 	 		
	d _						
	e -			. 	<u> </u>		
	T =						
	-	ees and contracts from government agencies					
2		bership dues and assessments	ļ		<u> </u>	<u> </u>	<u> </u>
3		est on savings and temporary cash investments			<u> </u>	·	
4		lends and interest from securities			14		552382
5		rental income or (loss) from real estate:	13, 138	Zerring Contraction in	े अर्रे जे हरिक्ष है, है	· 一个一个	MATERIAL
		Pebt-financed property					
		lot debt-financed property					
6	Net r	rental income or (loss) from personal property					
7	Othe	r investment income		_			
8	Gain	or (loss) from sales of assets other than inventory			14		1117168
9	Net i	ncome or (loss) from special events					
10	Gros	s profit or (loss) from sales of inventory					
11	Othe	r revenue: a					
	b						
	c						
	d _						
	_						
	_						
12	Subt	otal. Add columns (b), (d), and (e)	化推理 化	0	30个世间的地位	0	1669550
		otal. Add columns (b), (d), and (e)			STEP SOME		
13	Tota					130	
13 See	Tota	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation 	s.)				
13 See Pa	Tota work rt XV e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	s.) ccomplishm	ent of Exemp	t Purposes	13	1669550
13 See Pa Lin	Tota works rt XV e No. ▼	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) ccomplishm income is report poses (other than	ent of Exemported in column n by providing fun	t Purposes (e) of Part XVI	-A contributed in oses). (See instruc	1669550
13 See Pa Lin	Tota work rt XV e No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur INCOME EARNED ON FUNDS AVAILABLE FOR C	s.) ccomplishm income is report poses (other than	ent of Exemported in column n by providing fun	t Purposes (e) of Part XVI	-A contributed in oses). (See instruc	1669550
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13 See Pa Lin	Tota works rt XV e No. ▼	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation -B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur INCOME EARNED ON FUNDS AVAILABLE FOR C	s.) ccomplishm income is report poses (other than	ent of Exemported in column n by providing fun	t Purposes (e) of Part XVI	-A contributed in oses). (See instruc	1669550
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Form **990-PF** (2017)

	_	Organizati	ons														
1	in se	ne organization of ection 501(c) (onizations?														Yes	No
а	Trans	sfers from the rep	oorting founda	ation to a	a nonch	aritable exe	empt org	anizatıc	n of:					ļ		_	
	(1) C	ash												.	1a(1)		✓_
	. ,	ther assets .									•			.]	1a(2)		✓_
		r transactions:															X
		ales of assets to											•		1b(1)]	<u>√</u>
		urchases of asse													1b(2)		/
		ental of facilities											•		1b(3)		✓
		eimbursement a											•		1b(4)	<u> </u>	
		oans or loan gua											•	•	1b(5)		/
		erformance of se				_									1b(6)		√
		ng of facilities, e answer to any o		-		•		-							1c		
		of the goods, of															
		in any transaction															
(a) Line		b) Amount involved		<u>_</u> _		mpt organizati			scription of								
1(b)(4)	0	ISLAND INSUR					AGREE	MENT TO	REIM	BURS	E ISL	AND	INSL	JRANG	CE CC).
								FOR CH	IARITABL	E DO	VATIO	NS N	IADE	ONI	BEHA	LF OF	
								THE FO	UNDATIO	N. IN	2017	ALL	OON	ATIO	VS MA	DE	
								DIRECT	LY FROM	THE	FOUN	DATI	ON.				
																	
