1997 - 1 121 1997 - 1 121

EXTENDED TO NOVEMBER 15, 2019 Return of Private Foundation

*. Form 990-PF Department of the Treasury internal Revenue Service

or Section 4947(a)(1) Trust Treated as Private Foundation ➤ Do not enter social security numbers on this form as it may be made public

➤ Go to www.irs.gov/Form990PF for instructions and the latest information.

| For | cale | ndar year 2018 or tax year beginning | | , and ending | | |
|---------------------------------------------|--------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Na | me o | f foundation | | | A Employer identification | n number |
| ŀ | IAW | AII EMERGENCY PHYSICIAN | S EDUCATION | | | |
| Ē | UO' | NDATION | | | 99-0269551 | |
| Nu | mber a | and street (or P,O box number if mail is not delivered to stree | t address) | Room/suite | | |
| E | .0 | . BOX 1266 | | | 808-263-72 | 203 |
| | | own, state or province, country, and ZIP or foreign p | ostal code | • | C If exemption application is p | · · · · · · · · · · · · · · · · · · · |
| | | LUA, HI 96734 | | | | 3 , |
| | | call that apply. Initial return | Initial return of a f | ormer public charity | D 1 Foreign organization | s. check here |
| | | Final return | Amended return | • | | |
| | | Address change | Name change | | 2 Foreign organizations mi check here and attach co | eeting the 85% test, |
| Н | Check | | xempt private foundation | ~ 1 | E If private foundation sta | |
| |] Se | ection 4947(a)(1) nonexempt charitable trust | | ation O | under section 507(b)(1 | |
| l F | | arket value of all assets at end of year J Account | | Accrual | F If the foundation is in a | • • |
| (f | rom f | | ther (specify) | | under section 507(b)(1 | . [|
| | \$ | | nn (d) must be on cash bas | IS.) | - | |
| :Pi | irt l | Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | | The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) |
| _ | 1 | Contributions, gifts, grants, etc., received | | THE PROPERTY. | A PROPERTY OF THE PARTY OF THE | |
| \ | 2 | Check X if the foundation is not required to attach Sch. B | | THE STATE OF THE | | |
| | 3 | Interest on savings and temporary cash investments | | | | The state of the s |
| | 4 | Dividends and interest from securities | 7,359. | 7,359 |). | STÄTEMENT 1 |
| | 5a | Gross rents | | | | LANGE PROPERTY OF THE |
| | Ь | Net rental income or (loss) | 经 公司的 第二次 有 | | PORTER TO THE PROPERTY OF THE PARTY OF THE P | "这只是是是是是 |
| | Ra. | Net gain or (loss) from sale of assets not on line 10 | 76,240. | 建筑建筑地址。 | A SASTANA GARAGA | |
| Revenue | Ь | Gross sales price for all assets on line 6a 134,663. | | THE STATE OF THE S | AND THE STATE OF T | ACCESSED ST |
| Š | 7 | Capital gain net income (from Part IV, line 2) | LENGTH TO THE WAR | 76,240 | | JEIVEU |
| æ | 8 | Net short-term capital gain | | THE PROPERTY. | 44 | S S S S S S S S S S S S S S S S S S S |
| | 9 | Income modifications | | | NOV | 21-2019 |
| | 10a | Gross sales less returns | AND THE RESERVE OF THE | THE HEATTH ST | 数型要数 O PASS | 2 |
| | ' . | Less Cost of goods sold | The state of the s | 1.30 2.62 2.77 77.5 | | SENE LITE |
| | 1 | Gross profit or (loss) | | CAPACTOR TO | 00 | The state of the s |
| | 11 | Other income | | | | 建筑是数据发展的 |
| | 12 | Total Add lines 1 through 11 | 83,599. | 83,599 | | |
| | 13 | Compensation of officers, directors, trustees, etc | 0. | C | | 0. |
| | 14 | Other employee salaries and wages | | | | |
| | 15 | Pension plans, employee benefits | | | | |
| es | | Legal fees | | | | |
| eus | Ь | Accounting fees | | | | |
| 꼾 | c | Other professional fees | | | • | |
| C 2.0 2010 ng and Administrative Expense | 17 | Interest | | | | |
| ati | 18 | Taxes STMT 2 | 141. | 91 | | 0. |
| str | 19 | Depreciation and depletion | | | | |
| 7,0 | 20 | Occupancy | | | | The state of the second |
| A 22 | 21 | Travel, conferences, and meetings | | | | |
| CE | 22 | Printing and publications | | | | |
| Súa | 23 | Other expenses STMT 3 | 4. | 0 | - | 0. |
| #C | 24 | Total operating and administrative | | | | |
| ΣŘ | | expenses Add lines 13 through 23 | 145. | 91 | | 0. |
| ٦٥ | 25 | Contributions, gifts, grants paid | 23,500. | AND STREET OF THE PROPERTY OF THE PARTY OF T | THE PERSON NAMED OF THE PE | 23,500. |
| 7 | 26 | Total expenses and disbursements. | | A DESCRIPTION OF THE PROPERTY | 22 Company and Sand And South State . | |
| Z | _ | Add lines 24 and 25 | 23,645. | 91 | | 23,500. |
| OPERATION OF STREET | 27 | Subtract line 20 from line 12: | | 事情。學術術學的特 | | ENTERNAMENT PROPERTY. |
| 5. | a. | Excess of revenue over expenses and disbursements | 59,954. | | 新罗斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯 | 家理验证证证证 |
| • | | Net investment income (if negative, enter -0-) | | 83,508 | | |
| | | Adjusted net income (if penative enter -0-) | | THE RESERVE | N/A | POTENCY WITH NO |

