## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

DLN: 93493135025919 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

foundations) ▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>

Open to Public

	or the	a 2017 c	alendar vear or tay vear be	ginning 07-01-2017 , and end	ling 06-3	0-2018			
		pplicable	C Name of organization	•	inig 00-3	0-2010	D Employ	er identif	ıcatıon number
		change	The Waterhouse Charitable Trust				99-608	6871	
	ime ch itial ret	-	% ALAN TSURUDA Doing business as						
		n/terminated					E Telephor	ne number	
		d return on pending	770 Kapiolani Blyd Šiuto 506	if mail is not delivered to street address	()   Room/st	iite		92-4800	
			City or town, state or province, of Honolulu, HI 96813	country, and ZIP or foreign postal code					
			·				<b>G</b> Gross re	ceipts \$ 2,	474,123
			<b>F</b> Name and address of princ Stanley Mukai Carrie Wong	cipal officer			this a group re	turn for	
			770 Kapıolanı Blvd Suite 506 Honolulu, HI 96813				ubordinates? re all subordina	tes	□Yes ☑No □Yes □No
I Ta	x-exen	npt status		<b>◄</b> (insert no ) 4947(a)(1) or	<u> </u>	1	icluded? "No," attach a	list (see	
J W	ebsit	e:▶ N/A		(Iliselt 110)	<u> </u>	1	roup exemption	•	•
								1	
<b>K</b> For	m of or	ganızatıon	☐ Corporation ☑ Trust ☐ A	Association Other >		<b>L</b> Year of	formation 2000	<b>M</b> State	of legal domicile HI
Pa	rt I	Sum	mary						
	1 E	Briefly des	scribe the organization's mission						
ce	-	IO DISTRI	IBUTE AMOUNTS TO CERTAIN (	CHARITABLE ORGANIZATIONS					
nan	-								
Governance	,	Check thi	is box $\triangleright \square$ if the organization	discontinued its operations or disp	posed of r	nore than	25% of its net a	ssets	
				ning body (Part VI, line 1a) .				3	2
20 √ 0	1		•	s of the governing body (Part VI, li	•			4	0
Activities &	1		• •	calendar year 2017 (Part V, line 2	•			5	0
Act	1		·	necessary)				7a	0
•	1			rom Form 990-T, line 34				7b	
				·			Prior Year		Current Year
<u>Qı</u>	8	Contribut	tions and grants (Part VIII, line	1h)				0	0
Ravenue	1	_	•	2g)				0	0
Ŗ	1		·	A), lines 3, 4, and 7d)	-		1,449,		509,726
	1			nes 5, 6d, 8c, 9c, 10c, and 11e) must equal Part VIII, column (A),	line 12)		771, 2,220,		786,082 1,295,808
	_		<u></u>	X, column (A), lines 1–3 )			1,754,		1,937,500
	1		, ,	(, column (A), line 4)				0	0
82	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), line	es 5-10)		140,	000	140,000
ens	16a	Professio	onal fundraising fees (Part IX, c	olumn (A), line 11e)				0	0
Expenses	1		raising expenses (Part IX, column (D	··					
	1		penses (Part IX, column (A), lin	nes 11a–11d, 11f–24e)  .   .  . equal Part IX, column (A), line 25)	•		146, 2,041,		2,206,363
	1		less expenses Subtract line 18		,		179,		-910,555
<u>১ ও</u>						Begin	ning of Current Y		End of Year
ets									
Ass d Ba	1		ets (Part X, line 16)				36,707,		35,704,565
Net Assets or Fund Balances	1		ulities (Part X, line 26) ts or fund balances Subtract lir				230, 36,477,		35,574,565
	1311		ature Block		-		23, ,	-	25/27 1/233
				amined this return, including acco ete Declaration of preparer (other					
	nowle		i, it is true, correct, and compr	ete Decial ation of preparer (other	T CHAIT OIL		eu on an miorin	acion or v	The preparer has
		*****	*				2019-05-14		
Sign	1	Signati	ure of officer				Date		
Here			EY Y MUKAI Co-Trustee						
		17	r print name and title						
De:	4		rınt/Type preparer's name )ı Wen Lıang	Preparer's signature Qi Wen Liang		Date 2019-05-14	Check 📙 ıf	PTIN P01270238	3
Paid Pre	u pare	or	Firm's name F Grant Thornton LLP	)			self-employed Firm's EIN ►		
	on:	1 -	irm's address ► 515 S Flower Street	7th Floor			Phone no (213)	627-1717	
		- ,	Los Angeles, CA 90	0071					
May t	he IR	S discuss	this return with the preparer s	hown above? (see instructions)	<u> </u>	<u> </u>	<u> </u>	<u>√</u> Y	'es 🗆 No
For F	aper	work Re	duction Act Notice, see the s	separate instructions.		Cat N	lo 11282Y		Form <b>990</b> (2017)

Form	990 (2017)						Page <b>2</b>
Par	t IIII Statement	of Program Servic	e Accomplis	hments			
	Check If Sched	dule O contains a respo	onse or note to	any line in this Part III			. $\square$
1	Briefly describe the o						
<u>TO D</u>	ISTRIBUTE AMOUNTS	TO CERTAIN CHARITA	BLE ORGANIZAT	TONS			
_	D. d. th						
2	<del>-</del>	- 990-EZ?		vices during the year wh	ich were not listed on	☐ Yes [	√ No
		se new services on Sch				∟ res i	<b>₹</b> 140
3				changes in how it conduc	rts any program		
•	_		_	changes in how it conduc	cts, any program	□Yes	√ No
		se changes on Schedul					NO
4				ots for each of its three la	argest program services, as measur	ed hy exnens	ec
•					grants and allocations to others, th		.63
	expenses, and revenu	ue, if any, for each pro	gram service re	ported			
4a	(Code	) (Expenses \$	1 965 000	ıncludıng grants of \$	1,937,500 ) (Revenue \$	)	
70	See Additional Data	/ (Expenses #	1,505,000	including grants or \$	1,557,500 ) (Nevenue \$	,	
4b	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)	
	-						
	/Codo	) /Evnansas #		including grants of #	) (Bayanya &	· · · · · · · · · · · · · · · · · · ·	
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
	Outron	(B	-l- 0 \				
4d	Other program servic (Expenses \$	es (Describe in Schedi	ule O) uding grants of	¢	) (Revenue \$	)	
	• •			<u> </u>	) (Revenue \$	,	
4e	Total program serv	ice expenses P	1,965,0	υυ			

or X as applicable

**Checklist of Required Schedules** 

Page 3

No

Nο

Nο

Nο

Nο

Nο

No

Nο

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Nο

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Nο

Form **990** (2017)

