Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990for instructions and the latest information.

Open to Public Inspection

<u> </u>	or the	2018	calendar year, or tax year beginning , 2018, ai	na enaing			, 2	
R c	heck If ap	mileable	C Name of organization		D Em	ployeridenti	ification num	iber
	_		JOHN T_WATERHOUSE T/E CO-TR PUNAHOU					
	Addre chang		Doing business as		9	9-6048	709	_
	Name	change	Number and street (or P O box if mail is not delivered to street address)	om/suite	E Tel	ephone numl	ber	
	Initial	return	C/O FHB; PO BOX 3708			08 525	-8119	
		return/	City or town, state or province, country, and ZIP or foreign postal code					
	Lermii Amen	ded	HONOLULU, HI 96811		G Gr	oss receipts \$		2,300,656.
-	return Applie		F Name and address of principal officer ALEXANDER C WATERHOU	SE JR		is this a group i		Yes X No
L	pendi		I I I I I I I I I I I I I I I I I I I		h	subordinates?	⊢	┥ ├─┤
			C/O FHB; PO BOX 3708 HONOLULU HI 96811		1,	Are all subordinat		Yes No
		empt st	1=1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	527	<i></i>	If "No," attac	h a list (see ins	itructions)
J	Websi	te: 🕨	N/A		H(c)	Group exemption	on number	<u> </u>
K	Form o	of organ	nization Corporation X Trust Association Other	L Year of	formation [.]]	.984 M St	ate of legal d	omicile [.] HI
Pa	irt I	Su	mmary					
	1	Briefly	describe the organization's mission or most significant activities:					
9			VIDE FINANCIAL SUPPORT FOR PUNAHOU SCHOOL					
Governance			VIDE TIMETOTIE DOLLOW TOWN DOLLOW					
'n	-	Charle	this box If the organization discontinued its operations or disposed o	f +b	250/ -6:4-			
OVE	2						ا م	2
Ō	3		<u> </u>	. REC	EI A EI A		3	3
S &	4		er of independent voting members of the governing body (Part VI, line 1 $rac{1}{2}$).			1771 -	4	3
itie	5	Total ı	number of individuals employed in calendar year 2018 (Part V, line 2a). 👸 .	- MAY 1	5 2019	Jöl L	5	NONE
Activities &	6	Total i	number of volunteers (estimate if necessary)				6	NONE
Ă	7a	Total (unrelated business revenue from Part VIII, column (C), line 12	<u> </u>		기뜨! 7	'a	NONE
	ь	Net ur	nrelated business taxable income from Form 990-T, line 38	OGDE	EN. UT		'b	NONE
	· · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				r Year		rrent Year
		Contri	hutians and grants /Dort VIII line 1h)	ŀ			 	10111
en e	8		butions and grants (Part VIII, line 1h)					
je n	9		am service revenue (Part VIII, line 2g)					
Revenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		3,	915,93	2	<u>590,275</u> .
_	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	[
	12	Total i	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,	915,93	2	590,275.
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)			807,46	1.	811,176.
	14		its paid to or for members (Part IX, column (A), line 4)					
			es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			224,41	5	227,868.
Expenses	160					221,11		227,000
en	104		sional fundraising fees (Part IX, column (A), line 11e)				- +	
ă	D		fundraising expenses (Part IX, column (D), line 25) NONE			10.00	_	10 016
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			10,89		12,016.
	18	Total o	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	[042,77		<u>1,051,060</u> .
	19	Reven	ue less expenses. Subtract line 18 from line 12		2,	873,16	2	<u>-460,785</u> .
9 S	20 21 22			T	Beginning o	Current Yea	ar En	d of Year
lan	20	Total a	assets (Part X, line 16)	[19,	253,39	7. 18	3,793,173.
Ass	21		liabilities (Part X, line 26)			NO		NONE
E et	22		sets or fund balances. Subtract line 21 from line 20	` ` ` `	19	253,39		3,793,173.
	t II		anature Block			200100	<u>, 1 </u>	<u>,,,,,,,,</u> .
			of perjury, I declare that I have examined this return, including accompanying schedules	and statem	anto and to	the best of a	au kaasulada	a and balled it is
-true	er per e, corre	ct, and	complete. Declare that I have examined this return, including accompanying schedules	preparer has	any knowled	ge	ny knowieug	e and belief, it is
7					-			
<u>=</u>	_		Johnnel J. Vilanua			05/10	<u>/2019 </u>	
Z Şig Her	11 		Signat G re of officer			Date		
Пе	e		JOHNNEL NAKAMURA, Vice President					
==			Type or print name and title					
<u>=</u>		Print/	Type preparer's name Preparer's signature	Date	Τ,	Check II	, PTIN	
Paid	l	1		05/10/		elf-employed	'	1207062
Pre	l parer	$\overline{}$		<u> / TT / C</u>				0387963
	Only		sname ERNST & YOUNG U.S. LLP		Firm'		<u>4-65655</u>	
3				222	Phon	eno 4	<u> 12-644-</u>	
<u>M</u> ay	/ the	IRS di	scuss this return with the preparer shown above? (see instructions)	<u></u> .			X Y	Yes No
E	Dance	الماءمية	Paduction Act Nation can the conserts instructions					990 (2010)