HAWAII EMERGENCY PHYSICIANS EDUCATION Form 990-PF (2018) FOUNDATION 99-0269551 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 23,320. 41,637 2 Savings and temporary cash investments 23,320. 3 Accounts receivable ► Less; allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U S. and state government obligations 57,096. 135,367. b Investments - corporate stock STMT 4 120,054. c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment, basis Less accumulated depreciation 15 Other assets (describe ► 16 Total assets (to be completed by all filers - see the 98.733. 158,687. 143,374 instructions Also, see page 1, item I) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright [X]$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund ο. 0. 98,733. 158,687. 29 Retained earnings, accumulated income, endowment, or other funds 98,733. 158,687. 30 Total net assets or fund balances 98,733. 158,687 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 3 0.

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

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

4 158,687.

158,687.

Form 990-PF (2018)

Form 990-PF (2018) 99-0269551 Page 3 FOUNDATION Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (c) Date acquired (a) List and describe the kind(s) of property sold (for example, real estate, (d) Date sold (mo., day, yr.) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (mo, day, yr.) 1a b SEE ATTACHED STATEMENT C d (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) a b d 134,663. 76,240. 58,423 е Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col (h) gain minus (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) FMV as of 12/31/69 Losses (from col (h)) as of 12/31/69 over col. (j), if any a b C đ 76,240. e If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) 2 76,240. If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). N/A If (loss), enter -0- in Part 1, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries (d)
Distribution ratio
(col. (b) divided by col. (c)) (a) Base period years (b) (c) Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) 34,455 202,139 .170452 2017 10,015. 204,811 .048899 2016 4,005. 204,985. .019538 2015 4,505 198,962 .022643 2014 5,505 187,099. .029423 2013 .290955 2 2 Total of line 1, column (d) Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years .058191 3 170,194. Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 9,904. Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 835.

7

8

10,739.

23,500.

Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

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

| | 2 | | | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|-------|-------------|
| | HAWAII EMERGENCY PHYSICIANS EDUCATION () | | | | |
| | | 99-026 | | | Page 4 |
| Pa | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 | 948 - see | ∍ instru | ıctio | ns) |
| 1a | a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🗶 and enter 1% | 1 | | 8 | <u>35.</u> |
| | of Part I, line 27b | | | | |
| | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b). | | | | _ |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 2 | | | 0. |
| | Add lines 1 and 2 | 3 | | 8 | <u>35.</u> |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | | | 0. |
| | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | 8 | <u>35.</u> |
| | Credits/Payments | | | | |
| | a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 64. | | | | 1 |
| | Exempt foreign organizations - tax withheld at source | 1 | | | |
| | : Tax paid with application for extension of time to file (Form 8868) 6c 800. | · | | | |
| | I Backup withholding erroneously withheld 6d 0. | ŀ | | | |
| | Total credits and payments Add lines 6a through 6d | 7 | | 8 | <u>64.</u> |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | 0. |
| | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | <u> 29.</u> |
| | Enter the amount of line 10 to be Credited to 2019 estimated tax | 11 | | | <u>0.</u> |
| _ | art VII-A Statements Regarding Activities | | | Yes | No |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | 1 | | 165 | |
| | any political campaign? | | 1a | | X |
| D | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition of the appropriate the property of the appropriate that are the structions for the definition of the appropriate the property of the appropriate that are the structions for the definition of the appropriate that are the structions for the definition of the appropriate that are the structions for the definition of the appropriate that are the structions for the definition of the appropriate that are the structions for the definition of the appropriate that are the structions for the definition of the appropriate that are the structions for the definition of the appropriate that are the structions for the definition of the appropriate that are the structions for the definition of the appropriate that are the structions for the appropriate that are the struction of | ion | 1b | | <u>X</u> |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
| _ | distributed by the foundation in connection with the activities | | | | v |
| | Did the foundation file Form 1120-POL for this year? | | 16 | | <u>X</u> |
| u | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ 0 • (2) On foundation managers. ► \$ 0 • | | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| e | managers > \$ 0. | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| 2 | If "Yes," attach a detailed description of the activities. | | - | | |
| 2 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| J | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | <u>`X</u> _ |
| 42 | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 14/21 | 5 | | X |
| • | If "Yes," attach the statement required by General Instruction T | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | i | |
| ٠ | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state key | aw. | | | |
| | remain in the governing instrument? | | 6 | x | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | | 7 | X | |
| • | The second second second second at any time coming the year. If you complete that it, one (o), which the two | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | l | |

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

of each state as required by General Instruction G? If "No," attach explanation

Form **990-PF** (2018)

8b

10

Form 990-PF (2018) FOUNDATION

Part VII-A Statements Regarding Activities (continued)