Yes

Yes

Yes

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11e

11f

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12b

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14a

14b

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Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 

4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 

6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

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

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

b Was the organization included in consolidated, independent audited financial statements for the tax year?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No

Page 4

No

Nο

Nο

Nο

No

Nο

Nο

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35a

35b

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Yes

Yes

Yes

Yes

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	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

**b** If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . .

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 7  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by			
	this return	2ь		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
Ĭ	The state of the state of guilled and the organization file for the state of the st	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6а		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds.  Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
_		8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
.2a				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
b .3	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for			
b 1.3 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		
ь .3 а ь	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
b l3 a b	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		No

orm	990 (2017)			Page (
Par	<b>TOTAL SET OF SE</b>	lo" respo	onse to l	
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		✓
Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year	2	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	on <b>3</b>	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or mor members of the governing body?	e <b>7a</b>		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b the following	4		
а	The governing body?	<b>8</b> a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Rever	ue Code	e.)	ı
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemptions.			
	status with respect to such arrangements?	16b		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►  CA , HI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available. Check all that apply	)		
	Own website Another's website 🗹 Upon request 🖂 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
20	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  ALAN TSURUDA 770 KAPIOLANI BLVD SUITE 506 Honolulu, HI 96813 (808) 592-4800			

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Part VII Compensation of Officers, D and Independent Contracto		stees,	Key	Emp	oloyee	es, F	lighest Comper	sated Employ	ees,
Check if Schedule O contains a resp	onse or note to	any line	e ın t	hıs Pa	rt VII				🗆
Section A. Officers, Directors, Truste	es, Key Emp	loyees	, an	d Hi	ghest	Con	npensated Emp	loyees	
1a Complete this table for all persons required to year	·	·					,	,	ganızatıon's tax
<ul> <li>List all of the organization's current officers of compensation Enter -0- in columns (D), (E), a</li> </ul>						orc	organizations), rega	rdless of amount	
<ul> <li>List all of the organization's current key em</li> </ul>	ployees, if any	See inst	tructi	ons fo	r defin	ition	of "key employee '	•	
<ul> <li>List the organization's five current highest of who received reportable compensation (Box 5 of organization and any related organizations</li> </ul>									
<ul> <li>List all of the organization's former officers, of reportable compensation from the organization</li> </ul>					nsated	emp	oloyees who receive	ed more than \$100	),000
<ul> <li>List all of the organization's former director organization, more than \$10,000 of reportable co</li> </ul>									
List persons in the following order individual trus compensated employees, and former such perso		rs, ınstıt	ution	al tru	stees,	office	ers, key employees	, highest	
Check this box if neither the organization no	r any related or	ganızatı	on co	mper	sated a	any d	urrent officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	d S == 1	ne bo th ar irecto	x, unl	ess per er and stee)	rson a	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

$\square$ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related	,	ne b	ox, ι n of tor/t	t che unles ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	` MISC)	related organizations
(1) Stanley Y Mukaı Co Trustee	25 0  0 0	×						70,000	464,272	40,805
(2) Carrie JS Wong Co Trustee	25 0	х						70,000	19,000	0
- CO Musico	0 0									
										Form <b>990</b> (2017)

compensation from the organization ▶ 0

Part VII

Page 8

	(A) Name and Title  Average hours per week (list any hours for related  Average hours per week (list any hours for related least person week (list any hours for related least person week list any hours for related least person week (list any hours least person week (list any ho									v-	(F) Estimated amount of other compensation from the organization and			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated emptovee	Former	2/109	- MISC)	2/1099-MISC)		relati relati organiza	ed
												+		
												+		
												+		
												+		
c T	Sub-Total	•			•		<b>*</b>			140,000	483,272	2		40,805
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos		ed a	bove	e) who	rec	eived mo	ore than \$10	00,000	•		
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>									mpensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization								-		vidual for	5	163	No
Se	ection B. Independent Contract	ors									_			
1	Complete this table for your five high from the organization Report comper											pens	sation	
	Name a	<b>(A)</b> and business addre	ess							Descr	(B) option of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part	VII	Statement of	Revenue						
		Check if Schedul	e O contains	a respo	onse or note to any	line in this Part VIII			<u> </u>
						( <b>A</b> ) Total revenue	( <b>B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1 2	Federated campaign	ne	1a			revenue		512-514
ats ut		• Membership dues		1b					
rar	"	•			_				
. G	'	Fundraising events		1c					
iffs ar	6	d Related organizatio		1d					
3, E	•	Government grants (co		1e					
ig is	f	<ul> <li>All other contributions, and similar amounts no</li> </ul>	gıfts, grants, ot ıncluded	1f					
outi her		above		_ +•	_				
	٩	Noncash contribution in lines 1a-1f \$	ons included						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total Add lines 1a-1	f		•	0			
	┌├─				 Business	Code 0	<u> </u>		
Program Service Revenue	2a				245635				
.£ .₹	-			-					
3	Ь								
×	c d								
ĭŏ ⊂	L G								
Jran	f	All other program se	rvice revenue						
õ		<b>Total.</b> Add lines 2a-2f			_	0			
		Investment income (ii			nterest and other	1	T		
		imilar amounts) .			nterest, and other	442,449	₹		442,449
	<b>4</b> I	Income from investme	ent of tax-exe	mpt bo	ond proceeds 🕨				
	5 F	Royalties			<u></u> ▶				
	_	_	(ı) Rea	l	(II) Personal	_			
	6a	Gross rents	1.1	.37,282					
	<b>b</b> Less rental expenses			51,200		1			
			_	05.000					
	C	Rental income or (loss)	/	86,082	'				
	d	Net rental income o	r (loss)	•		786,082	2		786,082
			(ı) Securit	ies	(II) Other				
	7a	Gross amount from sales of	S	94,392					
		assets other than inventory		.5 1,552					
						_			
	•	Less cost or other basis and	8	27,115					
	l c	sales expenses Gain or (loss)		67,277		-			
	l	Net gain or (loss)		•	<b>•</b>	67,277	7		67,277
		Gross income from fi	undraising evo	ents		1			
ne	l	(not including \$ contributions reporte		of					
듄		See Part IV, line 18		. a	0				
Re	ь	Less direct expense	s	ь	0				
ē	c	Net income or (loss)	from fundrais	ing ev	ents 🕨				
Other Revenue		Gross income from g See Part IV, line 19		es					
_		See Fare IV, III/e IS		a	0				
	ь	Less direct expense	s	ь	0	1			
	c	Net income or (loss)	from gaming	activiti	ies <b>&gt;</b>	_ (			
	10a	Gross sales of invent returns and allowand	ory, less						
		returns and anowand	es	al	0				
	Ь	Less cost of goods s	old	ь	0	1			
		Net income or (loss)		ı invent	orv •	٠ (			
		Miscellaneous			Business Code				
	11:	a				]			
	Ь	1							
	c								1
	d	All other revenue .							+
	e	Total. Add lines 11a	-11d						1
	12	Total revenue. See	Instructions				JI		+
						1,295,808	3		1,295,808 Form <b>990</b> (2017)

