FOSTMARK DATE NOV 1 5 2018



Form 990-PF

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2018 Return of Private Foundation

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

| | r calendar year 2017 or tax year beginning | | , and ending | | _ |
|---|--|--|--|--|---|
| Na | ame of foundation | A Employer identification number | | | |
| | HAROLD K.L. CASTLE FOUNDAT | | | 99-6005445 | |
| | umber and street (or P O box number if mall is not delivered to street | B Telephone number | | | |
| | 1197 AULOA ROAD | (808)263-7 | 073 | | |
| | ty or town, state or province, country, and ZIP or foreign p | C If exemption application is p | ending, check here | | |
| _ | KAILUA, HI 96734 | | | | |
| G | Check all that apply: Initial return | D 1. Foreign organizations | , check here | | |
| | Final return | 2. Foreign organizations me | eting the 85% test | | |
| _ | Address change | 2. Foreign organizations me check here and attach co | mputation | | |
| ᅢ | Check type of organization; X Section 501(c)(3) ex | E If private foundation state | | | |
| 느느 | | Other taxable private founda | | under section 507(b)(1) | (A), check here |
| | Fair market value of all assets at end of year J Accounting | = | X Accrual | F If the foundation is in a (| |
| | from Part II, col. (c), line 16) | her (specify) | - \ | under section 507(b)(1) | (B), check here |
| | \$ 197,357,202. (Part I, colum | | | - | (d) a |
| ٢ | art Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net | (d) Disbursements for charitable purposes |
| _ | necessarily equal the amounts in column (a)) | evhenses her provs | - modific | | (cash basis only) |
| | 1 Contributions, gifts, grants, etc., received | | | N/A | |
| | 2 Check X if the foundation is not required to attach Sch B | 207 600 | 200 600 | | CITA INDMINIO 1 |
| | 3 Interest on savings and temporary cash investments | 307,608. | 309,608. | | STATEMENT 1 |
| | 4 Dividends and interest from securities | 3,012,533. | 3,012,533. | | |
| | 5a Gross rents | | | | |
| | Net rental income or (loss) | 0 20 7 400 | | BEC | EIVED |
| ą | 62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 2/1 6160/15 | 2,324,188. | | <u> </u> | |
| Revenue | b Gross sales price for all 24,616,945. | | 0 204 100 | NOV | |
| ě | 7 Capital gain net income (from Part IV, line 2) | | 2,324,188. | NOV | 2 0 2018 |
| | 8 Net snort-term capital gain | | i | | |
| | 9 Income modifications | | | | |
| | . Gross sales less returns I | | | ()(3) | HEN HT |
| 7 3 | 10a Gross sales less returns and allowances | | | LOGD | EN, UT |
| <u>S</u> | 10a and allowances b Less Cost of goods sold | | | <u>L OGD</u> | EN, UT |
| 6102 | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) | | | LOGD | EN, UT |
| - | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income | 5 644 220 | E 646 220 | LOGE | EN, UT |
| <u>~</u> ≫ | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 | 5,644,329. | 5,646,329. | LOGU | |
| <u>~</u> ≫ | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc | 426,526. | 126,971. | LOGU | 299,554. |
| - | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages | 426,526. 431,595. | 126,971. 35,547. | | 299,554. 396,048. |
|) } • • • • • • • • • • • • • • • • • • • | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits | 426,526. 431,595. 169,091. | 126,971. 35,547. 29,648. | <u>L OGU</u> | 299,554. 396,048. 139,444. |
|) } • • • • • • • • • • • • • • • • • • • | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits | 426,526. 431,595. 169,091. 7,860. | 126,971. 35,547. 29,648. 1,489. | | 299,554. 396,048. 139,444. 18,035. |
| xpenses ED | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 5 TMT 2 b Accounting fees 5 STMT 3 | 426,526. 431,595. 169,091. 7,860. 42,968. | 126,971. 35,547. 29,648. 1,489. 8,138. | | 299,554. 396,048. 139,444. 18,035. 34,830. |
| Expenses CD W | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. | 126,971. 35,547. 29,648. 1,489. | | 299,554. 396,048. 139,444. 18,035. |
| Expenses CD W / | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. |
| Expenses CD W | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. | | 299,554. 396,048. 139,444. 18,035. 34,830. |
| Expenses CD W / | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. |
| Expenses CD W / | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 0. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. |
| Expenses CD W / | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. |
| Expenses CD W | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 12,680. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. |
| Expenses CD W | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 0. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. |
| Expenses CD W | 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees c Other professional fees STMT 4 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. 271,353. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 12,680. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. 249,902. |
| xpenses ED | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees STMT 4 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. 271,353. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 12,680. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. 249,902. |
| Expenses CD W | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees STMT 4 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. 271,353. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 12,680. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. 249,902. |
| Expenses CD W / | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees STMT 4 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. 271,353. 2,710,690. 7,173,506. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 12,680. 21,965. 704,031. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. 249,902. 1,639,743. 7,173,506. |
| Expenses CD W | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees STMT 4 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. 271,353. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 12,680. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. 249,902. |
| Expenses CD W | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees STMT 4 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. 271,353. 2,710,690. 7,173,506. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 12,680. 21,965. 704,031. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. 249,902. 1,639,743. 7,173,506. |
| Expenses CD W | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees STMT 4 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. 271,353. 2,710,690. 7,173,506. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 0. 12,680. 21,965. 704,031. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. 249,902. 1,639,743. 7,173,506. |
| Expenses CD W / | 10a Gross sales less returns b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees STMT 2 b Accounting fees STMT 3 c Other professional fees STMT 4 17 Interest 18 Taxes STMT 5 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 6 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12: | 426,526. 431,595. 169,091. 7,860. 42,968. 817,079. 409,602. 52,266. 15,402. 66,948. 271,353. 2,710,690. 7,173,506. | 126,971. 35,547. 29,648. 1,489. 8,138. 410,798. 56,795. 0. 12,680. 21,965. 704,031. | | 299,554. 396,048. 139,444. 18,035. 34,830. 391,359. 42,900. 15,402. 52,269. 249,902. 1,639,743. 7,173,506. |

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

| | = | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End o | f year |
|-----------------------|-------|--|-------------------|----------------|-----------------------|
| LP | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 880,307. | 466,721. | 466,721. |
| | 2 | Savings and temporary cash investments | 7,606,968. | 16,103,534. | 16,103,534. |
| | 3 | Accounts receivable ► 148,186. | | | |
| | | Less; allowance for doubtful accounts | 142,948. | 148,186. | 148,186. |
| | 4 | Pledges receivable | | | |
| | | Less: allowance for doubtful accounts ▶ | | | |
| | 5 | Grants receivable | • | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| ts | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | 56,986. | 62,471. | 62,471. |
| ä | 10a | Investments - U.S. and state government obligations | | | |
| | b | Investments - corporate stock STMT 7 | 115,834,552. | 104,525,259. | 126,821,433. |
| | C | Investments - corporate bonds | | | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 8 | 48,144,240. | 47,531,158. | 52,400,236. |
| | 14 | Land, buildings, and equipment: basis ► 1,757,347. | | | |
| | | Less accumulated depreciation \blacktriangleright 402,726. | 1,401,233. | 1,354,621. | 1,354,621. |
| | 15 | Other assets (describe ► STATEMENT 9) | 0 | 0. | 0. |
| | 16 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item i) | 174,067,234. | | 197,357,202. |
| | 17 | Accounts payable and accrued expenses | 11,663. | 22,729. | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| iab | 21 | Mortgages and other notes payable | 40000 | | |
| _ | 22 | Other liabilities (describe STATEMENT 10) | 109,990. | 361,716. | |
| | | | 121 652 | 201 115 | |
| \dashv | 23 | Total liabilities (add lines 17 through 22) | 121,653. | 384,445. | |
| | | Foundations that follow SFAS 117, check here | | | |
| es | 24 | and complete lines 24 through 26, and lines 30 and 31. | | | |
| lances | | Unrestricted Temporarily restricted | | | |
| | | Permanently restricted | | | |
| ρĘ | 20 | Foundations that do not follow SFAS 117, check here | | | |
| Ī, | | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | 173,945,581. | 169,807,505. | |
| ets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| Net Assets or Fund Ba | 29 | Retained earnings, accumulated income, endowment, or other funds | 0. | 0. | |
| et / | 30 | Total net assets or fund balances | 173,945,581. | 169,807,505. | |
| Z | • | Total its accord of folia carallect | 2.070207000 | | |
| | 31 | Total liabilities and net assets/fund balances | 174,067,234. | 170,191,950. | |
| P | art | | | | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | at agree with end-of-year figure reported on prior year's return) | | 1 | 173,945,581. |
| | - | amount from Part I, line 27a | | 2 | -4,239,867. |
| | | rincreases not included in line 2 (itemize) CHANGE IN U | NREALIZED GAI | N/LOSS 3 | 19,579,508. |
| | | ines 1, 2, and 3 | | 4 | 189,285,222. |