DATION 99-0269551 Page 5 egarding Activities (continued)

| | art va A Contents regarding Activities (continued) | Υ | | |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|----------|
| | | | Yes | No |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | v |
| 10 | section 512(b)(13)? If "Yes," attach schedule. See instructions Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | 11 | | <u>X</u> |
| 12 | If "Yes," attach statement. See instructions | 12 | | X |
| 12 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ▶ DONNA LUZON Telephone no. ▶808-26 | 3-7 | 203 | |
| | Located at ► 407 ULUNIU STREET, 4TH FLOOR, KAILUA, HI ZIP+4 ►96 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | 3 |
| _ | foreign country > | | | |
| Pa | ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly). | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | 1 | |
| | (4) Pay compensation to, or pay of reinburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days.) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | |
| | before the first day of the tax year beginning in 2018? | 1c | | <u>X</u> |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | | |
| а | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | l | |
| | before 2018? | 1 | | |
| | If "Yes," list the years , , , , , , , , , , , , , , , , , , , | - | - | |
| D | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions) N/A | 2b | | |
| c | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 20 | | |
| · | | | ĺ | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| - | during the year? | | ľ | |
| b | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after | | | |
| | May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | . | | |
| | of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | - | 1 | , |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4b | | <u>X</u> |
| | | | DE | 0040 |

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Page 6

| 5a During the year, did the foundation pay or incur any amount to. | | | | | Yes | No |
|------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------|----------------------------------------------------------------|----------|-------------------|---------------|
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e)) ? | Y | es 🗶 No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indir | | | - | | , |
| any voter registration drive? | | | es 🗶 No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 9 | Y | es 🗶 No | | | , |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | | | | |
| 4945(d)(4)(A)? See instructions | | Ye | es 🗶 No | ٠ | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | | | 1 | , | |
| the prevention of cruelty to children or animals? | | | es 🗶 No 📗 | : | , | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni | | ın Regulations | | ŀ | - | , · |
| section 53.4945 or in a current notice regarding disaster assistance? See instr | | | N/A | 5b | , | |
| Organizations relying on a current notice regarding disaster assistance, check | | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for | | | | | | , |
| expenditure responsibility for the grant? | Λ | I/A L Y | es L No | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | [] | | | |
| a personal benefit contract? | | Ye | es X No | ۲. | | v |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | 1 | 6b | | X |
| If "Yes" to 6b, file Form 8870 | . h . l t t | | es X No | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | 16 | | 76 | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribute. | | | N/A | 7b | | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | s 1,000,000 iii remuneranon o | | es X No | | | |
| excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trust | ees Foundation Ma | | | 1 | | |
| Paid Employees, and Contractors | ccs, i ouridation wa | inagers, riiging | • | | | |
| 1 List all officers, directors, trustees, and foundation managers and t | heir compensation. | | | | | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to employee benefit plans | (| e) Expi count, | ense |
| (a) Name and address | hòurs per week devoted to position | (If not paid, enter -0-) | and deferred compensation | 40 | count, allowar | otner |
| | | | | | | |
| | | | | | | |
| SEE STATEMENT 5 | | 0. | 0 | | | 0. |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | |] | | | | |
| | | 1 | | | | |
| | | <u> </u> | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | | enter "NONE." | (d) Contabutons to | | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | (d) Contributions to employee benefit plans and deferred | aci | e) Expe count, | ense other |
| | devoted to position | (5) | compensation | a | llowar | ices |
| NONE | | | | | | |
| | | | | 1 | | |
| | | | | | | |
| | | | | + | | |
| | | | | 1 | | |
| | _ | | | \vdash | _ | |
| | | | | | | |
| | | | _ | 1 | _ | |
| | | | | 1 | | |
| | | | <u> </u> | 1 | | |
| Total number of other employees paid over \$50,000 | | | | | | 0 |

Form 990-PF (2018) FOUNDATION 99-0269551 Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Part VIII 3 Five highest-paid independent contractors for professional services. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (c) Compensation (b) Type of service NONE 0 Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the Expenses number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Part IX-B | Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments. See instructions.

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Total. Add lines 1 through 3

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| P | art X Minimum Investment Return (All domestic foundations in | must complete this pa | art Foreign fou | ndations, se | e instructions) |
|----|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------|------------------|---------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitat | ole, etc., purposes: | | | - |
| а | Average monthly fair market value of securities | | | 1a | 130,287. |
| b | Average of monthly cash balances | | | 1b | 130,287. 42,499. |
| C | Fair market value of all other assets | | | 1c | |
| d | Total (add lines 1a, b, and c) | | | 1d | 172,786. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | | | |
| | 1c (attach detailed explanation) | 1e | 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | | 2 | 0. |
| 3 | Subtract line 2 from line 1d | | | 3 | 172,786. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amoun | t, see instructions) | | 4 | 2,592. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and o | | | 5 | 170,194. |
| 6 | Minimum investment return Enter 5% of line 5 | | | 6 | 8,510. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations, check here ▶ ☐ and do not complete this part | | ng foundations ar | nd certain | · |
| 1 | Minimum investment return from Part X, line 6 | | | 1 | 8,510. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | 2a | 835. | | |
| b | Income tax for 2018 (This does not include the tax from Part VI.) | 2b | | | |
| C | Add lines 2a and 2b | | | 2c | 835. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | | 3 | 7,675. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 7,675. |
| 6 | Deduction from distributable amount (see instructions) | | | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par | t XIII, line 1 | | 7 | 7,675. |
| P | art XII Qualifying Distributions (see instructions) | | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., pur | poses: | | | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | | 1a | 23,500. |
| þ | Program-related investments - total from Part IX-B | | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charita | ble, etc., purposes | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | | _ | |
| а | Suitability test (prior IRS approval required) | | | 3a | |
| b | Cash distribution test (attach the required schedule) | | | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8; a | nd Part XIII, line 4 | | 4 | 23,500. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investigations. | estment | | | |
| | income Enter 1% of Part I, line 27b | | | 5 | 835. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | | | 6 | 22,665. |
| | Note: The amount on line 6 will be used in Part V. column (b), in subsequent years v | when calculation whether | r the foundation of | qualifies for th | e section |