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Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 98-197 If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
0				i
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		·
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		.,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	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			Į
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			į
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		Х
Ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1		
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	$\overline{}$		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	11f		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 		
120	Schedule D, Parts XI and XII	12a		Х
L	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
ь	· · · · · · · · · · · · · · · · · · ·	126		v
42	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	\vdash	X
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			v
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			7.7
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			••
e =	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	1		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ļ
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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 17 If "Yes," complete Schedule I, Parts I and II	21	Х	
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Part	Checklist of Required Schedules (continued)			
·			Yes	No
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		X
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? If "Yes," complete Schedule J	23		X
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		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u>X</u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u> X</u>
27	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			37
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		
	Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			7,
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> X</u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-5/		
55	19? Note . All Form 990 filers are required to complete Schedule O.	38	х	
Part	· · · · · · · · · · · · · · · · · · ·			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		L.,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لــــا
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		L
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		X
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).			لــــا
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ऻ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			7,
_	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	o.		
_	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		<u> </u>
_	and services provided to the payor?	7a 7b		_^
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		Х
	required to file Form 8282?	-/-		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		X
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	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		
9	Sponsoring organizations maintaining donor advised funds.			
	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?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			1 1
	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1
	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	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			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	1 100, had temodal of the fort those paymonts in 110, provide an explanation in concease of	14b	-+	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
10	If "Yes," complete Form 4720, Schedule O.			
	ii 100, voingioto (viiii 4720, voindano oi			<u></u>

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Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>	• • •	X
Sect	ion A. Governing Body and Management				·
	1.			Yes	No
1a	Litter the number of voting members of the governing body at the old of the tax year	a 3			
	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	b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of a business relationship or a business relation business relationship or a business relationship or a business relationship or a business relationship or a business relation business relation business relationship or a business relation business	onship with			
	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under	r the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other p	erson?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	7	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a		Х
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertain	aken during			
	the year by the following:				
a	The governing body?		8a	X	
Ь	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		_		l <u>. </u>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u>_</u>	9		X
Sect	ion B. Policies (This Section B requests information about policies not required by the Interi	nai Kevenue	Coae	Yes	No
			40-	162	
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	· ·	106		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purp		10b 11a		Х
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form? .	IIA		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		12a		\overline{x}
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		124		<u> </u>
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that	t could give	12b		
	rise to conflicts?		120		
C	Did the organization regularly and consistently monitor and enforce compliance with the police		12c		
	describe in Schedule O how this was done		13		Х
13	Did the organization have a written whistleblower policy?		14		X
14	Did the organization have a written document retention and destruction policy?		14		
15	Did the process for determining compensation of the following persons include a review and				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation ar		150	$\overline{\mathbf{x}}$	
a	The organization's CEO, Executive Director, or top management official		15a 15b	X	
Ь	Other officers or key employees of the organization	• • • • •	190	Λ	1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a with a taxable entity during the year?		16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to		.00		
D	participation in joint venture arrangements under applicable federal tax law, and take steps to sa				
	organization's exempt status with respect to such arrangements?		16b		
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 99	0, and 990-T	(Sect	ion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply		, , , , , , ,	-	/
	Own website Another's website X Upon request Other (explain in Sched	lule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	conflict of inte	erest	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 boo	ks and record	s >		
	FIRST HAWAIIAN BANK TEL: (808)525-8119		-	225	

	· - /										9
Part VII	Compensation	of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Co	ntr	actors								