169,807,505. Form **990-PF** (2017)

19,477,717.

Page 2

5 Decreases not included in line 2 (itemize) ► CHANGE IN FMV ADJUSTMENT

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

6

7

Form **990-PF** (2017)

8,750,525.

8,818,903.

7 Add lines 5 and 6

See the Part VI instructions.

6 Enter 1% of net investment income (1% of Part I, line 27b)

8 Enter qualifying distributions from Part XII, line 4

99-6005445 PAGE

Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co (mo, day, yr) (mo, day, yr) D - Donation SEE ATTACHED |10/21/14|09/28/17 1a J.P. MORGAN N95810003 b J.P. MORGAN A17113001 SEE ATTACHED P VARIOUS VARIOUS P VARIOUS VARIOUS MORGAN A17113001 SEE ATTACHED c **J.P.** P VARIOUS VARIOUS d J.P. MORGAN A17113001 SEE ATTACHED P VARIOUS |07/11/17 e J.P. MORGAN A17115006 SEE ATTACHED P VARIOUS VARIOUS MORGAN A17127001 ATTACHED f J.P. SEE P |09/06/16|05/09/17 g J.P. MORGAN A17128009 SEE ATTACHED P 04/20/1005/09/17 MORGAN A17128009 h J.P. SEE ATTACHED P ı J.P. VARIOUS |09/28/17 MORGAN A17131003 SEE ATTACHED P VARIOUS VARIOUS ___ J.P. A23625006 SEE MORGAN ATTACHED P 03/14/1409/28/17 k J.P. MORGAN A31866006 SEE ATTACHED P VARIOUS 09/28/17 SEE ATTACHED P VARIOUS VARIOUS m OTHER REALIZED GAINS P WARIOUS WARIOUS n J.P. MORGAN N95810003 CAPITAL GAIN DISTRIBUTION P VARIOUS VARIOUS - CAPITAL GAIN DISTRIBUTION o J.P. MORGAN A17121004 (g) Cost or other basis (f) Depreciation allowed (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) plus expense of sale (or allowable) 2,253,470 746,530. 3,000,000. а 163,660. 1,535,978 1,699,638. b 1,246,570. 2,689,643. 3,936,213. C 179,949. 438,055. 618,004 d 494,718. 4,994,718. **4**,500,0<u>00</u>, е 371. 371 2,000,000. -82,840. 1,917,160. g -22,798. 1,605,638. 1,582,840. h -59,882. 2,500,000. <u>2,559,882.</u> <u>-1,609,374.</u> 1,609,374. -45,963. 513,174 559,137. -<u>249,424.</u> 2,736,250. 2,486,826. 227,464. 227,464. m 108,698. 108,698. n 26,223. 26,223. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col (j), if any 746,530. а 163,660. b 246,570. C 438,0<u>55.</u> d 494,718. е 371. f -82,840. g -22,798. h -59,882. -1,609,374. <u>-45,963.</u> k -249,424. 227,464. m 108,698. 26,223. 0 { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 } 2 Capital gain net income or (net capital loss) 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

2,324,188.

N/A

99-6005445 PAGE HAROLD K.L. CASTLE FOUNDATION Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (mo., day, yr) (mo., day, yr.) 2-story brick warehouse, or common stock, 200 shs MLC Co. D - Donation VARIOUS VARIOUS MORGAN A17126003 - CAPITAL GAIN DISTRIBUTION P b J.P. MORGAN A17128009 - CAPITAL GAIN DISTRIBUTION P VARIOUS VARIOUS ₽ VARIOUS **VARIOUS** c J.P. MORGAN A51324001 -CAPITAL GAIN DISTRIBUTION d OTHER GAINS AND LOSSES P VARIOUS VARIOUS е g h k m n 0 (h) Gain or (loss) (f) Depreciation allowed (g) Cost or other basis (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 288,717. 288,717 <u> 17,565.</u> 17,565. 699,114. 699,114. C 63,436. -63,216. 220. d e g ٠m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col (h) gain over col (k), (j) Adjusted basis (k) Excess of col (i) but not less than "-0-") (i) F.M.V as of 12/31/69 as of 12/31/69 over col (j), if any 288,717. <u>17,565.</u> b 699,114. -63,216. d g h m n 0

2 Capital gain net income or (net capital loss)

If (loss), enter "-0-" in Part I, line 8

If gain, also enter in Part I, line 8, column (c).

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).

2

 $\{\begin{array}{c} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$

| Form 990-PF (2017) HAROLD K.L. CASTLE FOUNDATI | on 7 | 99-60 | 05445 Page 4 |
|--|---|--|---------------------------------------|
| Part VI Excise Tax Based on Investment Income (Section | | | |
| 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ | | Ι Τ | |
| Date of ruling or determination letter: (attach copy of letter | | | |
| b Domestic foundations that meet the section 4940(e) requirements in Part V, check he | | | 49,423. |
| of Part I, line 27b | and onter 170 | <u> </u> | |
| c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, er | nter 4% of Part I line 12 col (h) | | • |
| 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations o | | 2 | 0. |
| 3 Add lines 1 and 2 | my, others, enter to y | 3 | 49,423. |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations of | anly others enter-0-1 | 4 | 0. |
| 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | 5 | 49,423. |
| 6 Credits/Payments: | - | | 13,123. |
| a 2017 estimated tax payments and 2016 overpayment credited to 2017 | 6a 108,616. | | 1 |
| • | 6b 0. | | |
| b Exempt foreign organizations - tax withheld at source | | | 1 |
| c Tax paid with application for extension of time to file (Form 8868) | | | 1 |
| d Backup withholding erroneously withheld | [6d] 0. | - <u>-</u> - | 100 616 |
| 7 Total credits and payments, Add lines 6a through 6d | | 7 | 108,616. |
| 8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 | is attached | 8 | 0. |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | 9 | FO 102 |
| 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overp | | 10 | 59,193. |
| 11 Enter the amount of line 10 to be; Credited to 2018 estimated tax | 59,193. Refunded ▶ | 11 | 0. |
| Part VII-A Statements Regarding Activities | | | |
| 1a During the tax year, did the foundation attempt to influence any national, state, or local | il legislation or did it participate or intervene | IN | Yes No |
| any political campaign? | | | 1a X |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political j | | ition | 1b X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and co | ppies of any materials published or | | |
| distributed by the foundation in connection with the activities. | | | |
| c Did the foundation file Form 1120-POL for this year? | | | 1c X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed duri | ng the year: | | |
| (1) On the foundation. ▶ \$ 0 . (2) On foundation mar | nagers. > \$ 0. | | |
| e Enter the reimbursement (if any) paid by the foundation during the year for political ex | penditure tax imposed on foundation | | |
| managers. ▶ \$ 0. | | | |
| 2 Has the foundation engaged in any activities that have not previously been reported to | the IRS? | | 2 X |
| If "Yes," attach a detailed description of the activities. | | | |
| 3 Has the foundation made any changes, not previously reported to the IRS, in its government | rning instrument, articles of incorporation, o | r | |
| bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | | | 3 X |
| 4a Did the foundation have unrelated business gross income of \$1,000 or more during the | | | 4a X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | , | N/A | 4b |
| 5 Was there a liquidation, termination, dissolution, or substantial contraction during the | vear? | , | 5 X |
| If "Yes," attach the statement required by General Instruction T | , | | |
| 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satis | fied oither | | , |
| By language in the governing instrument, or | med cities. | | |
| | adatony directions that conflict with the state | law | |
| By state legislation that effectively amends the governing instrument so that no man | idatory directions that connect with the state | ; IQ YV | 6 X |
| remain in the governing instrument? | Language Double and John and Doub VIV | | 7 X |
| 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 | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | |
| 8a Enter the states to which the foundation reports or with which it is registered. See inst | tructions. | | - |
| HI | | | - |
| b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to | the Attorney General (or designate) | | |
| of each state as required by General Instruction G? If "No," attach explanation | | | 8b X |
| 9 Is the foundation claiming status as a private operating foundation within the meaning | | ndar | |
| year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes | | | 9 X |
| 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a | schedule listing their names and addresses | | 10 X |
| | | | Form 990-PF (2017) |