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	descr	e foundation dire ribed in section 5 s," complete the	501(c) (other th	nan sect											Yes	\not	No
		(a) Name of organ				(b) Type of org	ganization		Τ		(c) Des	criptio	n of re	elation	ship		
						· · · · · ·			_			<u>·</u>					
		()															
Sian	Unde	r penalties of penury, I ct, and complete Deck	declare that I have	examined (ofther than	this return, taxpaverì i	including accor s based on all in	mpanying s nformation	chedules a of which pi	and statemer reparer has a	nts, and Inv knov	to the l vledae.	best of	my kn	owled	ge and b	oelief, it	is true,
Sign Here		ature of officer or trus	()	unda		2/14/18 Date	Title	Mirm	W)				with	the pro	S discu eparer s tions. [hown b	elow?
	ا ا	Print/Type preparer			Preparer'	s signature			Date			Chart	. 🗆	, P	TIN		
Paid					•	-					ļ	Chec self-e					
repa		Firm's name ▶									Firm's	EIN P					
.ac (e Only Firm's name ► Firm's address ►								Phone	e no							

Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

ISLAND	INSURANCE FOUNDA	11ON /1-0894475				
Organi	zation type (check or	ne):				
Filers o	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 99	90-PF	√ 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
•		501(c)(3) taxable private foundation				
	only a section 501(c)(7	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See				
Genera	l Rule					
Ø		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.				
Special	Rules					
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line I that received from any one contributor, during the year, total contributions of the greater of (1) 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 totaling \$5,000 or more during the year					
Caution	ı: An organization tha	t 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 ISLAND INSURANCE FOUNDATION 71-0894475

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	P O BOX 1520 HONOLULU, HI 96806	\$\$	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				
(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 ISLAND INSURANCE FOUNDATION 71-0894475

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
1	CENTRAL PACIFIC FINANCIAL CORP - 35,000 SHARES	\$1097600	03/07/2017			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

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

	ganization			Employer identification number			
	SURANCE FOUNDATION			71-0894475			
Part III	Exclusively religious, charitable, etc (10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the	he year from any one cons completing Part III, e year. (Enter this informa	ontributor. Completenter the total of exclusion	e columns (a) through (e) and sively religious, charitable, etc.,			
	Use duplicate copies of Part III if addit	ional space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Do	escription of how gift is held			
-		(e) Transfer of g	jift				
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
Part I							
_	(e) Transf			ansferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
		(e) Transfer of g	jift				
	Transferee's name, address, and	ZIP + 4	Relationship of tr	ansferor to transferee			
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	escription of how gift is held			
-	(e) Transfer of gift						
-	Transferee's name, address, and		Relationship of transferor to transferee				
:							
-							