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	`———			ition more rson	ion nore than one son is both an ector/trustee)		(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
(1) ALEXANDER C WATERHOUSE JR		v						F.C. 0.C.7	NONE	NONE
CO-TRUSTEE (2) ETHAN ABBOTT		Х						56,967.	NONE	<u>NON</u> E
CO-TRUSTEE		Х						NONE	NONE	NONE
(3) FIRST HAWAIIAN BANK										
TRUSTEE			_X		-			170,901.	NONE	NONE
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trus	stees, Key	/ Emj	oloy	/ee	s, a	nd H	igh	est Compensate	d Employ	ees (co	ontinued)
(A) Name and title	(B) Average hours per week (list any	(do not check more that box, unless person is be officer and a director/tr					an tee)	(D) Reportable compensation from	(E) Reportable compensation fr	on from	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organiza (W-2/1099	tions	compensation from the organization and related organizations
(15)						_					
(16)				ļ							
(17)					-						
(18)							_			•	
(19)							-				
(20)										-	
(21)							_			•	
(22)											
(23)										<u> </u>	
(24)											
(25)											
1b Sub-total	_		 	 		•••	>	227,868		NONE	NON
Total number of individuals (including but no reportable compensation from the organization)	ot limited t						wh				NOI
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched	cer, direct		r tı								Yes No
4 For any individual listed on line 1a, is the organization and related organizations gindividual	reater thai	n \$1	50,0	000	? /	f "Ye	s,"	complete Sched	ule J for	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "	r accrue co	omper	nsat	ion	fro	m an	y u	nrelated organizati	ion or indi	vidual	5 X
Section B. Independent Contractors											
 Complete this table for your five highest cor compensation from the organization. Report year. 											
(A) Name and business add	iress							(B) Description of se	rvices	C	(C) Compensation
							\pm				
							\pm				
2 Total number of independent contractors received more than \$100,000 of compensation							_	those listed abo	ve) who		

Part	VIII	Statement of Revenue Check if Schedule O contains a res	ponse or note to an	y line in this Part VI	II		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Membership dues	a b c d d e				
ontributio	f g	All other contributions, gifts, grants, and similar amounts not included above1 Noncash contributions included in lines 1a-1f \$	f				
	h	Total. Add lines 1a-1f	Business Code				
Program Service Revenue	2a b c d						
Program	e f g	All other program service revenue Total. Add lines 2a-2f					
	3 4 5	Investment income (including divard other similar amounts)	ond proceeds . 🕨	568,164.			568,16
	6a b	Gross rents	(1) (1) (1)				
	d 7a b	Net rental income or (loss)	s (II) Other				
	c	and sales expenses	11,	22,111.	22,111.		
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
Othe		Less: direct expenses	ь				
	c 9a	Net income or (loss) from fundraising ever Gross income from gaming activities. See Part IV, line 19				-	
	b c	Less: direct expenses	b				
	10a	Gross sales of inventory, less returns and allowances					
	b c	Less: cost of goods sold Net income or (loss) from sales of inventor	ь				
-	11a b	Miscellaneous Revenue					1
	c d	All other revenue					
	е 12	Total. Add lines 11a-11d		590,275.	22,111.		568,16

Form 990 (2018) Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations mus	st complete all columns	s. All other organizatio	ns must complete colu	ımn (A).
	Check if Schedule O contains a respo	•			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	811,176.	811,176.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u>]</u>
5	Compensation of current officers, directors, trustees, and key employees	227,868.	56,967.	170,901.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			•	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal	1,651.	413.	1,238.	
	Accounting	1,051,	413.	1,230.	
	Lobbying			· · · · · · · · · · · · · · · · · · ·	
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
a	(A) amount, list line 11g expenses on Schedule O)	10,365.	2,591.	7,774.	
12	Advertising and promotion		_,	.,	
	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					i
24	Other expenses ltemize 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	· · · · · · · · · · · · · · · · · · ·				<u>-</u>
0					
d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	1,051,060.	871,147.	179,913.	NON
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		~.=/**/*		2,021

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,020.	1	
	2	Savings and temporary cash investments	377,647.	2	555,720.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			_
		Complete Part II of Schedule L		5	
	6	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) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	18,868,730.	11	18,237,453.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	19,253,397.	16	18,793,173.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u>-</u>
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
Ē		trustees, key employees, highest compensated employees, and			
三三	22	disqualified persons. Complete Part II of Schedule L		22	
	23	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	-
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	NONE		NONE
		Organizations that follow SFAS 117 (ASC 958), check here			
es		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	-
3ala	28	Temporarily restricted net assets		28	
Ē	29	Permanently restricted net assets		29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			1
5		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
it A	32	Retained earnings, endowment, accumulated income, or other funds	19,253,397.	32	18,793,173.
ž	33	Total net assets or fund balances	19,253,397.	33	18,793,173.
	34	Total liabilities and net assets/fund balances	19,253,397.	34	18,793,173.