| Pa | art 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 meaning of | | | |
| | section 512(p)(13)? if "Yes," attach schedule. See instructions | 11 | | X |
| 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 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► WWW.CASTLEFOUNDATION.ORG | | | |
| 14 | The books are in care of ► CARLTON K.C. AU Telephone no. ► (808) | 263- | 890 | 0 |
| | Located at ► 1197 AULOA ROAD, KAILUA, HI ZIP+4 ►96 | 5734 | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | $\cdot \square$ |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /λ | |
| 16 | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| _ | foreign country 🕨 | <u> </u> | , | |
| P | art 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 |
| 1: | a 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? | 1 | 7.4 | · · · · |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | 1 1 |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | , | |
| | (1) Pay componeation to, or pay or reimburse the expenses of, a disqualified person? | • | | " |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | 1 1 |
| | 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.) | | | |
| ı | b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | ` | | - - |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 16 | | Х |
| | Organizations rolying on a current notice regarding disaster assistance, check here | ' | | : |
| (| Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | X |
| | before the first day of the tax year beginning in 2017? | 1c | | |
| 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)): | | | |
| , | a 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? Yes X No | ' ' | | l i |
| | before 2017? L Yes L_X_ No If "Yes," list the years ▶ , , , , | | | ' ' |
| | b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) N/A | 2b | | l |
| | the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | | | |
| 3 | a 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 | | | 1 1 |
| | May 26, 1960; (2) the lapse of tho 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 foundation had excess business holdings in 2017.) N/A | 3b | | |
| 10 | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| | b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from leopardy before the first day of the tax year beginning in 2017? | 4b | | X |