	1 990 (2017)				Page <b>10</b>
	rt IX Statement of Functional Expenses ion 501(c)(3) and 501(c)(4) organizations must complete all col-	umns All other orga	nızatıons must comp	elete column (A)	_
	Check if Schedule O contains a response or note to any I	ine in this Part IX	<u> </u>	<u></u>	<u> 🗆</u>
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,937,500	1,937,500		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	140,000	25,000	115,000	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	27,902		27,902	
	Accounting	38,820		38,820	
	Lobbying	0			
	Professional fundraising services See Part IV, line 17	0			
	Investment management fees	13,542		13,542	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		10,012	
12	Advertising and promotion	0			
	Office expenses	579		579	
	<u> </u>	0		3,7	
	Information technology	0			
	Royalties	0			
	Occupancy				
	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	0			
20	Interest	6,998		6,998	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	15,049		15,049	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
•	a ADMINISTRATIVE FEE	25,000	2,500	22,500	0
i	b OTHER TAXES AND LICENSES	973		973	
	c				
	d				
	e All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,206,363	1,965,000	241,363	0
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,250,555	_,	2.1,500	
	Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

11

12

27

28

29

31

32

33

34

Assets or 30

Net

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

9,186,439

1.043.926

25.280.000

35.574.565

35,574,565

35.704.565

Form **990** (2017)

0

0

Page **11** 

0 1,200 0

# Check if Schedule O contains a response or note to any line in this Part IX

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

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

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

Retained earnings, endowment, accumulated income, or other funds

basis Complete Part VI of Schedule D

b Less accumulated depreciation

		Beginning of year		End of ye
Cash-non-interest-bearing		0	1	
2 Savings and temporary cash investment	5	239,876	2	

		0 0 ,		<u> </u>
1	Cash-non-interest-bearing	0	1	
2	Savings and temporary cash investments	239,876	2	194,
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	

0 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 0 5 II of Schedule L . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

contributing employers and sponsoring organizations of section 501(c)(9) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . Notes and loans receivable, net .

Assets 0 Inventories for sale or use . 0 8 0 60 0 9 Prepaid expenses and deferred charges .

10a

10b

10,240,000

1,053,561

9,327,413

1.860.331

25.280.000

10c

11

12

27

28

29

31

32

33

34

0

36.477.680

36,477,680

36,707,680

Investments—other securities See Part IV, line 11 . . . ٥ 0 13 13 Investments—program-related See Part IV, line 11 . 14 Intangible assets . . . . . 0 14 0 0 15 15 Other assets See Part IV, line 11 . . . . . 36,707,680 35,704,565 16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 16 17 Accounts payable and accrued expenses 17 0 0 0 18 Grants payable . . . 18

0 19 0 19 Deferred revenue . . . 0 0 20 Tax-exempt bond liabilities . . . . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

0 Liabilities persons Complete Part II of Schedule L . 0 22 0 23 23 Secured mortgages and notes payable to unrelated third parties . . . 230,000

0 O 130.000 24 24 Unsecured notes and loans payable to unrelated third parties . Other liabilities (including federal income tax, payables to related third parties, 0 25 25 and other liabilities not included on lines 17-24) Complete Part X of Schedule D

230,000 130,000 26 Total liabilities. Add lines 17 through 25 . 26 Fund Balances Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

**Financial Statements and Reporting** 

If the organization changed its method of accounting from a prior year or checked "Other," explain in

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

separate basis, consolidated basis, or both

~ Check if Schedule O contains a response or note to any line in this Part XII . . . . Yes No

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Nο

Νo

Nο

Form **990** (2017)

Part XII ☐ Cash ☐ Accrual ☑ Other TAX BASIS 1 Accounting method used to prepare the Form 990

### Additional Data

Software ID: **Software Version:** 

**EIN:** 99-6086871

Name: The Waterhouse Charitable Trust

Form 990 (2017)

Form 990, Part III, Line 4a: DURING THE YEAR, THE TRUST MADE GRANT DISTRIBUTIONS TO THE FIVE CHARITABLE ORGANIZATIONS THAT IT WAS ESTABLISHED TO SUPPORT