Form **990** (2018)

Form 990 (2018) Page 12 Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI. 1 590,275. 1 2 051,060. 2 3 -460,785. 3 19,253,397 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5 5 6 6 7 7 8 561 9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 18,793,173. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Separate basis Both consolidated and separate basis X 2b b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis 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? If the organization changed either its oversight process or selection process during the tax year, explain in

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

X

2c

3а

3h

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury

► Go to www.irs.gov/Form990for instructions and the latest information.

Internal Revenue Service Inspection Name of the organization **Employer identification number** JOHN T WATERHOUSE T/E CO-TR PUNAHOU 99-6048709 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) is the organization (described on lines 1-10 other support (see listed in your governing support (see above (see instructions)) document? instructions) instructions) Yes No (A) SEE PART VI (B)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

(C)

(D)

(E)

Total

Part	Support Schedule for Orga (Complete only if you checke Part III. If the organization fai	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sect	ion A. Public Support	-					N/A
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2Ő18	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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			<u> </u>	/		
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			1			-
Sect	tion B. Total Support		•	/ \		•	1
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/ (c) 2016	(d) 2017	(e) 2018	(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	Total support. Add lines 7 through 10				<u> </u>	ļ	
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup			44			%
14	Public support percentage for 2018 (li						
15 160	Public support percentage from 2017 331/3% support test - 2018. If the or						
108	box and stop here. The organization q	- /			` `		
h	331/3% support test - 2017. If the organization q						
	this box and stop here. The organization	- ,					
17a	10%-facts-and-circumstances test -						
	10% or more, and if the organization						
	Part VI how the organization meets to	,				\ -	-
	organization			_			
Ь	10%-facts-and-circumstances test -	2017 . If the or	ganization did r	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	l-circumstances"	' test, check t	his box and st	op here.
	Explain in Part VI how the organizati						a publicly
	supported organization						, ▶ 🗀
18	Private foundation. If the organization						
	instructions	!				<u></u>	. ▶
		1			S	Schedule A (Form 9	90 or 990 -EZ) 2018

Sched	ule A (Form 990 or 990-EZ) 2018						Page 3
Part	III Support Schedule for Organ				·		
	(Complete only if you checked						der Part II.
	If the organization fails to qua	alify under the	tests listed be	elow, please co	omplete Part I	l.)	
	ion A. Public Support				F**********		N/A
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees					'	}
	received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise	i			,		
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose			<u> </u>	<u> </u>		
3	Gross receipts from activities that are not an			\			
	unrelated trade or business under section 513 •			<u> </u>			
4	Tax revenues levied for the			\	/		
	organization's benefit and either paid to			\ /			
	or expended on its behalf			\ /			
5	The value of services or facilities			\mathbf{V}			
	furnished by a governmental unit to the			/\		1	
	organization without charge			/ \			
6	Total. Add lines 1 through 5			/ \			
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons			/			
D	Amounts included on lines 2 and 3 received from other than disqualified		,	ľ	<u>}</u> ,		
	persons that exceed the greater of \$5,000		1 /				1
	or 1% of the amount on line 13 for the year		/		\		
C	Add lines 7a and 7b		/		\.		
8	Public support. (Subtract line 7c from				\		
_	line 6.)	 			L	L	L
	ion B. Total Support		/ / / / / / / / / / / / / / / / / / / /		\	1 1 2 2 2 2 2	1 40 - 1
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d)\2017	(e) 2018	(f) Total
9	Amounts from line 6	· -			\		
10a	Gross income from interest, dividends, payments received on securities loans,		<i>;</i>		\ \		
	rents, royalties, and income from similar		,				
	sources		<u>/</u>	<u> </u>			
b	Unrelated business taxable income (less	1	1		\		
	section 511 taxes) from businesses	/			١.		
	acquired after June 30, 1975				`		
C	Add lines 10a and 10b				<u>'</u>		
11	Net income from unrelated business activities not included in line 10b,	1				\	
	whether or not the business is regularly	/				\	
	carried on					``	
12	Other income. Do not include gain or	/					
	loss from the sale of capital assets	/	}			\	
	(Explain in Part VI.)				·	<u> </u>	
13	Total support. (Add lines 9, 10c, 11,	1					
	and 12.)	!				L	L
14	First five years. If the Form 990 is f				· -		
	organization, check this box and stop here					· · · · · · · · · · · · · · · · · · ·	▶
	ion C. Computation of Public Supp					T T	\
15	Public support percentage for 2018 (line 8,	1					
16	Public support percentage from 2017 Sched					16	
Sect	ion D. Computation of Investment					1 1	·
17	Investment income percentage for 2018 (lin	ſ				17	%_
18	Investment income percentage from 2017	1				18	\%
19a	331/3% support tests - 2018. If the or	ganization did ne	ot check the box	c on line 14, and	d line 15 is mor	e than 331/3%,	and line