| Sea During the year, and the foundation pay or inter any amount to: | Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be I | Required (contin | ued) | · · · · · · · · · · · · · · · · · · · | |
|---|--|---------------------------------------|------------------|--|--|----------|
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, decelly or indirectly, any roter respiration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an individual for travel, study, or other similar purposes? (5) Provide for any purpose other than a chariable, etc., organization described in section (6) Provide for any purpose other than a chariable, etc., organization described in section (7) Provide for any purpose other than a chariable, etc., organization described in section (8) Provide for any purpose other than a chariable, etc., organization described in section (9) Provide for any purpose other than a chariable, etc., organization described in section (8) Provide for any purpose other than a chariable, etc., organization described in section (9) Provide for any purpose other than a chariable, etc., organization described in the section of the secti | 5a During the year, did the foundation pay or incur any amount to: | | | | Yes | No |
| any voter registration driver? Yes X No | | n 4945(e))? | Y | es 🗶 No 🗂 | | |
| any voter registration driver? Yes X No | (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indire | ectly, | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4545(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of crusilty to children or animals? If any answers "Yes 105 4)(-5), did any of the transactions fail to qualify under the exceptions described in Regulations section 33.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here If "the animore is the schement required by Regulations section 53.4945-5(d). Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes' to de, file Form 8870. 7a Alany time during the taxy year, was the foundation a party to a prohibited tax sheller transaction? Part VIII Information About Officers, Directors Trustees, Foundation Managers, Highty Paid Employees, and Contractors (a) Name and address (a) Name and address (b) Title, and average (c) Compensation (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average (c) Compensation (a) Name and address of each employee paid more than \$50,000 (b) Title, and average (c) Compensation (a) Name and address of each employee paid more than \$50,000 (b) Title, and average (c) Compensation (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Expense (c) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (e) Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE. | | | Y | es 🗶 No 📙 | | <u> </u> |
| 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charlable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? I all any answer is "Yes" to Sa(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section \$3.49.45 or in a current notice regarding destater assistance? See instructions Organizations relying on a current notice regarding destater assistance, check here of the answer is "Yes" to dought so fail to qualify under the exceptions described in Regulations section \$3.494.65 for in a current notice regarding destater assistance, check here of the answer is "Yes" to dought so in a current notice regarding destater assistance, check here of the dought so is a current notice regarding destater assistance, check here of the dought so is "Yes" to so, the form \$3.00 on a current notice regarding destater assistance? If "Yes" tack the statement required by Regulations section \$3.4945-5(d). Ba Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 80, the Form \$870. A Alany time during the tax year, was the foundation a party to a prohibited tax sheller transaction? I bit "Yes," dot the foundation releve any proceeded or have any not encome attributable to the transaction? I clist all officers, directors, usustees, and foundation managers and their compensation. (a) Name and address of each employee spat more than \$50,000 (b) Title, and average (c) Compensation function to the properties of the properties | (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Y | es X No | - | |
| (6) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? b if any answer is "Yes" to Sql()-(1)-(5), did any of the fransactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance, Deck here c if the answer is "Yes" to Sql() does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes, attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, paceve any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes to Sh, fie Form 827. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII. Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors. Trustees, Foundation Managers, Highly Paid Employees, and Contractors. Trustees, Foundation Managers, Highly Paid Employees, and Contractors. (a) Name and address of each employee paid more than \$50,000 for the paid of the position of th | (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | | |
| b fill any snaver is "Yes" to \$5, 4145 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here of the the answers "Yes" to describe \$1.00 organization related the statement required by Regulations section \$3.4945-5(d). 6a Drit the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to \$6, file Form 8870. 7a At any time during the tax year, was the foundation on party to a prohibited tax shelter transaction? b If "Yes" directly or indirectly, on a personal benefit contract? If "Yes to \$6, file Form 8870. 7a At any time during the tax year, was the foundation on party to a prohibited tax shelter transaction? b If "Yes" directly or indirectly, on a personal benefit contract? Information About Officers, Directors, Trustees, Foundation Managers, Highly Parid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address (a) Name and address of each employee pad more than \$50,000 (a) Name and address of each employee pad more than \$50,000 (b) Trift, and average flours per week devoked flours per per | 4945(d)(4)(A)? See instructions | | X Y | es 🔲 No 📗 | - 1 | ł |
| b If any answer is "Yes" to Sa(1)-{5, id any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding deaster assistance? See instructions Organizations relying on a current notice regarding deaster assistance, neck here of If the answer is "Yes" question 52.49 does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes" attach the statement required by Regulations section 53.4945-5(1). 6a Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes to Si, in Form 837. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1. List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address of each employee paid more than \$50,000 but you were devoted position for the policy for week devoted proposition for the policy for week (evoted position). SEE STATEMENT 11 426,526. 73,873. 0. 2. 2. 2. 2. 2. 3. 3. 4. 4. 4. 4. 4. 4. 5. 5. X. Yes IN No. 6. 8. X. Yes IN No. 8. 8. 8. 8. 8. 8. 8. 8. 8. | (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | | 1 | | |
| Section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here of if the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? if "Yes, attach the statement required by Requisitions section 53.4945-5(d). 5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? if "Yes" to 65, the Form 8870. 7a All any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? bif "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Take the foundation receive any proceeds or have any net income attributable to the transaction? It is all officers, directors, trustees, foundation managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address of each employees fother than those included on line 1), if none, enter "NONE." (b) Tille, and average hours per week devoted to position the foundation and address of each employee paid more than \$50,000 and their compensation of five highest-paid employees for the remaining the paid temployees for the remaining the paid employees for the remaining the paid employee | the prevention of cruelty to children or animals? | | Y | es 🗶 No | | |
| Organizations relying on a current notice regarding disaster assistance, check here c if the answer is Yes' to question 3a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If 'Yes', attach the statement required by Regulations section \$3.4945-\$(d). 5a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to \$6, the Form #870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address of each employee paid more than \$50,000 DENNIS ERIC CO In 37, 873. O. DENNIS ERIC CO SEE STATEMENT 11 426, 526. SR FGM OFFICER FOR OCEAN RESILITENCY 197 AULOA ROAD, KAILUA, HI 96734 ADMINISTRATIVE ASSISTANT 1197 AULOA ROAD, KAILUA, HI 96734 ADMINISTRATIVE ASSISTANT 1197 AULOA ROAD, KAILUA, HI 96734 ADMINISTRATIVE ASSISTANT 1197 AULOA ROAD, KAILUA, HI 96734 | b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described i | ın Regulations | L | | |
| c if the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attain the statement required by Regulations section 53.4945-5(d). Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 65, life form 8870, A Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 by 100,000 | section 53.4945 or in a current notice regarding disaster assistance? See instru | uctions | | _ [| 5b | X |
| expenditure responsibility for the grant? If Yes, attach the statement required by Regulations section 53.4945-5(0). Ba Did the foundation, during the year, pace year yiunds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes to 60, the Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average hours per week devoid (find paid). (a) Name and address of each employees (other than those included on line 1). If none, enter "NONE." (b) Title, and average hours per week devoid (find paid). (a) Name and address of each employees paid more than \$50,000 (find paid). (a) Name and address of each employee paid more than \$50,000 (find paid). (b) Title, and average hours per week devoid (find paid). (c) Compensation (find paid). (d) Compensation (find paid). (e) Expense account, other expensation (find paid). (e) Compensation (find paid). (find paid). (e) Compensation (find paid). (find pai | Organizations relying on a current notice regarding disaster assistance, check h | nere | | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). So Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes to 60, the Form 8870. A RA any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If "Yes," tid the foundation receive any proceeds or have any net income attributable to the transaction? If "Yes," tid the foundation receive any proceeds or have any net income attributable to the transaction? It ist all officers, Directors, Trustees, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (a) Name and address of each employee paid more than \$50,000 DENNIS ERIC CO SR PGM OFFICER FOR OCEAN RESILIENCY 1.97 AULOA ROAD, KAILUA, HI 96734 AU.00 7.95 . 16,802 7.05 . 32,905 ADMINISTRATIVE ASSISTANT 1.97 AULOA ROAD, KAILUA, HI 96734 AU.00 7.1,995 . 16,802 7.2 . 0. ADMINISTRATIVE ASSISTANT 1.97 AULOA ROAD, KAILUA, HI 96734 AU.00 7.1,995 . 16,802 7.2 . 0. ADMINISTRATIVE ASSISTANT 1.97 AULOA ROAD, KAILUA, HI 96734 AU.00 7.1,995 . 16,802 7.0 . 0. ALEXANDER HARRIS SR PGM OFFICER FOR EDUCATION 1.97 AULOA ROAD, KAILUA, HI 96734 AU.00 7.5 ,339 9.012 0.0 . 0. CORRECIANN DECOSTA PRM OFFICER FOR WINDWARD OAHU 1.97 AULOA ROAD, KAILUA, HI 96734 AU.00 7.0 . 55,339 9.012 0.0 . | c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr | rom the tax because it mainta | ined | ł | } | 1 |
| Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes' to 6b, file Form 8870. 7a At Arany time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 7b If Yes' to 6b, file Form 8870. 7a At Arany time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 8b If Yes' to 6b, file Form 8870. 7a At Arany time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 8b If Yes' to 6b, file Form 8870. 7a At Arany time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 9b If Yes' to 6b, file Form 8870. 7a At Arany time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 9b If Yes' to 6b, file Form 8870. 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address of contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (b) Tile, and average hours per week devoid (in one paid, enter 9). 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." 426, 526. 73, 873. 0. 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 426, 526. 73, 873. 0. 427, 528. 428. 428. 428. 429. | expenditure responsibility for the grant? | | X Y | es 🔲 No | | |
| a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if 'Yes' 6b, file form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? Part VIII | If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | 1 | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 80, file Form 8870. 7 At At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If Yes,' did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (a) Name and address (b) Title, and average foundation managers and their compensation. (a) Name and address (b) Title, and average foundation managers and their compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average feverage for possition devoted to possition (c) Compensation (c) Compensa | 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | | |
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| Description | If "Yes" to 6b, file Form 8870. | | | [| | |
| Part VIII | 7a At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | Y | | | |
| Paid Employees, and Contractors 1 List all officers, directors, rustees, and foundation managers and their compensation. (a) Name and address (a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 DENNIS ERIC CO DENNIS ERIC CO 1197 AULOA ROAD, KAILUA, HI 96734 ANN MATSUKADO 1197 AULOA ROAD, KAILUA, HI 96734 AUSOA R | | | | | 7b | <u> </u> |
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| DENNIS ERIC CO | | · · · · · · · · · · · · · · · · · · · | | (d) Contributions to | (e) Ex | pense |
| DENNIS ERIC CO | (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | accoun | t, other |
| 1197 AULOA ROAD, KAILUA, HI 96734 40.00 132,578. 35,863. 0. | DENNIS ERIC CO | | R FOR OCE | | | |
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| JUDY GUERRERO ADMINISTRATIVE ASSISTANT 1197 AULOA ROAD, KAILUA, HI 96734 32.00 65,022.20,067.0. ALEXANDER HARRIS SR PGM OFFICER FOR EDUCATION 1197 AULOA ROAD, KAILUA, HI 96734 40.00 55,339.9,012.0. GEORGIANNA DECOSTA PRM OFFICER FOR WINDWARD OAHU 1197 AULOA ROAD, KAILUA, HI 96734 40.00 57,510.5,319.0. | | | | | | 0. |
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| ALEXANDER HARRIS 1197 AULOA ROAD, KAILUA, HI 96734 GEORGIANNA DECOSTA 1197 AULOA ROAD, KAILUA, HI 96734 PRM OFFICER FOR WINDWARD OAHU 1197 AULOA ROAD, KAILUA, HI 96734 40.00 57,510. 5,319. 0. | | | | | | 0. |
| 1197 AULOA ROAD, KAILUA, HI 96734 40.00 55,339. 9,012. 0. GEORGIANNA DECOSTA PRM OFFICER FOR WINDWARD OAHU 1197 AULOA ROAD, KAILUA, HI 96734 40.00 57,510. 5,319. 0. | | | | | | |
| GEORGIANNA DECOSTA PRM OFFICER FOR WINDWARD OAHU 1197 AULOA ROAD, KAILUA, HI 96734 40.00 57,510. 5,319. 0. | | | L . | 4 | 1 | 0. |
| 1197 AULOA ROAD, KAILUA, HI 96734 40.00 57,510. 5,319. 0. | | | | | <u> </u> | |
| | | | | | | 0. |
| | Total number of other employees paid over \$50,000 | <u> </u> | | | | |