efil	e GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 93	3493135025919
	m 990	OULE A	Con		Charity Staturganization is a sect	ion 501(c)(3) c mpt charitable	organization oi trust.	ort	2017
Depart	ment of	the Treasury	<b>▶</b> Infe	ormation abou	• Attach to Form ut Schedule A (Form			ictions is at	Open to Public
Interna	l Reven	nue Service ne organiza	tion		<u>www.irs.g</u>	ov/form990.		Employer identific	Inspection ation number
		use Charitable						' '	ation number
Pa	rt I	Reason	for Public	Charity Stat	<b>us</b> (All organization	s must comple	te this part.) S	1 99-6086871 See instructions.	
The c	rganız	ation is not a	a private four	ndation because	e it is (For lines 1 thro	ough 12, check or	nly one box )		
1		A church, c	onvention of	churches, or as	ssociation of churches	described in <b>sect</b>	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in <b>se</b>	ction 170(b)(	<b>1)(A)(ii).</b> (Attach Sch	nedule E (Form 9	90 or 990-EZ) )		
3		A hospital o	or a cooperat	ıve hospıtal ser	vice organization desc	rıbed ın <b>section</b>	170(b)(1)(A)(	iii).	
4			esearch orga and state _	nızatıon operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				ped in <b>section 170</b>
6		•	•	-	governmental unit de				
7				mally receives ( <b>vi).</b> (Complete	a substantial part of it e Part II )	s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust desc	rıbed ın <b>sectioı</b>	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	its exempt fur unrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
11					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12	✓	more public	ly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>i09(a)(1)</b> or <b>sec</b>	tion 509(a)(2	). See <b>section 509(</b> a	
а		<b>Type I.</b> A so	supporting or n(s) the pow	ganızatıon oper	rated, supervised, or cappoint or elect a major	ontrolled by its si	upported organi	zation(s), typically by	
b		manageme	nt of the sup		pervised or controlled in ation vested in the sare and C.				
С		Type III f	unctionally	integrated. A	supporting organizatio				ted with, its
d	✓	functionally	integrated i	The organizatio	<b>d.</b> A supporting organi n generally must satis rt <b>IV, Sections A</b> and	fy a distribution i	equirement and		` '
e	<b>✓</b>	Check this	box if the org	janization recei	ved a written determir	nation from the If		pe I, Type II, Type II	I functionally
f		the number	of supported	lorganizations	integrated supporting	-		_5	
g		de the follow Name of supp		on about the su	upported organization( (iii) Type of	s) (iv) Is the orga	anization listed	(v) Amount of	(vi) Amount of
	(.,	organization		(,	organization (described on lines 1- 10 above (see instructions))	in your govern		monetary support (see instructions)	other support (see instructions)
						Yes	No		
See	Addıtıc	onal Data Tal	ole						
Toto	1		5					1,937,500	0
Tota		work Reduc		ice, see the T	 nstructions for	Cat No 11285	iF .		 90 or 990-EZ) 2017

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part								
III. If the organization fails to qualify under the tests listed below, please complete Part III.)								
ection A. Public Support								
Calendar year (or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total		
Gifts, grants, contributions, and								

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	<b>(a)</b> 2013	<b>(b)</b> 2014	(c)2015	( <b>d)</b> 2016	<b>(e)</b> 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, e	c (see instruction	ns)			12	
13	First five years. If the Form 990 is for	=			=		
	check this box and <b>stop here</b>						
S	ection C. Computation of Public						
14	4 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))						

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,	)	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
14	11, and 12)  First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and <b>stop here</b>			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	<b>016</b> Schedule A, I	Part III, line 17			18	
	<b>331/3% support tests—2017.</b> If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Page 4

No

No

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

No

No

No

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V ) Section A. All Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

provide detail in Part VI.

answer line 10b below

10a

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Yes

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)

below Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied

2 За the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

No to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a amendment to the organizing document)

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

No Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 No

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 No

7 8

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 No

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pā	art IV Supporting Organizations (continued)		<u>'</u>	age <del>-</del>
			Yes	No
11	L Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
S	Section B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	_		
_	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	Section C. Type II Supporting Organizations			
_	rection of Type 22 outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	Section D. All Type III Supporting Organizations			
	section D. An Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	į		
	, , , , , , , , , , , , , , , , , , , ,	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)		res	
		2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
		3	Yes	
S	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
	a The organization satisfied the Activities Test Complete line 2 below			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
3	Parent of Supported Organizations Answer (a) and (b) below.	2b		
3	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of	3a		
	the supported organizations? <i>Provide details in Part VI.</i> <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its			
	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	36		

production of income (see instructions)

tax year or assets held for part of year) a Average monthly value of securities

**b** Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(explain in detail in Part VI)

Subtract line 2 from line 1d

Multiply line 5 by 035

Enter 85% of line 1

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

temporary reduction (see instructions)

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

instructions)

3

6

7

8

2

4

5

7

Section B - Minimum Asset Amount

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

2 Acquisition indebtedness applicable to non-exempt use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)

Aggregate fair market value of all non-exempt-use assets (see instructions for short

Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see

Other expenses (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

(B) Current Year

(optional)

Page 6

#### instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2.430.734 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See

2.430.734 140 974

(A) Prior Year

1.865.429

61.587.899

63.723.076

63.723.076 955.846

62,767,230

2,196,853

2,196,853

0

269,748

237,646 2,052,114 (B) Current Year

(optional)

2,196,853

0

income or for management, conservation, or maintenance of property held for 7 8

1

1a

**1**b

1c 1d

2

3

4

5

6

7

8

4 5

6

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Current Year 2,052,114 1 2 1,744,297 3 2,196,853 2.196.853

Schedule A (Form 990 or 990-F7) 2017

(i)

**Excess Distributions** 

Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity

Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets

5 Qualified set-aside amounts (prior IRS approval required)

Other distributions (describe in Part VI) See instructions

7 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide

details in Part VI) See instructions

Distributable amount for 2017 from Section C, line 6

**10** Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions)

1 Distributable amount for 2017 from Section C, line

2,191,512

2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

**b** Applied to 2017 distributable amount

a Excess from 2013. . . . . .

c Excess from 2015. . . . .

See instructions

**d** From 2015. . . . . .

e From 2016. . . . . .

f Total of lines 3a through e

instructions)

See instructions

8 Breakdown of line 7

**b** Excess from 2014.

d Excess from 2016.

Excess from 2017.