17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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Schedule A (Form 990 or 990-EZ) 2018

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of 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	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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	X	
2	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).	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	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.	3c		
4a				X
b	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 supervised by or in connection with its supported organizations.	4b		
C	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 to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	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 amendment to the organizing document).	5a		х
b c	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 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		X
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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		X
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		X
9a	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," provide detail in Part VI .	9a		<u> </u>
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		X
10a		10a	<u>x</u>	
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10a 10b	_	X

Scheau	le A (Form 990 or 990-EZ) 2018			Page 🧿
Part	Supporting Organizations (continued)			
			Yes	No
11	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)			
L	below, the governing body of a supported organization?	11a	<u> </u>	X
	A family member of a person described in (a) above?	11b	<u> </u>	X
	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. on B. Type I Supporting Organizations N/A	IIC	L	_ A
Occii	on b. Type I dupporting digunzations N/A		Vec	No
			163	1.00
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 Part VI 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,	l]]
	supervised, or controlled the supporting organization.	2	_	
Secti	on C. Type II Supporting Organizations N/A			•
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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?		X	المسلم
2	·	1_	Λ	
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 Part VI how	İ		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u>x</u>	ا
3	By reason of the relationship described in (2), did the organization's supported organizations have a	<u> </u>		1
•	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 Part VI the role the organization's			
	supported organizations played in this regard.	3	$\overline{\mathbf{x}}$	
Secti	on E. Type III Functionally Integrated Supporting Organizations N/A	•		•
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struct	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	-	
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			li
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain 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		ļ _.
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.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
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 Part VI the role played by the organization in this regard.		—	

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 7,416. 4,886. 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 557,288. 3 Other gross income (see instructions) 568,164. 4 Add lines 1 through 3. 4 564,704. 573,050. 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 179,913. 176,461. 7 7 Other expenses (see instructions) 8 393,137. 388,243. 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a 18,193,845. 19,109,478. a Average monthly value of securities **b** Average monthly cash balances 1**b** 1,411,748. 512,300. c Fair market value of other non-exempt-use assets 1c 1d 19,605,593. 19,621,778. d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 19,605,593. 19,621,778. 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 294,084. 294,327. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 19,311,509. 19,327,451. 6 Multiply line 5 by .035. 6 675,903. 676,461. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 675,903. 676,461. Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 388,243. 2 Enter 85% of line 1. 2 330,007. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 675,903. 4 4 Enter greater of line 2 or line 3. 675,903. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 675,903. Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		811,176.
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supporte	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organiz	zations	59,971.
4	Amounts paid to acquire exempt-use assets		·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	· · · · · · · · · · · · · · · · · · ·	· · · · · ·	
	Total annual distributions. Add lines 1 through 6.			871,147.
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			811,176.
9	Distributable amount for 2018 from Section C, line 6			675,903.
10	Line 8 amount divided by line 9 amount		· · · · · · · · · · · · · · · · · · ·	1.000
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			675,903.
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			1
a	From 2013 NONE			
b	From 2014 NONE			
C	From 2015 NONE			
d	From 2016 306,097.			
e	From 2017 866,289.			
f	Total of lines 3a through e	1,172,386.		
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount		· · · ·	675,903.
_ <u>i</u> _	Carryover from 2013 not applied (see instructions)	105 100	<u> </u>	
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	496,483.		
4	Distributions for 2018 from			
	Section D, line 7: \$ 871,147.			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2018 distributable amount	071 147		
	Remainder. Subtract lines 4a and 4b from 4.	871,147.		<u> </u>
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions. Remaining underdistributions for 2018. Subtract lines 3h			
6	_			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			1
,	and 4c.	1,367,630.		
8	Breakdown of line 7:	1,30/,030.		1
	Excess from 2014			
a	Excess from 2015			- 1
	Excess from 2016			
c	Excess from 2017			<u> </u>
	Excess from 2017 496,483. Excess from 2018 871,147.			<u> </u>
<u>e</u>	LACESS HUIII 2010 8/1,14/.		L	A /Form 990 or 990 E7) 2019