Form **990-PF** (2017)

| | 99-6005 | 445 Page 7 |
|---|--------------------|------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." | | |
| (a) Name and address of each person paid more than \$50,000 (b) Type of service | e | (c) Compensation |
| J.P. MORGAN CHASE BANK, N.A 2029 CENTURY | | |
| PARK EAST, 39TH FLOOR, LOS ANGELES, CA 90067 INVESTMENT ADV | /ISORY | 282,104. |
| ALMA ADVISORY GROUP, LLC | | |
| 1525 E 3RD STREET, CHICAGO, IL 60615 CONSULTING | | 165,635. |
| ALEXANDER HARRIS | | <u></u> |
| 2407 DAVIS AVENUE, ALEXANDRIA, VA 22302 CONSULTING | | 59,725. |
| | | |
| | | |
| | | ····· |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the | | |
| number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | | Expenses |
| 1 N/A | | |
| | \neg | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | | Amount |
| 1N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | <u> </u> | 0. |
| | For | m 990-PF (2017) |

| P | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations | ndations | s, see instructions) |
|--------------|--|-------------|----------------------|
| - | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| | Average monthly fair market value of securities | 1a | 177,332,554. |
| | Average of monthly cash balances | 10 | 11,646,444. |
| | Fair market value of all other assets | 1c | 335,552. |
| | Total (add lines 1a, b, and c) | 1d | 189,314,550. |
| | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| ٠ | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 189,314,550. |
| 4 | Cash deemed held for chantable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 2,839,718. |
| 5 | Net value of noncharitable use assets Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 186,474,832. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 9,323,742. |
| _ | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are | | |
| <u> </u> | foreign organizations, check here and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 9,323,742. |
| | Tax on investment income for 2017 from Part VI, line 5 2a 49, 423. | | |
| ь | Income tax for 2017. (This does not include the tax from Part VI.) | | |
| | Add lines 2a and 2b | 2c | 49,423. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 9,274,319. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 9,274,319. |
| 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 | 9,274,319. |
| <u> </u> | art XII Qualifying Distributions (see instructions) | · · · · · · | |
| <u> </u> | | , <u></u> 1 | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | 0 013 340 |
| | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 8,813,249. |
| | Program-related investments - total from Part IX-B | 16 | 5,654. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | 5,654. |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | 0.010.003 |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 8,818,903. |
| 5 | Foundations that qualify under section 1910(e) for the reduced rate of tax on not investment | | 40 400 |
| | income. Enter 1% of Part I, line 27b | 5 | 49,423. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 8,769,480. |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (| qualifies t | for the section |
| | 4940(e) reduction of tax in those years. | | |

Form **990-PF** (2017)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2016 | (c) 2016 | (d) 2017 |
|--|---------------|---------------------------------------|-------------|---------------------|
| 1 Distributable amount for 2017 from Part XI, | , | | | . |
| line 7 | | | | 9,274,319. |
| 2 Undistributed income, if any, as of the end of 2017 | | | | |
| a Enter amount for 2016 only | | | 8,783,079. | |
| b Total for prior years: | | 0 | | |
| 3 Excess distributions carryover, if any, to 2017 | | 0. | | |
| a From 2012 | | | | |
| b From 2013 | | | | |
| c From 2014 | | | | |
| d From 2015 | | | | |
| e From 2016 | | | | |
| | 0. | | | |
| f Total of lines 3a through e | | | | |
| 4 Qualifying distributions for 2017 from Part XII, line 4: ►\$ 8,818,903. | | | | |
| · · · · · · · · · · · · · · · · · · · | | | 8,783,079. | |
| a Applied to 2016, but not more than line 2a | | | 0,103,013. | |
| b Applied to undistributed income of prior | | 0. | | |
| years (Election required - see instructions) | | U • | | |
| c Treated as distributions out of corpus | ^ | | | |
| (Election required - see instructions) | 0. | | | 25 024 |
| d Applied to 2017 distributable amount | | | | 35,824. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income Subtract | | | | |
| line 4b from line 2b | | 0. | | · |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2016 Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2017 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2018 | | | | 9,238,495. |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2012 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2018 | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2013 | |] | | |
| b Excess from 2014 | | | | |
| c Excess from 2015 | | | | |
| d Excess from 2016 | | | | |
| e Excess from 2017 | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | 5 000 DE (0047) |

| | K.L. CASTLE | | | | 05445 | Page 1 |
|---|------------------------------|------------------------------|--|-----------------------------|--|-----------|
| Part XIV Private Operating F | oundations (see in: | structions and Part VII | ·A, question 9) | N/A | | |
| 1 a If the foundation has received a ruling of | or determination letter that | t it is a private operating | | | | |
| foundation, and the ruling is effective fo | or 2017, enter the date of t | the ruling | > | | | |
| b Check box to indicate whether the foun | dation is a private operatir | ng foundation described i | n section | 4942(j)(3) or 49 | 942(j)(5)/ | |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | / | |
| income from Part I or the minimum | (a) 2017 | (b) 2016 | (c) 2015 | (d) 2014 | (e) Tota | ıl |
| investment return from Part X for | | | | | | |
| each year listed | | | | | | |
| b 85% of line 2a | | | | | 1 | |
| c Qualifying distributions from Part XII. | | | | / | | |
| line 4 for each year listed | | | | | | |
| d Amounts included in line 2c not | | | | | | |
| | | | / | 1 | | |
| used directly for active conduct of | | | | | 1 | |
| exempt activities | | | | | | |
| e Qualifying distributions made directly | | | | | | |
| for active conduct of exempt activities | | | | | | |
| Subtract line 2d from line 2c Complete 3a, b, or c for the | | | ļ/ | | | |
| alternative test relied upon: | | | | | | |
| a "Assets" alternative test - enter. | | | | | | |
| (1) Value of all assets | | | [| | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | | . <u></u> |
| 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. | | |
| (1) Total support other than gross | | | ļ | | | |
| investment income (interest, | | | | | 1 | |
| dividends, rents, payments on | | | | | | |
| securities loans (section | / | | | | | |
| 512(a)(5)), or royalties) | / | | | | | |
| (2) Support from general public and 5 or more exempt | | | | | | |
| organizations as provided in | | | | | | |
| section 4942(j)(3)(B)(iii) | | | | | | |
| (3) Largest amount of support from | | | | | | |
| an exempt organization | | | | | | |
| (4) Gross investment income | <u> </u> | | | | | <u> </u> |
| Part XV Supplementary Info | | | if the foundation | i nau \$5,000 or m | ore in asse | เอ |
| at any time during | the year-see mstr | uctions.) | | | | |
| 1 Information Regarding Foundation | <u> </u> | | | | | |
| a List any managers of the foundation wh | | | ributions received by the | e foundation before the clo | se of any tax | |
| year (but only if they have contributed i | more than \$5,000) (See s | ection 507(a)(2)) | | | | |
| NONE | | | | | | |
| b List any managers of the foundation wh | | | or an equally large porti | on of the ownership of a p | artnership or | |
| other entity) of which the foundation ha | is a 10% or greater interes | st. | | | | |
| NONE | | | | | | |
| 2 Information Regarding Contribut | | | | | | |
| Check here 🕨 🔛 if the foundation (| only makes contributions | to preselected charitable | organizations and does | not accept unsolicited requ | uests for funds. I | ıf |
| the foundation makes gifts, grants, etc. | , to individuals or organiza | ations under other conditi | ions, complete items 2a, | , b, c, and d | | |
| a The name, address, and telephone num | nber or email address of th | ne person to whom applic | ations should be addres | ssed: | | |
| ANN MATSUKADO, (808) | 263-8920 | | | | | |
| 1197 AULOA ROAD, KAI | LUA, HI 967 | 34 | | | | |
| b The form in which applications should | be submitted and informa | tion and materials they sh | nould include. | | | |
| SEE STATEMENT 13 - A | ATTACHMENT | | | | | |
| c Any submission deadlines; | | | | | | |
| | ATTACHMENT | <u> </u> | | | | |
| d Any restrictions or limitations on award | | al areas, charitable fields, | kinds of institutions, or | other factors. | | |
| SEE STATEMENT 13 - F | ATTACHMENT | | | | | |
| | | | | | | |