Island Insurance Foundation Statement 1

Form 990-PF, Part I, Line 16c	_			
Investment Manager & Bank Fees	_	10,378	:	
Form 990-PF, Part I, Line 23.	_	£		
Dues, Assessments & Fees Advertising		5 250		
Airfare & Ground Transportation		1,716		
Hotel & Lodging		2,168		
, 15.67 & 20 0 g.11g		4,139	-	
			•	
Form 990-PF, Part II, Line 10b:	_			
Raymond James		15,536,894	19,048,251	19,048,251
Form 990-PF, Part II, Line 13:				
Raymond James	-	2,827,091	1,324,140	1,324,140
Form 990-PF, Part II, Line 15:	_	20.112	07.005	07.005
Dividends Due - Common Stock		30,116	27,995	27,995
		30,116	27,995	27,995
Island Insurance Foundation				
Capital Gains and Losses, Part IV				
		Proceeds	Cost	Gain/(Loss)
Raymond James				
rtaymona bambo				-
•				
Total Short Term Gain				0
Total Short Term Gain				
•				- 0 1,117,168 0
Total Short Term Gain Raymond James				
Total Short Term Gain Raymond James Capital Gain Distributions Total Long Term Gain				1,117,168 0 1,117,168
Total Short Term Gain Raymond James Capital Gain Distributions				1,117,168 0
Total Short Term Gain Raymond James Capital Gain Distributions Total Long Term Gain				1,117,168 0 1,117,168 1,117,168
Total Short Term Gain Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1.	- -	(1) 2		1,117,168 0 1,117,168 1,117,168 (e) Expense
Total Short Term Gain Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1.	- (b) Title	(c) Comp	Bene Plans	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct
Total Short Term Gain Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street,	! Chairman/	(c) Comp 0		1,117,168 0 1,117,168 1,117,168 (e) Expense
Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street, Honolulu, HI 96813	Chairman/ Director	0	Bene Plans 0	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct 0
Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street, Honolulu, HI 96813 Colbert M. Matsumoto, c/o 1022 Bethel	Chairman/ Director Vice President/		Bene Plans	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct
Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street, Honolulu, HI 96813	Chairman/ Director	0	Bene Plans 0	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct 0
Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street, Honolulu, HI 96813 Colbert M. Matsumoto, c/o 1022 Bethel St , Honolulu, HI 96813 John F Schapperle, c/o 1022 Bethel Street Honolulu, HI 96813	t Chairman/ Director Vice President/ Director Director	0 0 0	O 0	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct 0 0
Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street, Honolulu, HI 96813 Colbert M. Matsumoto, c/o 1022 Bethel St , Honolulu, HI 96813 John F Schapperle, c/o 1022 Bethel Street	Chairman/ Director Vice President/ Director	0	O 0	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct 0
Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street, Honolulu, HI 96813 Colbert M. Matsumoto, c/o 1022 Bethel St , Honolulu, HI 96813 John F Schapperle, c/o 1022 Bethel Street Honolulu, HI 96813 Lionel Y. Tokioka, c/o 1022 Bethel St., Honolulu, HI 96813 Tyler M. Tokioka, c/o 1022 Bethel St.,	Chairman/ Director Vice President/ Director Director Director President/Secreatary,	0 0 0	O 0	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct 0 0
Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street, Honolulu, HI 96813 Colbert M. Matsumoto, c/o 1022 Bethel St , Honolulu, HI 96813 John F Schapperle, c/o 1022 Bethel Street Honolulu, HI 96813 Lionel Y. Tokioka, c/o 1022 Bethel St., Honolulu, HI 96813 Tyler M. Tokioka, c/o 1022 Bethel St., Honolulu, HI 96813	Chairman/ Director Vice President/ Director Director Director President/Secreatary, Director	0 0 0 0	O O O O O O	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct 0 0 0
Raymond James Capital Gain Distributions Total Long Term Gain Total Capital Gains and Losses Form 990-PF, Part VIII, Line 1. (a) Name & Address Franklin M. Tokioka, c/o 1132 Bishop Street, Honolulu, HI 96813 Colbert M. Matsumoto, c/o 1022 Bethel St , Honolulu, HI 96813 John F Schapperle, c/o 1022 Bethel Street Honolulu, HI 96813 Lionel Y. Tokioka, c/o 1022 Bethel St., Honolulu, HI 96813 Tyler M. Tokioka, c/o 1022 Bethel St.,	Chairman/ Director Vice President/ Director Director Director President/Secreatary,	0 0 0	O O O	1,117,168 0 1,117,168 1,117,168 (e) Expense Acct 0 0

Island Insurance Foundation Form 990PF December 31, 2017 Statement 2

Part X, page , Minimum Investment Return

Average FMV of Investments:	
January	18,515,344
February	18,855,689
March	19,903,840
April	19,964,272
May	20,126,491
June	20,118,670
July	20,152,826
August	20,082,170
September	20,424,570
October	20,304,744
November	20,559,741
December	20,431,856
	239,440,213
Divide by 12	12
Average FMV of Investments:	19,953,351