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4940(e) reduction of tax in those years

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|-----------------------------------------|---------------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 7,675. |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only | | | 0. | |
| b Total for prior years | | | | |
| 3 Excess distributions carryover, if any, to 2018: | | 0. | | |
| a From 2013 | | | | 1 |
| b From 2014 | | 1 | | , |
| c From 2015 | | | | |
| d From 2016 | 1 | | • | |
| e From 2017 18,118. | 1 | | | |
| f Total of lines 3a through e | 18,118. | • | | |
| 4 Qualifying distributions for 2018 from | | | | |
| Part XII, line 4: ►\$ 23,500. | | | | |
| a Applied to 2017, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | *** | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2018 distributable amount | | | | 7,675. |
| e Remaining amount distributed out of corpus | 15,825. | | | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 33,943. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2017. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2018 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2019 | | | *************************************** | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2013 | | | | |
| not applied on line 5 or line 7 | 0. | AND THE PROPERTY. | 4 5 + 193 to 1 + 41 | |
| 9 Excess distributions carryover to 2019 | | | • • • • | |
| Subtract lines 7 and 8 from line 6a | 33,943, | e y e 141 | | |
| O Analysis of line 9: | | | | |
| a Excess from 2014 | | | | |
| b Excess from 2015 | | | 1 | |
| c Excess from 2016 | | | • | |
| d Excess from 2017 18,118. | | | | |
| e Excess from 2018 15,825. | | | | |

HAWAII EMERGENCY PHYSICIANS EDUCATION Form 990-PF (2018) FOUNDATION 99-0269551 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling 4942(j)(3) or 4942(1)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years 2 a Enter the lesser of the adjusted net Tax year (a) 2018 (b) 2017 (c) 2016 (d) 2015(e) Total income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter: (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) Largest amount of support from an exempt organization Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets Part XV at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number or email address of the person to whom applications should be addressed DONNA LUZON, 808-263-7203 P.O. BOX 1266, KAILUA, HI 96734 b The form in which applications should be submitted and information and materials they should include: COPY OF APPLICATION (SEE STATEMENT 6) c Any submission deadlines: NONE d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

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

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Part XV. Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year JAYDE VELLALOS NONE N/A SCHOLARSHIP C/O WASHINGTON STATE UNIVERSITY, PO BOX 641035 PULLMAN, WA 99164 3,000. HOLLIE REYES NONE N/A SCHOLARSHIP C/O SKAGIT VALLEY COLLEGE, 2405 E 1,000. COLLEGE WAY MT VERNON, WA 98273 SHARISSA BIRD NONE N/A SCHOLARSHIP C/O CENTRAL WASHINGTON UNIVERSITY, 400 E UNIVERSITY WAY ELLENSBURG, WA 3,000. 98926 NONE N/A SCHOLARSHIP PAULA MAROTO C/O GRAND CANYON UNIVERSITY, 3300 W CAMELBACK ROAD PHOENIX AZ 85017 3,000. KARLIE O'ROURKE NONE N/A SCHOLARSHIP C/O UNIVERSITY OF SAN DIEGO, 5998 ALCALA PARK SAN DIEGO CA 92110 3 000. SEE CONTINUATION SHEET(S) Total ▶ 3a 23,500. b Approved for future payment NONE Total **▶** 3b

Unrelated business income

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Excluded by section 512, 513, or 514

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

| Enter gross amounts unless otherwise indicated. | Unrelat | ed business income | | uded by section 512, 513, or 514 | (e) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|--------------------------------------------------|----------------------------------|-----------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | - | | | | |
| | | | | | |
| e | | | | | |
| g Fees and contracts from government agencies | | <u> </u> | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | <u> </u> |
| investments | | | | | |
| 4 Dividends and interest from securities | | | 14 | 7 250 | |
| | - | 3 2- | 14 | 7,359. | |
| 5 Net rental income or (loss) from real estate. | | | | | ···· |
| a Debt-financed property | | | ļ | | |
| b Not debt-financed property | | | ļ <u>.</u> . | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | - |
| 7 Other investment income | | , | | | |
| 8 Gain or (loss) from sales of assets other | | | | _ | |
| than inventory | | | 18 | 76,240. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| | | | | 1 | |
| | | | | | |
| | | | | | |
| de | | 0. | | 83,599. | 0. |
| d e 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | | 0. 83,599. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) | | 0. | | | 0. 83,599. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) | the Acco | | emp | 13 | 0. 83,599. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to | | omplishment of Ex | | t Purposes | 83,599. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income | ne is reported i | omplishment of Ex | | t Purposes | 83,599. |
| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to | ne is reported i | omplishment of Ex | | t Purposes | 83,599. |
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| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income | ne is reported i | omplishment of Ex | | t Purposes | 83,599. |
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| d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No Explain below how each activity for which income | ne is reported i | omplishment of Ex | | t Purposes | 83,599. |