Schedule A (Form 990 or 990-EZ) 2018

III, line 12; Part IV, 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.)
SCHEDULE A, FORM 990, PART IV, SECTION D, LINE 3
A CO-TRUSTEE WHO IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF THE SUP
PORTED CHARITY, HAS SIGNIFICANT INFLUENCE IN THE TIMING AND AMOUNT OF
DISTRIBUTIONS AS WELL AS THE GENERAL FUNCTIONS OF THE TRUST.
SCHEDULE A, FORM 990, PART V, SECTION D, LINE 8
THE AMOUNT OF SUPPORT DISTRIBUTED BY THE JOHN T WATERHOUSE T/E COTR PU
NAHOU IS SUFFICIENT TO ENSURE PUNAHOU'S ATTENTIVENESS. THE TRUST HAS
BEEN IN EXISTENCE FOR 30 YEARS, SINCE 1984, DISTRIBUTING SIGNIFICANT P
ERCENTAGES TO PUNAHOU QUARTERLY. DURING THE LAST 10 YEARS, THE AMOUNT
S HAVE RANGED FROM 4% TO 5% OF FAIR VALUE ANNUALLY.
SCHEDULE A, FORM 990, PART V, SECTION D, LINE 8 (CONTINUED)
THE TRUST RECEIVES REQUESTS FROM PUNAHOU WHICH INDICATE THE SCHOOL'S R
ELIANCE ON THE TRUST'S DISTRIBUTIONS. THE CHAIRMAN OF THE BOARD OF PU
NAHOU IS A NAMED CO-TRUSTEE OF THE TRUST, AND THROUGH THE YEARS THE PE RSON OCCUPYING THIS OFFICE HAS PARTICIPATED IN CRITICAL INVESTMENT AND
DISTRIBUTION DECISIONS.

NONE

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TOTAL OTHER SUPPORT:

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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.)

lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.	.)
SCHEDULE A, PART I (g) - INFORMATION ABOUT SUPPORTED ORGANIZ	ATIONS
NAME OF SUPPORTED ORGANIZATION: PUNAHOU SCHOOL EIN: 99-0073523 TYPE OF ORGANIZATION FROM PART I: 2 IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES AMOUNT OF SUPPORT:	811,176.
TOTAL SUPPORT:	811,176.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No 1545-0047

	Comple	ste if the or	anization ansv	Complete if the organization answered "Yes" on Form 990. Part IV. line 21 or 22.	rm 990. Part IV. I	ine 21 or 22.		6 10
Department of the Treasury			► At	► Attach to Form 990.	•			Open to Public
nternal Revenue Service		₽ Go t	o www.irs.gov/	■ Go to www.irs.gov/Form990for the latest information.	atest information.			Inspection
Vame of the organization							Employer identification number	on number
JOHN T WATERHO	WATERHOUSE I/E CO-IR I	PUNAHOU					99-6048709	60,
Part General Info	General Information on Grants and Assistance	Assistance					:	
1 Does the organization	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	stantiate the	amount of the	grants or assistanc	e, the grantees' el	ligibility for the grants	or assistance, and	Ves No
2 Describe in Part IV t	the selection criteria used to award the grants of assistance?	or assistances for monit	oring the use of	grant funds in the				
Part Grants and C	Grants and Other Assistance to Domestic O	mestic Ora	anizations an	d Domestic Gov	ernments Com	ganizations and Domestic Governments Complete if the organization answered "Yes" on Form 990	tion answered "Y	se" on Form 990
_	Part IV, line 21, for any recipient that received	received n	nore than \$5,0	00. Part II can b	e duplicated if a	more than \$5,000. Part II can be duplicated if additional space is needed.	leeded.	
1 (a) Name and addorn or gove	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SEE STATEMENT	ENT 1							
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
(8)								
(6)								
10)								
11)								
12)								
2 Enter total number	Enter total number of section 501(c)(3) and government		ganizations list	organizations listed in the line 1 table	le · · · ·			
3 Enter total number of	Enter total number of other organizations listed in the line 1 table.	d in the line	1 table		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • •	•	
or Paperwork Reduction A	or Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 99	0				Sch	Schedule I (Form 990) (2018

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Page 2

Schedule I (Form 990) (2018)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) THE FOUNDATION HAS (d) Amount of noncash assistance DIRECT BOARD INVOLVEMENT IN THE MANAGEMENT OF THE RECIPIENT (c) Amount of cash grant EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2 ALL GRANTS ARE FOR THE SUPPORT OF PUNAHOU SCHOOL. Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance ORGANIZATION 1 N/A Part IV Part III က 4 Ŋ 9 ~

Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

► Go to www.irs.gov/Form990for the latest information.