Statement 3	Relationship to Manager or	Foundation	Purpose of	
Reaptent	Substantial	Status of	Grant or	
Name	Contributor	Reapient	Contribution	Amour
ccesssurf Hawaii	n/a	501(c)(3)	Donation	36
Rer-School All-Stars Hawaii	n/a	501(c)(3)	Donation	3,0
ways Dream Foundation	n/a	501(c)(3)	Donation	5,0
Inha Council Boy Scouts	n/a	501(c)(3)	Donation	17,1
icha Medica Mission Ioha United Way	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	4,6 10,0
merican Heart Assocation	n/a	501(c)(3)	Donation	12,0
merican Red Cross	n/a	501(c)(3)	Donation	46 5
rthritis Foundation	n/a n/a	501(c)(3) 501(c)(3)	Oonation Donation	2 2 15 0
bys and Girls Club of Hawaii	n/a	501(c)(3)	Donation	30
atholic Charities	n/a	501(c)(3)	Donation	5 2
enter for Tornorrow's Leaders hild & Family Services	n/a	501(c)(3)	Donation	3 2
niid a ramiiy bervices Sihonzan Chozen-Ji	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	18 0 15 0
gestrong Foundation	n/a	501(c)(3)	Donation	2,5
aith Action for Community Equity	n/a	501(c)(3)	Donation	10 0
Ilpino Community Center oundation for Maryknoll	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	2 0 2.0
lends of Youth Outreach Hawaii Foundation	n/a	501(c)(3)	Donation	50
irl Scout council of Hawaii	n/a	501(c)(3)	Donation	4 3
o For Broke National Education Center	n/a	501(c)(3)	Donation	3,0
oodwill Industries of Hawaii Inc reat Aloha Run	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	3 1 3 8
ale Kipa Inc	n/a	501(c)(3)	Donation	20 0
awaii Appleseed Center for Law and Economic Justice	n/a	501(c)(3)	Donation	10
awaii Bicycling League	n/a	501(c)(3)	Donation	10 0
awaii Children's Cancer Foundation awaii Community Foundation	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	1 7 10,0
awaii Foodbank	n/a	501(c)(3)	Donation	1
awaii Public Radio	n/a	501(c)(3)	Donation	10 0
awaii Theatre Center awaii Youth Symphony	n/a	501(c)(3)	Donation Donation	2,5 6.5
awaii Youth Symphony awaiian Humane Society	n/a n/a	501(c)(3) 501(c)(3)	Donation	88
awaiian Island Land Trust	n/a	501(c)(3)	Donation	20
elping Hands Hawaii	n/a	501(c)(3)	Donation	42
onolulu Police Community Foundation onolulu Professionals Foundation	n/a n∕a	501(c)(3) 501(c)(3)	Donation Oonation	3 B 5 7
ospice Hawaii	n/a	501(c)(3)	Donation	21
JGS	n/a	501(c)(3)	Donation	4 1
kitute of Human Services	n/a	501(c)(3)	Donation	1
ani School panAmerica Society of Hawaii	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	5 11 4
panese American Citizens League	n/a	501(c)(3)	Donation	65
panese Cultural Center of Hawaii	r/a	501(c)(3)	Donation	/ 53
panese Women s Society Foundation	n/a	501(c)(3)	Donation	30
i Waihono O Ka Na'auao Charter School iuai Pop Warner	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	10 0
MP Hawaii (Kids At-Risk Mentoring Program)	n/a	501(c)(3)	Donation /	4,5
piolani Health Foundation	n/a	501(c)(3)	Donation	10 8
uuai Pop Warner Football League	n/a	501(c)(3)	Donation	2 0 10.0
ohala Institute at 'Iole orean American Foundation Hawaii	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	2 5
lakini Foundation	r/a	501(c)(3)	Donation	14
IPU	n/a	501(c)(3)	Donation	14 (
nai High and Elementary School	n/a n/a	501(c)(3)	Donation Donation	5 (5,2
nakila Rehabilitation Center gal Aid Society of Hawaii	n/a	501(c)(3) 501(c)(3)	Donation	3,1