31 and 4c

2 Underdistributions, if any, for years prior to 2017 (reasonable cause required -- explain in Part VI)

3 Excess distributions carryover, if any, to 2017

**b** From 2013. . . . . . . . . . 0 c From 2014. . . . . . . 0

0 250,908

0

0

0

0

245,567

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D. line 7

a Applied to underdistributions of prior years

c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to

245,567

245,567

250,908

0

(ii)

Underdistributions

Pre-2017

0

0

Schedule A (Form 990 or 990-EZ) (2017)

1,937,500

254,012

2,191,512

821,500

2,196,853

3739 44 %

2,196,853

250,908

1,945,945

(iii)

Distributable

Amount for 2017

0

Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions) Facts And Circumstances Test 990 Schedule A, Supplemental Information Return Reference Explanation SCHEDULE A, PART IV, SECTION CARRIE J. S. WONG IS A CO-TRUSTEE OF THE WATERHOUSE CHARITABLE TRUST AND SERVED ON THE BOA D. LINE 3 RD OF THE TRUSTS SUPPORTED ORGANIZATION, PALAMA SETTLEMENT ("PALAMA") UNTIL SEPTEMBER 2015 STANLEY MUKAI IS ALSO A CO-TRUSTEE OF THE WATERHOUSE CHARITABLE TRUST AND SERVED ON THE PALAMA BOARD, FROM SEPTEMBER 2015 TO MARCH 31, 2018 BY MEANS OF THIS RELATIONSHIP, BOTH M S WONG AND MR MUKAI HAD REGULAR FACE-TO-FACE OR TELEPHONIC MEETINGS WITH REPRESENTATIVES OF PALAMA, AND HAVE HAD A "CLOSE CONTINUOUS WORKING RELATIONSHIP" WITH PALAMA MR MUKAI AND MS WONG ALSO HAVE OUARTERLY MEETINGS WITH PALAMA AND WAIALAE BAPTIST CHURCHS ("WAIALA E") EXECUTIVE DIRECTOR AND BOARD PRESIDENT, DURING WHICH THEY DISCUSS PROJECTED NEEDS AND WAYS IN WHICH THEY WOULD LIKE THE WATERHOUSE CHARITABLE TRUST TO USE ITS INCOME AND INVEST ITS ASSETS ADDITIONALLY, THE CO-TRUSTEES OF THE WATERHOUSE CHARITABLE TRUST COMMUNICATE REGULARLY ABOUT ITS INVESTMENTS AND PLANS FOR DISTRIBUTION FROM THE WATERHOUSE CHARITABLE TRUST THE CO-TRUSTEES OF THE WATERHOUSE CHARITABLE TRUST MAINTAIN DISCRETION REGARDING TH E TIMING AND AMOUNT OF DISTRIBUTIONS, CONSISTENT WITH THE CO-TRUSTEES FIDUCIARY DUTIES

Schedule A (Form 990 or 990-EZ) 2017

990 Schedule A, Supplemen	990 Schedule A, Supplemental Information								
Return Reference	Explanation								
SCHEDULE A, PART V, SECTION D, LINE 8	OF THE \$2,196,853 DISTRIBUTABLE AMOUNT THE WATERHOUSE CHARITABLE TRUST INCURRED FOR THE JU NE 30, 2018 FISCAL YEAR, \$550,000 WAS SENT TO PALAMA AND \$271,500 TO WAIALAE, CONSTITUTING 37 394% OF THE WATERHOUSE CHARITABLE TRUSTS REQUIRED DISTRIBUTABLE AMOUNT PALAMA AND WAI ALAE ARE "ATTENTIVE" TO THE OPERATIONS OF THE WATERHOUSE CHARITABLE TRUST, AS THE DISTRIBU TION TO PALAMA AND WAIALAE REPRESENTS AT LEAST 10% OF EACH ORGANIZATIONS TOTAL SUPPORT BAS ED ON THE 2016 TAX YEAR (THE TAX YEAR ENDING BEFORE THE BEGINNING OF THE WATERHOUSE CHARIT ABLE TRUSTS TAX YEAR) AS OF DECEMBER 31, 2016, PALAMA AND WAIALAES TOTAL REVENUES EQUALED \$1,984,007 AND \$1,080,416 RESPECTIVELY Up until the newly proposed regs of Feb 19, 2016, the Trust met the "Responsiveness" test through its relationship with Palama Settlement (by having a Trustee sit on Palama's board) Since then, the Trust has been satisfying the required Responsiveness test with respect to ALL five (5) beneficiaries through quarterly meetings with all the supported organizations' officers with the most recent meeting having taken place on June 13, 2018								

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 99-6086871

Name: The Waterhouse Charitable Trust

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv Is the organisted in Justed in governing o	anızatıon n your	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) THE WAIALAE BAPTIST CHURCH	990117996	1	Yes		271,500	0
(A) PUNAHOU SCHOOL	990073523	2	Yes		300,000	0
(B) UNIVERSITY OF HAWAII FOUNDATION	990085260	5	Yes		735,000	0
(C) PALAMA SETTLEMENT	990074140	7	Yes		550,000	0
(D) NEW MEXICO MILITARY INSTITUTE FOUNDATION	856010718	7	Yes		81,000	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