2018
Open to Public Inspection

Employer identification number Name of the organization 99-6048709 JOHN T WATERHOUSE T/E CO-TR PUNAHOU PART V - LINE 1c: No backup withholding was required for any payments to vendors. The organization is not involved in any gaming activities. PART V - LINE 7g: No contributions of intellectual property were received by the organization. No reporting forms required. PART V - LINE 7h: No contributions of cars, boats, planes or other vehicles were received by the organization. No reporting forms required. PART IV D LINE 1 As permitted by the regulations, the Trust provided its notification f or 2015 (containing all of the elements listed in question 1 and requi red by regulations) on May 5, 2015, more than one year earlier than wa s required by Treas. Req. 1.509(a)-4(i)(2)(iii), which gave the Trust until May 30, 2016 to satisfy its notification requirement for 2015. P ursuant to the regulations, the notification for 2016 was not due unti 1 May 30, 2017, but the Trust provided its notification for 2016 on PART IV D LINE 1 October 26, 2016, more than seven months earlier than the regulatory d eadline. The regulations clearly contemplate that a Type III supporting

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
JOHN T WATERHOUSE T/E CO-TR PUNAHOU	99-6048709
COMPONENCE POCEMBNES AND AUATIANIS HOOM PROMISE	
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST	
FORM 990, PAGE 6, PART VI, LINE 19	
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST	
EXPLANATION FOR FORM 990, PART XI, LINE 9	
an amenda on a constant and and a	
MUTUAL FUND INCOME TIMING DIFFERENCE; PRIOR YEAR	R RETURN OF CAPITAL
	· · · · · · · · · · · · · · · · · · ·
ADJUSTMENT; ASSET BASIS ADJUSTMENTS; ACCRUED 1	INTEREST ADJUSTMENT;
MOMAL AD THOMBAM OF 6561	
TOTAL ADJUSTMENT OF \$561.	

SCHEDULE R (Form 990)

JOHN T WATERHOUSE T/E CO-TR PUNAHOU

Name of the organization Department of the Treasury Internal Revenue Service

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.
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Employer identification number 99-6048709

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2018 ŝ Direct controlling entity Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. (f) Direct controlling (e) End-of-year assets entity Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section (c)
Legal domicile (state
or foreign country) Legal domicile (state or foreign country) Primary activity Primary activity (a)Name, address, and EIN (if applicable) of disregarded entity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN of related organization (1) SEE PART VII SUPPLEMENT Part II Part I <u>@</u> 0 Ξ 2 9 2 3 2 3 (6) 3 (4)

Schedule R (Form 990) 2018

Section 512(b)(13) controlled entity? Schedule R (Form 990) 2018 Percentage ownership 3 Percentage swnership Ξ Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. 99-6048709 ş General or Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. managing Yes (g)
Share of end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) (i) Code V - UBI (f) Share of total income (h) Otsproportionats allocations? ŝ Yes (g) Share of end-of-(e)
Type of entity
(C corp, S corp, or trust) year assets (f) Share of total income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512 - 514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)
Direct controlling 1 (c)
Legal
domicile
(state or
foreign (a)Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization Part IV Part III 3 Ξ 2 (3) € 3 (6) 5 Ξ 3 3 (9) (7) <u>2</u>