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Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year SEE ATTACHED STATEMENT 12 7,173,506, **▶** 3a 7 173 506. Total **b** Approved for future payment SEE ATTACHED STATEMENT 12 2,780,434, 2 780 434. → 3b Total

, I,

, 5

Part XVI-A **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated. | Unrelated | Unrelated business income | | d by section 512, 513, or 514 | (e) | | |
|--|-------------------------|---------------------------|-------------------------------|-------------------------------|---------------------------------------|--|--|
| 1 Program service revenue. | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income | | |
| | Code | | - | | | | |
| a b | | | | | | | |
| | | | - | | | | |
| | | | + | | <u>-</u> - | | |
| | | | 1 | | | | |
| e | _ | | | | · | | |
| g Fees and contracts from government agencies | | | | | | | |
| 2 Membership dues and assessments | | | | | <u></u> | | |
| 3 Interest on savings and temporary cash investments | | | 14 | 307,608. | | | |
| 4 Dividends and interest from securities | | | 14 | 3,012,533. | | | |
| Net rental income or (loss) from real estate. Debt-financed property | | | | | · · · · · · · · · · · · · · · · · · · | | |
| b Not debt-financed property | | | | | ··· | | |
| 6 Net rental income or (loss) from personal property | | | | | | | |
| 7 Other investment income | | | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 2,324,188. | | | |
| 9 Net income or (loss) from special events | | | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | | | |
| 1 Other revenue: | | | | | | | |
| a | | | | | | | |
| b | _ | | | | ···· | | |
| c | | | | | | | |
| d | _ | | | | | | |
| e | | | | | | | |
| 2 Subtotal Add columns (b), (d), and (e) | | C | | 5,644,329. | | | |
| 3 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 5,644,329. | | |
| See worksheet in line 13 instructions to verify calculations |) | | | | | | |
| | | | | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). | | | | | | |
|---------|---|--|--|--|--|--|--|
| | NOT APPLICABLE | | | | | | |
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| (alter than section 50 f(s)(s) organizations) or in section 507, relating to political organizations? 1 italistis from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assess 5 Other transactions: (1) State of seases to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Seated of facilities, equipment, or other assets (4) Reimbursament arrangements (5) Loans or foan guarantees (5) Loans or foan guarantees (6) Performance of services or membership or fundirisating solicitations (6) Performance of services or membership or fundirisating solicitations (6) Performance of services or membership or fundirisating solicitations (6) Performance of services or membership or fundirisating solicitations (6) Performance of services or membership or fundirisating solicitations (6) Performance of services or membership or fundirisating solicitations (6) Performance of services or membership or fundirisating solicitations (6) Performance of services or membership or fundirisating solicitations (7) India or fundirisations of services or membership or fundirisating solicitations (8) Performance of services or membership or fundirisating solicitations (9) Performance of services or membership or fundirisating solicitations or services or membership solicitations or services or se | | he organization directly or indi | | | | in described in secti | on 501(c) | | Yes | NO_ |
|--|-----------------|--|--|---------------------------------------|--|--|-----------------------------------|------------|----------|---------------|
| (2) Other sases b Other transactions: (1) Sales of assests to a noncharitable exempt organization (2) Purchases of assests from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Remthus remained solervices or membership or fundrating solicitations (5) Loans or foan guarantees (6) Performance of services or membership or fundrating solicitations (5) Performance of services or membership or fundrating solicitations (6) Performance of services or membership or fundrating solicitations (7) Sharing of Spellage, equipment, making lasts, other assets, or paid employees (8) Performance of services or membership or fundrating solicitations (9) Amount involved (1) Warrier of Indicating the second of the services of the second of services or services given by the reporting foundation. If the loandation recovered less than fair market value of the goods, other assets, or services given by the reporting foundation. If the loandation recovered less than fair market value of the poods, other assets, or services received (9) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1) Amount involved (1 | • | | • | | | | |] | | |
| (2) Differ assests Other transactions: (1) Sales of assest to a noncharitable exempt organization (2) Purchases of assest to a noncharitable exempt organization (3) Rental of tentiles, equipment, or other assets (4) Rentbursement arrangements (5) Loans for long outpandes (6) Performance of services or membership or fundrasing solicitations (7) Sharing of Solicities, equipment, making lists, other assets, or paid employees (8) Performance of services or membership or fundrasing solicitations (9) Performance of services or membership or fundrasing solicitations (9) Amount imported the property of the prope | | | ation to a noncharitable | exempt or | janization of. | | | 10/11 | | v |
| b. Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchase of assets trom a concharitable exempt organization (3) Rental of facilities, equipment, or other assets (3) Performance of services or membership or fundraising solicitations (3) Performance of services or membership or fundraising solicitations (3) Performance of services or membership or fundraising solicitations (3) Performance of services or membership or fundraising solicitations (3) Performance of services or membership or fundraising solicitations (3) Performance of services or membership or fundraising solicitations (4) Performance of services or membership or fundraising solicitations (5) Loans or floan quarantees (5) Loans or floan quarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (6) Performance of services or services o | ٠, | | | | | | | | | |
| (1) Seks of assets from a nonchartable exempt organization (2) Purchases of assets from a nonchartable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or than guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) A stand of a classes, equipment, mailting lists, other assets, or paid employes (8) It is an answer to any of the above is "visi, complete the following schedule. Column (g) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services received (9) Amount involved (1) N/A (1) Amount involved (1) Amount involved (1) Amount involved (1) N/A (1) Amount involved (1) Amount i | , , | | | | | | | 14(2) | | - |
| 22 Purchases of assets from a noncharidable exempt organization Me/2 X Memburs defined facilities, equipment, or other assets Me/2 X Memburs defined a rangements Me/2 X Memburs defined a rangements Me/2 X Memburs defined a rangements Me/2 X Memburs defined a rangement Membu | | | ible exempt organization | 1 | | | | 16(1) | | х |
| (s) Rental of Boulines, equipment, or other assets (4) Rembursement arrangements (5) Carsor or loan guarantees (6) Performance of services or comment making lists, other assets, or paid employees (7) A strange of backles, equipment, making lists, other assets, or paid employees (8) I dearn or any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services opened by the reporting foundation. If the following schedule column (d) the value of the goods, other assets, or services opened by the reporting foundation releved less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services opened by the reporting foundation releved less than fair market value in any transaction or sharing arrangements. Show in section Sol (c) (A) Amount involved (b) Amount involved (c) Amount involved (c) Amount involved (c) Amount involved (d) Description of value(as, transactions, and sharing arrangements N/A (e) Private than section Sol (c)(3)) or in section 527? If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of reliationship (c) Description of reliationship (e) Description of reliationship (f) Remarket value in any transaction and sharing arrangements. The private is a section of the secti | | | | | | | | | | |
| (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) It the answer to any of the above is "Service," or services given by the reporting fundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting fundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting fundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services given by the reporting fundation. If the fundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value in any transaction or sharing arrangement, show in column (g) the value in any transaction or sharing arrangement, show in column (g) the value in any transaction or sharing arrangement, show in the goods, other assets, or services given by the good of the properties | | | · - | | | | | | | |
| (6) Performance of services or membership or fundrasing solicitations c Sharing of Bealties, equipment, making lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule: Column (b) should always show the fair market value of the goods, other assets, or services preceived or services growing by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received a)tune no (b) Amount involved (c) Name of noncharidable exempt organization (d) Description of rendering, and sharing arrangements N/A N/A | | | | | | | | 1b(4) | | X |