### **Supplemental Financial Statements**

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

DLN: 93493135025919 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** The Waterhouse Charitable Trust 99-6086871 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining C	ollections of	Art, Histo	rical T	reası	ıres, or	Other	Similar A	ssets (	continued)	)
3		ng the organization's acquisition, access ns (check all that apply)	on, and other r	ecords, chec	k any o	the fo	ollowing t	hat are a	significant	use of its	s collection	ı
а		Public exhibition		d		Loan	or excha	ange prog	ırams			
b		Scholarly research		e		Othe	er					
C		Preservation for future generations										
4		ride a description of the organization's c XIII	ollections and e	explain how t	hey furt	her th	e organız	ation's ex	kempt purpo	ose in		
5		ing the year, did the organization solicit ets to be sold to raise funds rather than							nlar	□ Ye		No
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization and X, line 21.		on Form 99	90, Par	t IV, li	ine 9, or	reporte	ed an amo			
1a		ne organization an agent, trustee, custo uded on Form 990, Part X?	dian or other in	termediary f	or contr	ibution	s or othe	er assets	not	□ Ye	es 🗆	No
ь	If "Y	Yes," explain the arrangement in Part XI	II and complete	e the follow	ng table		[		-	Amount		
c	Begi	inning balance						1c				
d	Addı	itions during the year						1d				
е	Dist	ributions during the year						1e				
f	End	ing balance						1f				
2a	Did	the organization include an amount on	Form 990, Part	X, line 21, fo	or escro	w or cu	ıstodıal a	ccount lia	ability?	□ Ye	es 🗆	No
b		es," explain the arrangement in Part XI									🗆	
Pa	irt V	Endowment Funds. Complete										
1-	Regin	ining of year balance	(a)Current	year (b	Prior ye	ar	(c)Two ye	ears back	(d)Three ye	ars back	(e)Four ye	ars back
	_	ributions				-						
		nvestment earnings, gains, and losses										
		s or scholarships										
	Other	r expenditures for facilities programs				$\dashv$						
f		nistrative expenses										
		of year balance										
2	Prov	vide the estimated percentage of the cu	rent vear end b	palance (line	1a. colu	ımn (a	)) held a	s				
а		rd designated or quasi-endowment <b>&gt;</b>	, ,	<b>,</b>	-5,		,,					
ь	Pern	manent endowment <b>&gt;</b>										
c	Tem	porarily restricted endowment >										
•		percentages on lines 2a, 2b, and 2c sho	ould equal 100%	6								
3а	Are	there endowment funds not in the poss	•		nat are l	neld an	ıd admını	stered fo	r the		Yes	No
	(i) t	unrelated organizations									a(i)	
b		related organizations	 ons listed as re	quired on Sc	 hedule l	٠, ۲۶	• •				a(ii) 3b	
4	Des	cribe in Part XIII the intended uses of th	ne organization'	s endowmer	t funds							
Pa	rt VI											
	Desc	Complete if the organization and cription of property (a) Cost or organization (investigation)	ther basis (	on Form 99 ( <b>b)</b> Cost or oth					rm 990, Pa depreciation		ne 10. ( <b>d)</b> Book va	lue
1a	Land				4,7	40,000						4,740,000
b	Buıldı	ngs			5,2	60,000			1,022,778			4,237,222
c	Lease	ehold improvements			2	40,000			30,783			209,217
		ement										
	Other											
		t lines 1a through 1e (Column (d) must	equal Form 99	O Part X co	lumn (B	) line	10(c)		•			0 196 420

	Con Form 000 Part V line 12		
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	l derivatives	. 25,280,000	С
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col (B) line 12 )	<b>▶</b> 25,280,000	
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fo  (a) Description of investment	rm 990, Part IV, line 1	(c) Method of valuation
(1)			Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13 )		
Part IX	Other Assets. Complete if the organization answered '(a) Description	Yes' on Form 990, Part IV,	
(1)	(a) Description		(b) Book value
(2)			
(3)			
(3)			
(3) (4) (5)			
(3) (4) (5) (6)			
(3) (4) (5) (6) (7)			
(3) (4) (5) (6) (7) (8)			
(3) (4) (5) (6) (7) (8) (9)  Total. (Colu	umn (b) must equal Form 990, Part X, col (B) line 15 )		
(3) (4) (5) (6) (7) (8) (9)	<b>Other Liabilities.</b> Complete if the organization an See Form 990, Part X, line 25.		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X) 1.	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability	swered 'Yes' on Form S	990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X) 1.	<b>Other Liabilities.</b> Complete if the organization an See Form 990, Part X, line 25.		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Colument X)  1. (1) Federal (1)	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Columerat X)  1. (1) Federal (2)	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Colument X)  1. (1) Federal (2) (2) (3) (4)	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.
Part X  1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.
(3) (4) (5) (6) (7) (8) (9)  Total. (Columnation of the columnation of	Other Liabilities. Complete if the organization an See Form 990, Part X, line 25.  (a) Description of liability		990, Part IV, line 11e or 11f.

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line $\mathbf{2e}$ from line $1$		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	)	5	
Par	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa		Retur	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3)	5	
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		rt V, line	4, Part X, line 2, Part
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2017	Page <b>5</b>	
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPHIC print - [	OO NOT PROCESS	As Filed Data -					DLI	N: 934931350	25919
Schedule I (Form 990)  Department of the Treasury	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  ► Attach to Form 990.  ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.								47
Internal Revenue Service  Name of the organization						Emplo	yer identific	ation number	
The Waterhouse Charitable Tr						99-60	86871		
	rmation on Grants								
the selection criteria us  Describe in Part IV the	sed to award the grants organization's procedu	or assistance? res for monitoring the u	se of grant funds in the U	nited States				<b>☑</b> Yes	□ No
			and Domestic Governme ditional space is needed	ents. Complete If the o	rganization answered "Yes	" on Form 990,	Part IV, line	21, for any recip	vient
(a) Name and address of organization or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Descri noncash as		(h) Purpose o or assistance	f grant
(1) See Additional Data									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
		-	s listed in the line 1 table				<b>.</b>		5
For Paperwork Reduction Act N				Cat No 50055			Scho	edule I (Form 990	) 2017

TRUSTEES WILL AT LEAST ANNUALLY REVIEW DISTRIBUTIONS AND INFORMATION WITH REGARD TO THE BENEFICIARIES

#### **Additional Data**

Palama Settlement

1047 21st Avenue

Honolulu, HI 96816

810 N Vineyard Blvd Honolulu, HI 96817 The Waialae Baptist Church

#### Software ID: Coffware Versions

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

(g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

Community-Based Social Services

Series

Support Church Lecture

501(c)(3)

501(c)(3)

99-0074140

99-0117996

550,000

271,500

Name: The Waterhouse Charitable Trust

Software Version:	
EIN:	99-6086871

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Punahou School 99-0073523 501(c)(3) 300.000 Support School ing Program

1601 Punahou Street Honolulu, HI 96822						Swimming Progra
New Mexico Military Institute Foundation 101 W College Blvd	85-6010718	501(c)(3)	81,000	0		Support School Scholarships