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| 1 Did the organization directly or indirectly integral in any of the following with any other organization described in section 501(c) (other than section 501(c)) organizations of in section 527; retaining to political organizations? 1 Transfers from the reporting foundation to a noncharitable exempt organization of the following section of the section 501(c) organization or the section 501(c) organization or other section 501(c) organization organizat | Part | XVII | Information Re Exempt Organ | | sfers to a | and Transactions | and Relation | ships With Nonchar | ritable | • | <u>J</u> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------|-------------------------------------|--------------------------|-------------------|-----------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| (other than section 50 (Ic(3) organizations) or in section 527, retaining to political organizations? 11) Cash 11(1) Cash 12(2) Ditter assets 13(3) Rehal of scalests from a noncharitable exempt organization 12) Purchase of assets from a noncharitable exempt organization 13) Rehal of scalests, equipment, or other assets 11(4) X 14(1) X 14(1) X 14(1) X 14(1) X 14(1) X 15) Loans or loan guarantees 15(1) Loans or loan guarantees 15(| 1 Di | d the or | | | of the follows | no with any other organizat | tion described in se | ection 501(c) | \top | Yes | No |
| a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash (2) Other assets 10 Other instructions (1) Sales of raises from a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of Sacheles, equipment or other assets (4) Remaiursement arrangements (5) Loans or loan quarantees (8) Performance of services or membership or fundirising solicitations (8) Performance of services or embership or fundirising solicitations (9) If the answer to any of the above a "Yes", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or paid employees (a) If the answer to any of the above a "Yes", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received uses than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or paid employees (a) If the answer to any of the above a "Yes", complete the following schedule exempt organization (b) Amount involved (c) Reme of noncharitable exempt organization (d) Description of relationship N/A (a) Name of organization (b) Type of organization (c) Description of relationship N/A (a) Name of organization (b) Type of organization (c) Description of relationship N/A (a) Name of organization (b) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A (a) Name of organization (b) Type of organization (c) Description of relationship N/A (b) Type of organization (c) Description of relationship N/A (c) Description of relationship N/A (d) Description of relationship N/A (e) Description of relationship N/A (f) Description of relationship N/A (g) D | | | - | | | - · · · · · · · · · · · · · · · · · · · | | | | | |
| (2) Other assets b 6 Other transactions: (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) Sales of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in cellular (c) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in cellular transactions, and always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in cellular transactions, and always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in section 501(c) (d) the value of the goods, other assets, or services received in section 501(c) (other than section 501(c)) of the sharing arrangement, show in section 501(c) (other than section 501(c)) of the sharing paragraph of the section 501(c) (other than section 501(c)) of the sharing paragraph of the section 501(c) other than section 50 | | | | | | · - | | | | | |
| (2) Other assets b Other transactions; (1) Sales of assets to an anoncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursament arrangements (5) Loans or toin quarantees (5) Loans or toin quarantees (6) Performance of services or membership or fundrasing solicitations (7) Sharing of lacetiles, equipment, minaling lists, other assets, or paid employees (8) Performance of services or membership or fundrasing solicitations (9) In an above is "Yes", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received (9) Amount anyolived (1) N/A (2) Purchases of assets from a noncharitable exempt organization (3) the value of the goods, other assets, or services received (9) Amount anyolived (1) Rame of inoricharitable exempt organization (2) Purchases of assets on the fair market value of the goods, other assets, or services received (9) Amount anyolived (1) Rame of inoricharitable exempt organization (1) Rame of organization (2) Prescription of handers, expressions, and distance anyone asset, or services received (3) N/A (4) Description of handers, expressions, and distance anyone asset, or services received anyone asset, or services probable and services of handers, expressions, and distance anyone asset, or services exempt organization (6) Description of handers, expressions, and distance anyone asset, or services exempt organization (6) Description of handers, expressions, and distance anyone asset, or services exempt organization or description and described anyone asset, or services exempt organization or description of handers, expressions, and distance anyone asset, or services exempt organization or description of handers, expressions, and distance anyone asset, or services exempt organization or description or interest exempt organization or interest exempt organization or interest exempt organization or inter | (1 |) Cash | | | · | • | | | 1a(1) | | Х |
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| In section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer or trustee Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Check if PTIN self- employed Firm's name ▶ IKEDA & WONG CPA INC Firm's address ▶ 1001 BISHOP ST STE 1717 | | | | | | | | | | | |
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| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | _ | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | _ | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | _ | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | - , | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | <u> </u> | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | | | | | | | | | | | |
| In section 501(c) (other than section 501(c)(3)) or in section 527? Yes | 0 - 1-1 | | | | | | | | | | |
| (c) Description of relationship N/A Sign Here Variable Var | | | | | | or more tax-exempt organ | izations described | Г | 7 v | 7 | ٦ |
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| N/A Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge sturn with the preparer sown below? See mistresturn with the pre | וו ט | 168, 60 | | | | (h) Type of proapization | Τ | (c) Description of relationsh | 11D | _ | |
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| Sign Here Signature of officer or trustee Date Title | | | 1(/11 | | | | | ······· | | | |
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| Signature of officer or trustee Date Title | | and be | eller, it is true, correct, and con | npiete Declaration of pr | eparer (other tha | | | return for the second s | n with th | e prepare | er |
| Paid Print/Type preparer's name Preparer's signature Date Check if self- employed | Here | <u>,</u> | , 5 | | | × 11/4/19 | 2 × r | | | | 7 . I |
| Paid Preparer Use Only KIMBERLY FUKUDA Turbuly fukuda 10/17/19 P01368654 | | Sign | | | | | 1 | | | | |
| Paid Preparer Use Only KIMBERLY FUKUDA Turbuly T | | | Print/Type preparer's na | me | Preparer's s | ignature | Date | l <u></u> | | | |
| Preparer Use Only Firm's address ▶ 1001 BISHOP ST STE 1717 | D-:-I | | | | 1/ | Lula Lukuda | ⊥ | 1 ' 1 | | | |
| Use Only Firm's address ► 1001 BISHOP ST STE 1717 | | | | | 1 | | 10/17/19 | | | | |
| Firm's address ► 1001 BISHOP ST STE 1717 | - | | Firm's name IKE | DA & WONG | CPA I | NC | | Firm's EIN ► 99-02 | 2091 | 71 | |
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| | | | | | | | | Phone no /QOQ\E | 524- | 3661 | n |