elike Elementary School	n/a	501(c)(3)	Donation	2
NDO	n/a	501(c)(3)	Donation	3,
ske-A-Wish Foundation ui Memorial Medical Center Foundation	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	5,·
ediation Center of the Pacific	n/a	501(c)(3)	Donation	3
Illulu Community Center	n/a	501(c)(3)	Donation	5 (
scular Dystrophy Association	n/a	501(c)(3)	Donation Donation	2 :
tional Kidney Foundation iei Veterans Memonal Center	n/a n/a	501(c)(3) 501(c)(3)	Donation	3,: 1.1
elo Community	n/a	501(c)(3)	Donation	5
cific Aviation Museum	n/a	501(c)(3)	Donation	10 (
cific Buddhist Academy	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	2
cific Region Baseball Inc lama Settlement	n/a n/a	501(c)(3) 501(c)(3)	Donation	1.
lolo Chinese Home	n/a	501(c)(3)	Donation	51
TCH	n/a	501(c)(3)	Donation	1
S mawan Iynesian Voyaging Society	n/a n/a	501(c¥3) 501(c)(3)	Donation Donation	20, 13
tyriesian voyaging Society blic Schools of Hawaii Foundation	n/a n/a	501(c)(3) 501(c)(3)	Donation	79,
nahou School	n/a	501(c)(3)	Donation	25
rple Maria Foundation	n/a	501(c)(3)	Donation Donation	7 :
een's Medical Center ad to Me International Foundation	n/a n/a	501(c)(3) 501(c)(3)	Donation	8 9
naid McDonaid House Chanties of Hawaii	n/a	501(c)(3)	Donation	•
Andrew's Priory School	n/a	501(c)(3)	Donation	4
Francis Healthcare Foundation of Hawaii	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	4
ivation Army idler College of Business	n/a	501(c)(3) 501(c)(3)	Donation	5,
riners Hospitals for Children - Honotulu	n/a	501(c)(3)	Donation	5
ns and Daughters of the 100th Infantry Battalion	n/a	501(c)(3)	Donation	2
int Francis Healthcare Systems Foundation aub Foundation	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	7 : 10 :
aub Foundation x Foundation	n/a	501(c)(3) 501(c)(3)	Donation	14
ach for America inc	n/a	501(c)(3)	Donation	20
e Hawaiian Lifeguard Association	n/a	501(c)(3)	Donation	3
e Mediation Center	n/a	501(c)(3)	Donation Donation	3 · 2,
e Nature Conservancy in Hawaii iited States Japan Coucil	n/a n∕a	501(c)(3) 501(c)(3)	Donation	17,
rversity of Hawaii Foundation	n/a	501(c)(3)	Donation	14
rversity of Portland	n/a	501(c)(3)	Donation	
	π/a	501(c)(3)	Donation	1 :
nety School of Hawaii			Donation	
nety School of Hawaii almanalo Health Center ACA of Honolulu	n/a n/a	501(c)(3) 501(c)(3)	Donation Donation	5 3

Island Insurance Foundation Part XV, Line 3b

Hawaii Community Foundation

Statement 4	Relationship to Manager or	Foundation	Purpose of	
Recipient	Substantial	Status of	Grant or	
Name	Contributor	Recipient	Contribution	Amount
Hale Kıpa, Inc	n/a	501(c)(3)	Donation	10,000 00
University of Hawaii Foundation	n/a	501(c)(3)	Pace Pitch	5,000 00
University of Hawaii Foundation	n/a	501(c)(3)	Family business Center	4,000.00
Pacific Aviation Museum	n/a	501(c)(3)	Donation	5,000 00
Straub Foundation	n/a	501(c)(3)	Donation	30,000 00
Legal Aid Society of Hawaii	n/a	501(c)(3)	Donation	6,000.00
Ka Waihona O Ka Na'auao	n/a	501(c)(3)	Donation	5,000 00
Catholic Charities Hawali	n/a	501(c)(3)	Donation	20,000 00
Child & Family Services	n/a	501(c)(3)	Donation	40,000.00
Haway Camarumb, Favadatian	-1-	E04(a)(2)	Denetion	10 000 00

n/a

501(c)(3)

10,000.00 135,000 00

Donation