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Roswell, NM 88201

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant **(b)** EIN organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 99-0085260 501(c)(3) 735.000 Support School Football University of Hawaii Foundation Program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2444 Dole St Honolulu, HI 96822

efil	e GRAPHIC pr	rint - DO NOT PROCESS	DLN: 9349	313	5025	919		
Schedule J (Form 990)		Compensation Information	ОМВ	No	1545-0	047		
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23	.   7	2017				
_		▶ Attach to Form 990.		Open to Public				
•	pepartment of the Treasury termal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.qov/form990. ■ In							
	ne of the organiza Waterhouse Charita		er identificatio	n nu	mber			
me	waternouse Charita	99-6086	871					
Pa	rt I Questi	ons Regarding Compensation						
			_		Yes	No		
1a		opiate box(es) if the organization provided any of the following to or for a person listed on Forr ection A, line 1a Complete Part III to provide any relevant information regarding these items	n					
		s or charter travel Housing allowance or residence for personal						
	_	companions $\square$ Payments for business use of personal reside	ence					
		nification and gross-up payments  Health or social club dues or initiation fees						
	☐ Discretion	nary spending account	7)					
b		xes in line 1a are checked, did the organization follow a written policy regarding payment or re all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b				
2		ation require substantiation prior to reimbursing or allowing expenses incurred by all		2				
	directors, truste	ees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?						
3		If any, of the following the filing organization used to establish the compensation of the						
	_	EO/Executive Director  Check all that apply  Do not check any boxes for methods ed organization to establish compensation of the CEO/Executive Director, but explain in Part III	1					
		ation committee  Written employment contract  Compensation consultant  Compensation survey or study						
		of other organizations  Approval by the board or compensation com	mittee					
4		, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing orga						
	related organiza		····zacion or a					
а	Receive a sever	ance payment or change-of-control payment?		4a		No		
b	Participate in, o	r receive payment from, a supplemental nonqualified retirement plan?		4b		No		
C		r receive payment from, an equity-based compensation arrangement?	_	4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III						
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons liste	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
	compensation c	ontingent on the revenues of						
a	The organization		_	5a		No		
Ь	Any related orga	anization? 5a or 5b, describe in Part III	-	5b		No_		
6	-	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any						
•		ontingent on the net earnings of						
а	The organization	n?	L	6a		No		
b	Any related orga			6b		No		
	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed escribed in lines 5 and 6? If "Yes," describe in Part III		7		No		
8	subject to the in	ints reported on Form 990, Part VII, paid or accured pursuant to a contract that was nitial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe						
	ın Part III			8		No		
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the rebuttable presumption procedure described in Regulation	ons section	9				
For I		uction Act Notice, see the Instructions for Form 990. Cat. No. 50053T	Schedule 1 (		990)	2017		

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC compensation (E) Total of columns (C) Retirement and (F) Compensation in column (B) reported other deferred benefits (B)(i)-(D)(ii) Bonus & incentive (i) Base (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Stanley Y Mukai 70,000 (i) 0 0 0 0 70,000 0 Co Trustee 391,085 60,225 (ii) 12,962 10,600 30,205 505,077

Schedule J (Form 990) 2017									

Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation

Schedule 1 (Form 990) 2017

efile GRAPHIC pr	int - DO NOT PROCESS   As Filed Data -	DLN:	: 93493135025919				
SCHEDULE O	OMB No 1545-0047						
(Form 990 or 990- EZ) Department of the Treasury	Supplemental Information to Form 990 or 990-EZ  Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.  Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.						
Internal Revenue Service Name of the organizat The Waterhouse Charitable	ification number						
990 Schedule O, S	Supplemental Information						
Return Reference	Explanation	on					
MEETING DOCUMENTATION	Form 990, Part VI, Section A, Line 8B. The organization does not have any separate committ ees as there are only two trustees. As such, the organization has answered no for the documentation of committee meetings						

Return
Reference

Explanation

FORM 990 | Form 990 | Part VI | Section B | Line 11b | The Waterhouse Charitable Trust tax firm and The W

FORM 990
REVIEW
PROCESS
Form 990, Part VI, Section B, Line 11b The Waterhouse Charitable Trust tax firm and The W
aterhouse Charitable Trust Team work together to gather the required information necessary
to complete the Form 990. The tax firm prepares an initial draft Form 990 and reviews thi
s initial draft with The Waterhouse Charitable Trust Team. Any recommended changes and com
ments are considered and the Form 990 is updated. The final draft Form 990 is then reviewe.
d by the two trustees and is approved prior to the filing of the return.

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	Form 990, Part VI, Section B, Line 12 The Trustees at The Waterhouse Charitable Trust are required to disclose all potential conflicts as they arise, and at a minimum annually thro ugh a written Conflict of Interest Questionnaire. The disclosures are evaluated to help de termine whether any formal action is required. Should there be a conflict, the trustees may enter into a transaction or arrangement on behalf of the trust if 1. The Trustee has disclosed the COI in accordance with the Policy, 2. The non-conflicted Trustees after reason able investigation, including reliance on independent studies and opinions, determine the transaction/arrangement to be fair and in the best interest of the Trust, 3. The conflicte d-Trustee recuses him/herself.

Return Explanation
Reference

POLICY

ICY

WHISTLEBLOWER

Form 990, Part VI, Section B, line 13 As the Waterhouse Charitable Trust does not have an v directors, employees, or volunteers, there is no requirement to have a whistleblower pol

Return Reference	Explanation
	Form 990, Part VI, Section B, Line 15 The Co-Trustee fees were determined by a compensati
OF	on study conducted by Fredric W_cook & Co , Inc in 2011 The Trustees rely upon comparabl
COMPENSATION	e data, such as an independent appraisal or an independent compensation study, in reaching

OMPENSATION

e data, such as an independent appraisal or an independent compensation study, in reaching its determination as to the fairness and reasonableness of the transaction or arrangement to the Trust. The compensation is disclosed to the Master appointed by the Court to determine the reasonableness of the Trustee's compensation and file his report in accordance with the annual Petition for Approval of Trust's Accounts.