| Sharing of facilities, equipment, mailting lists, other assets, or paid employees If If the answer to any of the above is "Yes," complete the following schedule: Of If the answer to any of the above is "Yes," complete the following schedule: Of Sharing of facilities, equipment, mailting lists, other assets, or services given by the reporting foundation. If the foundation recovered less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Of Amount involved Of Amou | | - | | | | | | 1b(5) | | X |
| Sharing of facilities, equipment, mailting lists, other assets, or paid employees If If the answer to any of the above is "Yes," complete the following schedule: Of If the answer to any of the above is "Yes," complete the following schedule: Of Sharing of facilities, equipment, mailting lists, other assets, or services given by the reporting foundation. If the foundation recovered less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. Of Amount involved Of Amou | | | embership or fundraising | g solicitatio | ns | | | 1b(6) | | X |
| or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received All transport All transport All transport | c Shar | ing of facilities, equipment, ma | uling lists, other assets, | or paid em | ployees | | | 1c | | X_ |
| a) Line no (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of trenders, transactions, and sharing arrangements N/A 2a is the foundation directly or indirectly affiliated with, or related to, one or more lax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b if Yes, complete the following schedule: (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and belief, it is just the propagation of premise, confirm than taxpayer is based on pit information of which prepare has any knowledge in section 501(for or trustee the following sections of the section 501 for organization of which prepare has any knowledge in the following section section 501 for organization of the section 501 for organization 501 for organiza | | | | | | | | | ets, | |
| a) Lies no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing avangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? 3 Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? 4 If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N/A 5 If Yes, complete the following schedules. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and belief, it is just 3-1-12, againse that I have examined this return, including scompanying schedules and statements, and to the best of my knowledge with the prepare of the preparation of the preparation of which prepare has any knowledge sharped better, with the prepare sharped better than taxopyer is based on pit information of which prepare has any knowledge sharped better with the prepare sharped better with the prepare sharped better has any knowledge sharped better than taxopyer is based on pit information of which prepare has any knowledge sharped better with the prepare sharped better has any knowledge sharped better than taxopyer is based on pit information of which prepare has any knowledge sharped better with the prepare sharped better has any knowledge sharped better has any knowledge sharped better with the prepare sharped better has any knowledge shar | or se | rvices given by the reporting fo | oundation. If the founda | tion receive | ed less than fair market valu | e in any transaction | or sharing arrangement, sh | iow in | | |
| N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? 3 Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52?? 3 In Yes, "complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Sign and belef, it is plant "yes good benotice because of premise precisions of premise gother than tax poper) is based on pit information of which preparer has any knowledge premise between the premise of the premise of which preparer has any knowledge premise between the premise of the premise of which preparer has any knowledge premise between the premise pre | colui | , ' ' - | | | | | | | | |
| 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? b If Yes, complete the following schedule. (a) Name of organization N/A Under penalties of perjuny, I declare that I have examined this return, including accompanying schedules and slataments, and to the best of my knowledge and belief, it is perf contend to the penalties of perjuny in the instruction with the penalties of perjuny in the instruction with the penalties and slataments, and to the best of my knowledge and belief, it is perf contend to the penalties of perjuny in the penalties of perjuny in the instruction with the penalties of perjuny in the instruction with the penalties of perjuny in the instruction with the penalties of perjuny in the penalties of perjuny in the penalties of pena | (a) Line no | (b) Amount involved | (c) Name of no | | exempt organization | (d) Description | of transfers, transactions, and s | naring arr | angeme | ints |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | N/A | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | · | | | | - | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | - | | | - | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | <u> </u> | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | - | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | 100 | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | - | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A | 2a Is the | e foundation directly or indirec | tly affiliated with, or rela | ted to, one | or more tax-exempt organi | zations described | | | | |
| Sign Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is liver correct, and complete Declaration of present (other than taxpayer) is based on all information of which preparer has any knowledge and belief, it is liver correct, and complete Declaration of present (other than taxpayer) is based on all information of which preparer has any knowledge and statements, and to the best of my | | • | - | | | | | ☐ Yes | X |] No |
| N/A Sign Here Under penalties of perjury, 1 declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is put original to prepare (other than taxpayer) is based on all information of which preparer shown below? See instruction of officer or trustee Print/Type preparer's name | b If "Ye | es," complete the following sch | edule. | | | | ***** | | | |
| Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is personally prepared to prepare (other than taxpayer) is based on all information of which preparer has any knowledge return with the preparer shown below? See instructions that the preparer is signature of officer or trustee Print/Type preparer's name Preparer's signature Date Check If self-employed Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type prep | | (a) Name of org | janization | | (b) Type of organization | | (c) Description of relationsh | ıp | | |
| Sign Here Signature of officer or trustee Date Title | | N/A | | | | | | | | |
| Sign Here Signature of officer or trustee Date Title | | ··· | | | | .1 | | | | |
| Sign Here Signature of officer or trustee Date Title | | | | | | | | | | |
| Sign Here Signature of officer or trustee Date Title | | | | | | | | | | |
| Sign Here Signature of officer or trustee Date Title | | | | | | -1-1 | hoot of my knowledge | | | |
| Here Signature of officer or trustee Date Title | | Under penalties of perjury, I declare and belief, it is true, correst, and cor | that I have examined this remplete Declaration of proper | turn, includin reg (other thai | g accompanying schedules and n taxpayer) is based on all inform | statements, and to the nation of which preparer | has any leasured as | | | |
| Paid Print/Type preparer's name STANFORD C.T. LUM STANFORD C.T. LUM 11/06/18 Preparer Use Only Firm's address ▶ 745 FORT ST STE 2100 HONOLULU, HI 96813 Point Title Date Check X if STIN PTIN Self- employed Phone no 808-521-3962 | | NX XX | $\mathcal{U} \subset \mathbb{C}$ | Ca | //- | L | shov | vu pelow | 7 See in | str |
| Paid Print/Type preparer's name Preparer's signature Date Check X if self-employed Print/Type preparer's name STANFORD C.T. LUM STANFORD C.T. LUM 11/06/18 Prim's name ► KKDLY LLC Firm's name ► KKDLY LLC Firm's address ► 745 FORT ST STE 2100 HONOLULU, HI 96813 Phone no 808-521-3962 | | Suprature of officer or tructor | | | | | | _ Yes | | |
| Paid Preparer Use Only STANFORD C.T. LUM STANFORD C.T. LUM 11/06/18 P00108555 | | | | reearer's s | | · · · · · · · · · · · · · · · · · · · | Check v if PTIN | | | |
| Paid STANFORD C.T. LUM (STANFORD C.T. LUM 11/06/18) P00108555 Firm's name ► KKDLY LLC Firm's EIN ► 99-0292355 Firm's address ► 745 FORT ST STE 2100 HONOLULU, HI 96813 Phone no 808-521-3962 | | Filliviype preparer 5 no | allie . | / / | ignature . | Date | | | | |
| Preparer Use Only Firm's address ► 745 FORT ST STE 2100 HONOLULU, HI 96813 Firm's address ► 808-521-3962 | Paid | CHANGODD C | , m _ T TTM / C | | DAS C AN JURGE | 11/06/19 | ` * | 11 0 8 | 555 | |
| Use Only Firm's address ► 745 FORT ST STE 2100 Phone no 808-521-3962 | | | | Testas O | MILICA I VION | 171/00/10 | | | | |
| Firm's address ► 745 FORT ST STE 2100 HONOLULU, HI 96813 Phone no 808-521-3962 | - | | יחוד זווי / | , | ~ / \ | | THRISCHIE JJ VZ | . , , , | - | |
| HONOLULU, HI 96813 / Phone no 808-521-3962 | | | 5 FORT ST | ደጥክ ኃ | 10/0 | | | | | |
| | | | | | 1 / | | Phone no 808-52 | 11-3 | 962 | ! ! |
| | | | | <u> </u> | - | · · · · · · · · · · · · · · · · · · · | | | | |