| Part IV Capital Gains and Los | ses for Tax on Investment Income | | | -, - | |
|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-----------------------------------------------|------------------------------|
| | describe the kind(s) of property sol ick warehouse; or common stock, 2 | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr) |
| 1a VANGUARD ACCT | #38401406 - SEE | STATEMENT | P | VARIOUS | 05/08/18 |
| b VANGUARD ACCT | #38401406 - SEE | STATEMENT | P | VARIOUS | 05/08/18 |
| c 460 SHS CONSOL | IDATED EDISON IN | C | P | VARIOUS | 05/08/18 |
| d 400 SHS HAWAIIA | | | P_ | VARIOUS | 05/08/18 |
| e 800 SHS MERCK 8 | COMPANY INC NE | <u> </u> | P | VARIOUS | 05/08/18 |
| t 117 SHS CENTURY | | | P | VARIOUS | 05/08/18 |
| g 44 SHS AT&T INC | | | P | | <u>05/08/18</u> |
| h 128 SHS VERIZOR | | | P | | <u>05/08/18</u> |
| 1 300 SHS COMCAST | | | P | | <u>05/08/18</u> |
| | FIER COMMS CORP | NEW | P | | 05/08/18 |
| k 205 EXPRESS SCI | RIPTS HLDG CO | | P | VARIOUS | 05/08/18 |
| m | | | | | |
| n | | | | | |
| 0 | | | | | **** |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) plus (f) minus (g) | |
| a 4,060. | | 4,249. | | | -189. |
| b 1,463. | | 1,542. | · · | | -79 . |
| <u>c</u> 35,918. | | 13,058. | | | 22,860. |
| d 13,961. | | 9,050. | | | 4,911. |
| e45,888. | | 6,600. | | | 39,288. |
| 1 2,136. | | 7,030. | | | -4,894. |
| g 1,399. | | 2,177. | | | -778. |
| h 6,078. | | 2,911. | | | 3,167. |
| 9,458. | | 284. | | | 9,174. |
| 13. | | | | | 13. |
| k 14,289. | | 11,522. | | | 2,767. |
| 1 | | | | | |
| m | | | | | |
| n | | | | | |
| 0 | | | | | |
| Complete only for assets showing | g gain in column (h) and owned by t | the foundation on 12/31/69 | | sses (from col. (h)) | 1 //-2 |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | | of col. (h) gain over not less than "-0-") | |
| a | | | <u></u> | <u>.</u> | -189. |
| b | | | | | <u>-79.</u> |
| С | | | ****** | | 22,860. |
| d | | | | | 4,911. |
| <u>e</u> | | | | | 39,288. |
| <u>f</u> | | | | | -4,894. |
| 9 | | | | | <u>-778.</u> |
| <u>h</u> | | | | | 3,167. |
| <u> </u> | | | | | 9,174. |
| ! | | | | | 13. |
| <u>k</u> | | | | | <u>2,767.</u> |
| | | | | | |
| <u>m</u> | | | | | |
| <u>n</u> | | | | | |
| 0 | . <u> </u> | | | | |
| 2 Capital gain net income or (net cap | oital loss) { If gain, also enter If (loss), enter "-0 | in Part I, line 7 -" in Part I, line 7 } | | | 76,240. |
| 3 Net short-term capital gain or (loss If gain, also enter in Part I, line 8, c If (loss), enter "-0-" in Part I, line 8 | | d (6) | | N/A | |
| | | | | | |