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2018 Part V Transaction

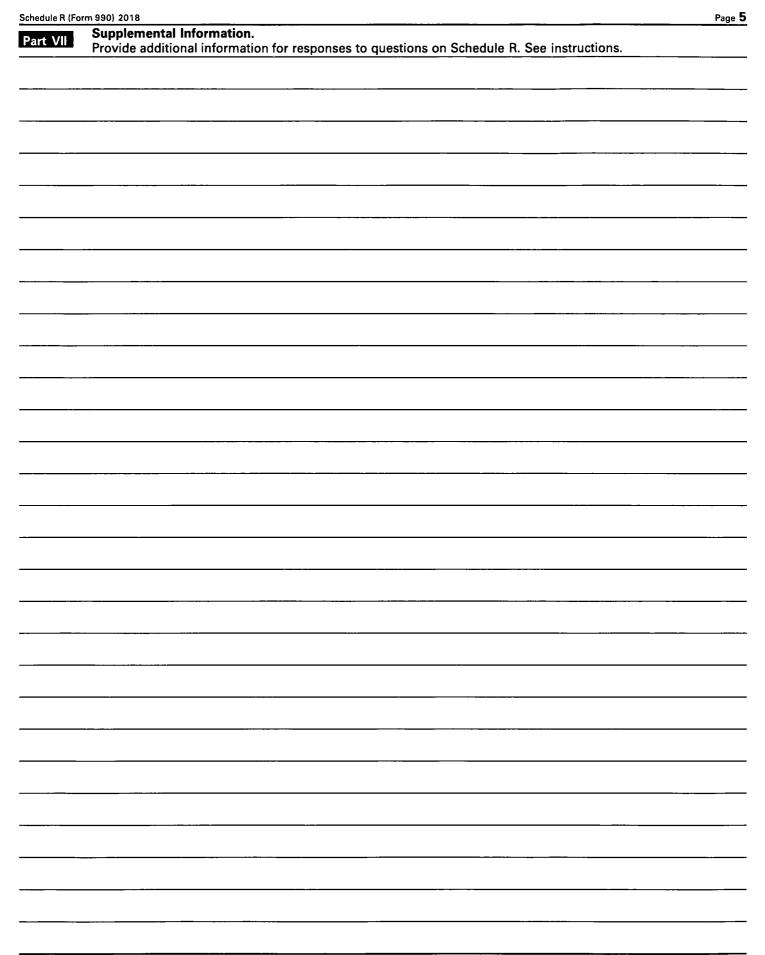
Note : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	Yes No
	h one or more related organizations lis	sted in Parts II-IV?	Ш	Ц	_
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.			1a	_	×
			2	×	
c Gift. grant. or capital contribution from related organization(s).			2		×
			-	_	×
			-	_	*
			<u>']</u>	\perp	
f Dividends from related organization(s)			<u> </u> =		×
_			1g	_	×
Purchase of assets from related organization(s)] - =		×
			:	L	×
i lease of facilities equinment or other assets to related organization(s)			:		×
1 reast of facilities, equipment, of office assets to located or Ballication(s).			1_ : :	_	
			<u> </u> ;	+	<u></u> ;
k Lease of facilities, equipment, or other assets from related organization(s)			<u>취</u> :		1
l Performance of services or membership or fundraising solicitations for related organization(s)	(s)uoi		= <u> </u> : :	_	×
m Performance of services or membership or fundraising solicitations by related organization(s)	on(s).		13 EL		×
			=	_	×
					<u> </u>
o Sharing of paid employees With related organization(s)			<u>= </u> :	\downarrow	⋬
			<u> </u>	1]
p Reimbursement paid to related organization(s) for expenses			<u>라</u>		×
q Reimbursement paid by related organization(s) for expenses			<u> </u>		×
				<u> </u>	
r Other transfer of cash or property to related organization(s)			_	_	×
			1.	<u> </u>	×
1	this line, including	covered relationships and transaction thresholds	tion thresho	g.	
	6				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	stermin	Ē
				İ	
(1)					
(2)					
(2)					
(4)					
(5)					
(9)					
		Sche	Schedule R (Form 990) 2018	(066	2018

Schedule R (Form 990) 2018

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

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.

(a) (b) (c) (d) (d) (f) Share of Share	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropordonate allocations?	(1) Code V - UBI amount in box 20 of Schedule K-1 (Forn 1065)	(j) General or managing partner?	(k) Percentage ownership
			sections 512-514)	Yes No			Yes No		Yes No	
(1)										
(2)										
(3)										
(4)										
(5)			:							
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
		•	:					Sch	Schedule R (Form 990) 2018	n 990) 2018



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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990

Name of entity: PUNAHOU SCHOOL

Address of Entity: 1601 PUNAHOU STREET, HONOLULU, HI 96822

Employer ID Number: 99-0073523

Primary Activity: SCHOOL Legal domicile state: HI

Exempt code section:501(c)(3)

Public charity status:170(b)(1)(A)(ii)

Direct controlling entity: N/A

Sec. 512(b)(13) Controlled Entity: No