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| FORM 990-PF INTEREST ON SAVI | NGS AND TEM | PORARY CASH I | NVESTMENTS | STATEMENT 1 | |
|----------------------------------|------------------------------|-----------------------------------|------------------------------|-------------------------------|--|
| SOURCE | (A REVE: PER B | NUE NET INVESTMENT | | (C) ADJUSTED NET INCOME | |
| VARIOUS | 30 | 7,608. | 309,608. | | |
| TOTAL TO PART I, LINE 3 | 30 | 7,608. | 309,608. | | |
| FORM 990-PF | LEGAL | FEES | | STATEMENT 2 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | | |
| LEGAL FEES | 7,860. | 1,489. | | 18,035. | |
| TO FM 990-PF, PG 1, LN 16A | 7,860. | 1,489. | | 18,035. | |
| FORM 990-PF | ACCOUNTI | NG FEES | | STATEMENT 3 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING FEES | 42,968. | 8,138. | | 34,830. | |
| TO FORM 990-PF, PG 1, LN 16B | 42,968. | 8,138. | | 34,830. | |
| FORM 990-PF C | THER PROFES | SIONAL FEES | | STATEMENT 4 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | | |
| OTHER PROFESSIONAL FEES | 406,281. | 0. | | 391,359. | |
| MANAGEMENT FEES - INVESTMENTS | 410,798. | 410,798. | , | 0. | |
| TO FORM 990-PF, PG 1, LN 16C | 817,079. | 410,798. | | 391,359. | |

| FORM 990-PF | TAXES | | STATEMENT 5 | | |
|--|--|---|------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | | |
| FEDERAL EXCISE TAX HAWAII GENERAL EXCISE TAX FOREIGN TAXES PAYROLL TAXES | 309,907. 25. 46,802. 52,868. | 46,802. | | 0. 0. 0. 42,900. | |
| TO FORM 990-PF, PG 1, LN 18 | 409,602. | 56,795. | | 42,900. | |
| FORM 990-PF | OTHER E | XPENSES | | STATEMENT 6 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOM | | |
| INSURANCE - FIRE INSURANCE - LIABILITY OFFICE EXPENSE MEALS & ENTERTAINMENT SUPPLIES AUTO & TRUCK DUES & SUBSCRIPTIONS EVENTS REPAIRS & MAINTENANCE SERVICE FEES OTHER EXPENSES TO FORM 990-PF, PG 1, LN 23 | 6,903. 72,171. 504. 20,003. 14,926. 1,767. 90,098. 500. 44,174. 20,307. 0. | 0. 13,668. 0. 3,788. 0. 0. 0. 0. 3,846. 663. | | 7,250. 62,373. 504. 16,215. 14,926. 1,767. 90,098. 500. 44,174. 12,095. 0. | |
| FORM 990-PF | CORPORAT | E STOCK | | STATEMENT 7 | |
| DESCRIPTION | | ВОО | OK VALUE | FAIR MARKET VALUE | |
| TOTAL TO FORM 990-PF, PART II | | | 1,525,259. 1,525,259. | 126,821,433. | |

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| FORM 990-PF 07 | THER INVESTMENTS | | STATEMENT | 8 |
|---|--|---------------------------------------|----------------------|----|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE | |
| LIMITED PARTNERSHIPS HEDGE FUNDS PRIVATE EQUITY | FMV FMV FMV | 335,552. 39,987,751. 7,207,855. | | 6. |
| TOTAL TO FORM 990-PF, PART II, LI | INE 13 | 47,531,158. | 52,400,23 | 6. |
| FORM 990-PF | OTHER ASSETS | | STATEMENT | 9 |
| DESCRIPTION | BEGINNING OF END OF YEAR YR BOOK VALUE BOOK VALUE | | FAIR MARKET VALUE | |
| OTHER RECEIVABLE FEDERAL EXCISE TAX RECEIVABLE | 0. | 0. | | 0. |
| TO FORM 990-PF, PART II, LINE 15 | 0. | 0. | | 0. |
| FORM 990-PF OT | THER LIABILITIES | | STATEMENT | 10 |
| DESCRIPTION | | BOY AMOUNT | EOY AMOUNT | |
| OTHER LIABILITIES FEDERAL EXCISE TAX PAYABLE | | 94,278. 15,712. | 86,09 275,61 | |
| TOTAL TO FORM 990-PF, PART II, LI | INE 22 | 109,990. | 361,71 | 6. |

| | ST OF OFFICERS, DESTRUCTION MANAGEMENT | | STATI | EMENT 11 |
|---|--|-----------|---------------------------------|----------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
| JAMES C. MCINTOSH 1197 AULOA ROAD KAILUA, HI 96734 | DIRECTOR 0.50 | 0. | 0. | 0. |
| DR. CLAIRE L. ASAM 1197 AULOA ROAD KAILUA, HI 96734 | DIRECTOR 0.50 | 0. | 0. | 0. |
| DR. KITTREDGE A. BALDWIN 1197 AULOA ROAD KAILUA, HI 96734 | DIRECTOR 0.50 | 0. | 0. | 0. |
| CORBETT A.K. KALAMA 1197 AULOA ROAD KAILUA, HI 96734 | DIRECTOR · 0.50 | 0. | 0. | 0. |
| DEBORAH K. BERGER 1197 AULOA ROAD KAILUA, HI 96734 | DIRECTOR 0.50 | 0. | 0. | 0. |
| ERIC K. YEAMAN 1197 AULOA ROAD KAILUA, HI 96734 | DIRECTOR 0.50 | 0. | 0. | 0. |
| DEE JAY MAILER 1197 AULOA ROAD KAILUA, HI 96734 | DIRECTOR 0.50 | 0. | 0. | 0. |
| HENRY M. D'OLIER 1197 AULOA ROAD KAILUA, HI 96734 | DIRECTOR/CHAIR | MAN 0. | 0. | 0. |
| TERRENCE R. GEORGE 1197 AULOA ROAD KAILUA, HI 96734 | PRESIDENT/CEO 40.00 | 323,203. | 57,699. | 0. |
| SUSAN L. SUMIDA 1197 AULOA ROAD KAILUA, HI 96734 | SECRETARY 6.00 | 20,215. | 3,232. | 0. |
| CARLTON K.C. AU 1197 AULOA ROAD KAILUA, HI 96734 | VP/TREASURER/C 8.00 | | 12,942. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE | 6, PART VIII | 426,526. | 73,873. | 0. |