HAWAII EMERGENCY PHYSICIANS EDUCATION FOUNDATION 99-0269551 FORM 990-PF, PART IV 12/31/2018

| Description of prope (Box 1a) | erty ' | | CUSIP number | , | tock or other symbol | · - · · · · · · · · · · · · · · · · · · | | | | | |
|-------------------------------------------------------------|-------------------------------------|------------------------------|----------------------------------------------|------------------------------------|--------------------------------------------|---------------------------------------------|---------------------|----------------------------------------------|---------------------------|-------------------------------------------|-----------------------------------|
| Quantity sold | ate sold or disposed (Box 1c) | Date acquired (Box 1b) | Proceeds (Box 1d) | Cost or other basis (Box 1e) | Accrued market discount (Box 1 f) | Wash sale loss disallowed (Box 1g) | Gain / Loss | Federal income tax withheld (Box 4) | State name (Box 14) | State identification no (Box 15) | State tax withheld (80x 16) |
| Short-term transactions for Type of gain or loss (Box 2) | | reported to th | ne IRS Report on For Basis reported to It | | x A checked | | | Applicable che Reported to IR | | | |
| AT&T INC 2 53900 | 05/08/2018 | | 00206R102 80 75 | T 91 02 | 0 00 | 0.00 | (10 27) | 0 00 |) | | 0 00 |
| CENTURYLINK INC 14 41300 | 05/08/2018 | | 166700106 263 14 | C1 264 09 | 0 00 | 0 00 | (0 95) | 0 00 |) | | 0 00 |
| COMCAST CORP A NEW 5 39400 | 05/08/2018 | | 20030N101 170 05 | CF 201 59 | MCSA 0 00 | 0 00 | (31 54) | 0 00 |) | | 0,00 |
| CONSOLIDATED EDISON 15 79500 | I INC 05/08/2018 | | 209115104 1,233 33 | E0 1 308 62 | 0 00 | 00,0 | (75 29) | 0 00 | , | | 0 00 |
| FRONTIER COMMS CORI 24410 | P NEW 05/08/2016 | | 35906A306 1 79 | FT 2 4 2 | р 0 00 | 0 00 | (0 63) | 0 00 | ŀ | | 0 00 |
| HAWAIIAN ELEC INDS INC 14 57100 | C 05/08/2018 | | 419870100 508 57 | ні 507 50 | 0 00 | 0 00 | 1 07 | 0 00 | | | 0 00 |
| MERCK & COMPANY INC 26 23900 | 05/08/2018 | | 58933Y105 1,505 08 | M 1,560 89 | R K 0 00 | 0 00 | (55 81) | 0 00 | | | 0 00 |
| VERIZON COMMNS INC 6 25800 | 05/08/2018 | | 92343V104 297 18 | V2 313 34 | 0.00 | 0 00 | (16 16) | | | | 0 00 |
| 6 25800 Total | 05/08/2018 | · | 297 18 4,059 89 | 313 34 4,249 47 | 0 00 | 0 00 | (16 16) (189 68) | | | | 0 |

For securities sold that were acquired on a variety of dates, Box 1b may be blank

This is important tax information and is being furnished to the IRS (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. You are ultimately responsible for the accuracy of your tax return

(Keep for your records)

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HAWAII EMERGENCY PHYSICIANS EDUCATION FOUNDATION 99-0269551 FORM 990-PF, PART IV 12/31/2018

| Description of property (Box 1a) | | CUSIP number | : | Stock or other symbol | | | <u> </u> | | |
|----------------------------------------------------------------------|--------------------|------------------------------------------------|------------------------------|-------------------------------------------|---------------------------------------------|-------------|---------------------------------------------------|------|-----------------------------------|
| Date s Quantity sold disp | sed acquired | | Cost or other basis (Box 1e) | Accrued market discount (Box 1f) | Wash sale loss disallowed (Box 1g) | Gain / Loss | Federal Income tax Stat withheld nam (Box 4) (Box | e no | State tax withheld (Box 16) |
| Long-term transactions for which Type of gain or loss (Box 2) Lor | | the IRS Report on For - Basis reported to I | no (n-1) (V) | ox D checked | | | Applicable check box Reported to IRS Net | | |
| AT&T INC 1 06000 05/0 | 8/2018 | 00206R 102 33 71 | T 43 37 | 0 00 | 0 00 | (9 56) | 0 00 | | 0 00 |
| CENTURYLINK INC 2 69100 05/0 | 8/2018 03/17/201 | 156700106 7 49 13 | C 58 83 | TL 0 00 | 0 00 | (9 70) | 0 00 | | 0 00 |
| COMCAST CORP A NEW 2 34400 05/0 | 9/2018 | 20030N101 73 90 | CI 88 68 | MCSA 0 00 | 0,00 | (14 78) | 0 00 | | g 0 0 |
| CONSOLIDATED EDISON INC 4 13600 05/0 | 8/2018 03/15/201 | 209115104 7 322.95 | EI 317 40 | 0.00 | 0.00 | 5 55 | 0 00 | | 0.00 |
| FRONTIER COMMS CORP NE 16100 05/0 | | 35906A306 1 17 | 6,20 | ra 0 00 | 0 00 | (5 03) | 0 00 | | 0 00 |
| HAWAIIAN ELEC INDS INC 3,80500 05'0 | 8/2018 03/10/201 | 419870100 7 132.80 | H 124.00 | 0 00 | 0 00 | 8 80 | 0 00 | | 0 00 |
| MERCK & COMPANY INC NET 12 22700 05/0 | N 8/2018 | 58933Y105 701 34 | M 754,93 | RK 0.00 | 0,00 | (53 59) | 0 00 | | 0 00 |
| VERIZON COMMINS INC | 8/2018 | 92343V104 148 21 | V. 148 71 | z . 000 | 0 00 | (0 50) | 0 00 | | 0 00 |
| Total | | 1,463 21 | 1,542 12 | 0 00 | 0 00 | (78 91) | 0 00 | | 0 00 |