Return Explanation

DOCUMENTS Form 990, Part VI, Section C, Line 19 The documents are made available upon request

AVAILABLE
TO THE
PUBLIC

Return Explanation
Reference

OVERSIGHT
OF
FINANCIAL
STATEMENTS
FORM 990, PART XII, LINE 2C THE ORGANIZATION DOES NOT HAVE A SEPARATE COMMITTEE RESPONSIB
LE FOR THE OVERSIGHT OF THE FINANCIAL STATEMENTS THE TRUST ADMINISTRATOR IS RESPONSIBLE F
OR THE OVERSIGHT OF THE FINANCIAL STATEMENTS

efile GRAPHIC print - DO NOT PROCESS As Filed

**SCHEDULE R** 

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

**DLN: 93493135025919**OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization The Waterhouse Charitable Trust						Employer iden	ntification number		
The waterhouse Chantable Hust						99-6086871			
Part I Identification of Disregarded Entities Complete	e if the org	janization answe	red "Yes" on Form	990, Part I	V, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (stat or foreign country)	(d) e Total ind		<b>(e)</b> End-of-year assets	(f) Direct controlli entity	ıng	
(1) Ringwood LLC 770 Kapiolani Street Suite 506 Honolulu, HI 96813 27-3922065	R	ental Income	CA	:	786,082	9,375,070	Waterhouse		_
(2) Waterhouse Investments LLC 770 Kapiolani Street Suite 506 Honolulu, HI 96813 27-3921800	Н	olding Co	CA		0	0	Waterhouse		
									_
									<del>-</del> -
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year	t <b>ions</b> Com	plete if the orga	nızatıon answered	"Yes" on Fo	rm 990,	Part IV, line 34	because it had one	or more	
(a) Name, address, and EIN of related organization	F	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code		(e) Public charity status (if section 501(c)(3)		Section (13) co	itity?
(1)The Waialae Baptist Church 1047 21st Avenue	Church		HI	501(c)(3)		1	NA	Tes	No
Honolulu, HI 96816 99-0117996									
(2)Punahou School 1601 Punahou Street	School		HI	501(c)(3)		2	NA		No
Honolulu, HI 96822 99-0073523									
(3)University of Hawaii Foundation 2444 Dole St Bachman Hall 105	Suppor	t Univ	HI	501(c)(3)		3	Univ of HI		No
Honolulu, HI 96822 99-0085260									
(4)Palama Settlement Inc 810 North Vineyard Blvd	Commi	unity Svc	HI	501(c)(3)		7	NA		No
Honolulu, HI 96817 99-0074140									$\perp$
(5)New Mexico Military Institute Fdn Inc 101 W College Blvd	Suppor	t Univ	NM	501(c)(3)		7	NM Mil Inst		No
Roswell, NM 88201 85-6010718									_
								$\bot$	_
For Personal Parks and Nation 2 of the Control of t	000		C-1 N 52/2	IF.V				000) 5	12.
For Paperwork Reduction Act Notice, see the Instructions for Forn	m 990.		Cat No 5013	5 Y			Schedule R (For	m 9901 2	.017

Schedule R (Form 990) 2017														Page <b>2</b>
Part III Identification of Related Orga one or more related organization				e if the orga	anızatıc	n ansv	wered "Ye	s" on Form	990,	Part I\	/, line 34 b	ecaus	e it h	ad
(a) Name, address, and EIN related organization	of	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Direct controlling entity	Predor Income( unrel exclude tax u section	ninant related, ated, ed from nder s 512-	(f) Share of total income	(g) Share of e end-of-year assets	(H Dispropi allocat	rtionate	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	al or ging ner?	<b>(k)</b> Percentage ownership
Part IV Identification of Related Orga because it had one or more relati							ation ans	 wered "Yes	on Fo	orm 99	90, Part IV	, line	34	
(a)  Name, address, and EIN of related organization	(b) Primary activity	(c Leg domi (state or count	) al cıle foreıgn	Direct co	d) ontrolling	Type o (C co	e) If entity Sorp, Sorp, rust)	<b>(f)</b> hare of total ıncome	Share	(g) of end-o year ssets	of- Perce	h) ntage ership		(i) ection 512 (b)(13) controlled entity?
(1)Waterhouse Properties Inc	Hld Co Rental	HI		Waterhou	seTr	C Corp		4,463,221	3:	8,348,34	46 100 0	00 %	-	res No
770 Kapiolani Street Suite 506 Honolulu, HI 96813 99-0078238														
(2)Soboba Springs Royal Vista Golf Course	Co Rental	HI		Waterhou	se	C Corp		-16,469		9,935,1	11 100 0	00 %	Y	es
770 Kapiolani Street Suite 506 Honolulu, HI 96813 99-0324594														
(3)San Ramon Royal Vista Golf Courses Inc	Recreation	HI		Soboba		C Corp		-17		25	50 100 0	00 %	Y	es
770 Kapıolanı Street Suite 506 Honolulu, HI 96813 99-0241099														
(4)Francis Camera Shop Inc 770 Kapiolani Street Suite 506 Honolulu, HI 96813 99-0111294	Co Rental	HI		Waterhou	se	C Corp		189,482		497,58	33 100 0	00 000 %		es
( <b>5)</b> Ontario Apartments Inc	Rental	HI		Waterhou	se	C Corp		297,595		24,83	17 100 0	00 %	Y	es
770 Kapiolani Street Suite 506 Honolulu, HI 96813 99-0143033														
(6)Waterhouse Ventures Inc	Management	HI		Soboba		C Corp		-1,728		2,718,53	37 100 0	00 %	Y	es
770 Kapiolani Street Suite 506 Honolulu, HI 96813 99-0241103														

(1)Palama Settlement

(4)Punahou School

(6)Waterhouse Inc

(2)The Waialae Baptist Church

(5)University of Hawaii Foundation

(3) New Mexico Military Institute Foundation

No

Yes

Yes 1f |

1g

1h

1i

1j

1k

11

1m

1n

1p 1a

1r

1s

Schedule R (Form 990) 2017

Method of determining amount involved

Yes

Yes

Yes

Page 3

Part V Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

В

В

(b)

Transaction type (a-s)

(c) Amount involved

550,000

271,500

81,000

300,000

735.000

400,000

Cost

Cost

Cost

Cost

Cost

Cost

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. 1a Yes 1b 

1c 1d 1e 

Name of related organization

Sale of assets to related organization(s) . . .

Purchase of assets from related organization(s).

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner	g l	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
	•		•			•				Schedul	e R (Forn	າ 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

#### **Additional Data**

The Waialae Baptist Church

University of Hawaii Foundation

Punahou School

Waterhouse Inc

New Mexico Military Institute Foundation

### Software ID: **Software Version:**

**EIN:** 99-6086871

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d)  Method of determining amount involved
Palama Settlement	В	550,000	Cost

Form 990, Schedule R, Part V - Transactions With Related Organizations

Name: The Waterhouse Charitable Trust

271,500

81,000

300,000

735,000

400,000

В

В

В

В

Cost

Cost

Cost

Cost

Cost