For securities sold that were acquired on a variety of dates. Box 1b may be blank

This is important tax information and is being furnished to the IRS (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. You are ultimately responsible for the accuracy of your tax return

(Keep for your records)

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99-0269551

Part XV. Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor MAJESTY GREER-GIP NONE N/A SCHOLARSHIP C/O NORTHERN ARIZONA UNIVERSITY, S. SAN FRANCISCO STREET FLAGSTAFF, AZ 86011 3 000. BROOKE ANCHETA NONE N/A SCHOLARSHIP C/O WINDWARD COMMUNITY COLLEGE. 45-720 KEAAHALA ROAD KANEOHE, HI 3,000. 96744 CLAYTON PAULIS NONE N/A SCHOLARSHIP C/O HONOLULU COMMUNITY COLLEGE, 874 DILLINGHAM BLVD HONOLULU, HI 96817 3,000. NONE SHANIA DIAS N/A C/O OLYMPIC COLLEGE, 1600 CHESTER AVENUE BREMERTON, WA 98337 1,500. Total from continuation sheets 10 500.

.

| FORM 990-PF | DIVIDEND | S AND INTER | EST | FROM SECUR | RITIES STATEMENT | | | |
|------------------------------------------|-------------|--------------------------------------------|------------|-----------------------------|-----------------------------------|----------------------------|----|--|
| | | CAPITAL GROSS GAINS AMOUNT DIVIDENDS | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | | | |
| BANK OF HAWAII VANGUARD | 20 5,547 | | 0. | 20. 5,547. | | | | |
| VANGUARD - CAPITAL GAIN DISTRIBUTIONS | 1,792 | • | 0. | 1,792. | 1,792. | | | |
| TO PART I, LINE 4 | 7,359 | • | 0. | 7,359. | 7,359. | | | |
| FORM 990-PF | | TAX | ES | | STATEMENT | | | |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | | T INVEST- | (C) ADJUSTED NET INCOME | | | |
| FEDERAL INCOME TAXES | _ | | 50. 91. | | | | 0. | |
| TO FORM 990-PF, PG 1 | , LN 18 = | 141. | | 91. | | | 0. | |
| FORM 990-PF | | OTHER E | XPE | NSES | S | TATEMENT | 3 | |
| DESCRIPTION | | | | | (C) ADJUSTED NET INCOME | (D) CHARITAI PURPOSI | | |
| LICENSES AND FEES | _ | 4. | | 0. | | | 0. | |
| TO FORM 990-PF, PG 1 | , LN 23 | 4. | | 0. | | | 0. | |

Contract

| FORM 990-PF (| CORPORATE STOCK | STAT | STATEMENT 4 | | |
|-------------------------------------------------------------------------------------------------|-------------------------------------|------------|---------------------------------|----------------------|--|
| DESCRIPTION | | BOOK VALUE | | FAIR MARKET VALUE | |
| BANK OF HAWAII VANGUARD LIFESTRATEGY GROWTH INVESTOR CL TOTAL TO FORM 990-PF, PART II, LINE 10B | | | 39. 28. | 619. 119,435. | |
| | | 135,367. | | 120,054. | |
| | ST OF OFFICERS, DEFOUNDATION MANAGE | | STATI | EMENT 5 | |
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | EXPENSE | |
| CRAIG S. THOMAS, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | PRESIDENT 0.08 | 0. | 0. | 0. | |
| BETTY DILLEY C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | VICE PRESIDENT 0.02 | 0. | 0. | 0. | |
| VINCENT RITSON, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | VICE PRESIDENT 0.02 | 0. | 0. | 0. | |
| GARY GOLDBERG, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | VICE PRESIDENT 0.02 | 0. | 0. | 0. | |
| KATHERINE HEINZEN-JIM, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | | RETARY | 0. | 0. | |
| OAKLEY DAVIS, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | VICE PRESIDENT 0.02 | 0. | 0. | 0. | |
| ANN MALIA HALEAKALA, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | | 0. | 0. | 0. | |

| ED THE CALTERIA AND | WICE PREGIPENE | | | _ |
|---------------------------------------------------------------------------|------------------------|----|----|----|
| ERIN SMITH, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | VICE PRESIDENT 0.08 | 0. | 0. | 0. |
| JOANN SARUBBI, MD C/O HEPA EDUC FDN, P.O. BOX 1266 KAILUA, HI 96734 | VICE PRESIDENT 0.02 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, | PART VIII | 0. | 0. | 0. |