DLN: 93493106006390 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 06-01-2018 , and ending 05-31-2019 D Employer identification number B Check if applicable HAWAII PRĚPARATORY ACADEMY □ Address change 99-0078306 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 65-1692 KOHALA MOUNTAIN ROAD ☐ Amended return ☐ Application pending (808) 885-7321 City or town, state or province, country, and ZIP or foreign postal code KAMUELA, HI  $\,$  967438476  $\,$ G Gross receipts \$ 38,437,256 Name and address of principal officer H(a) Is this a group return for PATRICK PHILLIPS ☐Yes **☑**No subordinates? 65-1692 KOHALA MOUNTAIN ROAD H(b) Are all subordinates KAMUELA, HI 967438476 ☐ Yes ☐No ıncluded? □ 527 **✓** 501(c)(3) ☐ 501(c)( ) **◄** (insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW HPA FDU L Year of formation 1957 M State of legal domicile HI Summary 1 Briefly describe the organization's mission or most significant activities **EDUCATION** Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 16 4 16 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 314 **6** Total number of volunteers (estimate if necessary) . . . . 6 146 Total unrelated business revenue from Part VIII, column (C), line 12 492,199 **b** Net unrelated business taxable income from Form 990-T, line 34 -113,321 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,615,870 1,198,704 Ravenua 22,210,808 9 Program service revenue (Part VIII, line 2g) . 22,025,246 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,433,887 3,261,036 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 653,371 760,912 26,728,374 27,431,460 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,953,086 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 4,031,553 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 13,908,142 14,849,024 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 77,978 15,875 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶770,274 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 8,862,306 9,121,486 26,879,979 27,939,471 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -151,605 -508,011 Net Assets or Fund Balances Beginning of Current Year End of Year 139,279,747 138,105,625 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 10,740,846 8,662,317 22 Net assets or fund balances Subtract line 21 from line 20 . 130,617,430 127,364,779 Signature Block 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 officer) is based on all information of which preparer has any knowledge 2020-04-15 Signature of officer Sign Here PATRICK PHILLIPS HEAD OF SCHOOL Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00220997 Paid self-employed Firm's EIN ► 26-1659234 Preparer Use Only Firm's address ▶ 700 BISHOP STREET SUITE 1040 Phone no (808) 531-1040 HONOLULU, HI 96813 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)						Page <b>2</b>
Pa	rt III Statemen	nt of Program Service	e Accomplis	hments			
	Check if Sch	nedule O contains a respo	onse or note to	any line in this Part III .			
1	Briefly describe the	organization's mission					
TO P	ROVIDE EXCEPTION	AL LEARNING OPPORTUN	ITIES IN A DIVI	ERSE COMMUNITY HONO	RING THE TRADITIONS OF HAWA	I SEE SCHEDULE	0
_							
2	_	n undertake any significa				□ □	_
		or 990-EZ?				□Yes ☑N	lo
3	•	hese new services on Scl					
3	_	n cease conducting, or n	iake signilicant	changes in now it conduc	cts, any program	□ Yes ✓	l Na
	services?	hese changes on Schedu				□ Yes 🖳	INO
4	•	-		ata far angh af ita thraa li		uned by evenence	
•	Section 501(c)(3) a		ons are required	I to report the amount of	argest program services, as measu grants and allocations to others, t		
4a	(Code	) (Expenses \$	22,540,494	ıncludıng grants of \$	3,953,086 ) (Revenue \$	22,475,650 )	
	See Additional Data						
	-						
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	_
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)	
	-						
4d	Other program ser	vices (Describe in Sched	ule O )				
	(Expenses \$	·	uding grants of	\$	) (Revenue \$	)	
4e	Total program se	ervice expenses >	22,540,4	.94			

Form	990 (2018)			Page <b>3</b>
Pai	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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Yes	
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		No
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		No
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I "I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III "	8	Yes	
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 debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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		No
	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 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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

Form	990 (2018)			Page <b>4</b>
Par	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		No
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		No
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		No
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

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

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

Check if Schedule O contains a response or note to any line in this Part V .

Nο

Nο

**V** 

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No

36

37

38

74

0

1a

Yes

Yes

36

37

38

Part V

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file

7с Nο d If "Yes," indicate the number of Forms 8282 filed during the year . . . . 7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Yes Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

10a

10b

11a

11b

12b

13b

13c

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a 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

**b** Gross income from other sources (Do not net amounts due or paid to other sources 

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans . . . . c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

**b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

8

9a

9h

12a

13a

14a

14b

15

No

No

Form **990** (2018)

orm	990 (2018)			Page <b>6</b>
Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to i	lines
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 16		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			Ī.
	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
		$\vdash$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records •KIM HERRENKOHL 65-1692 KOHALA MOUNTAIN ROAD KAMUELA, HI 967438476 (808) 885-7321			
		F	orm 99	0.(2018)

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

Name and Title

compensation from the organization ▶ 11

Page 8

Name and Title	hours per week (list any hours	than o	one b	box, i an of ctor/t	unle: officer /trust	ess perser and a stee)	rson	compensation from the organization (W-	compensation from related organizations (W	amo cor	amount of other compensation from the organization and	
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensated employee	Former	- 2/1099-MISC)	2/1099-MISC)		related organizations	
See Additional Data Table			$\top$	$\dagger$								
				I			$oxed{oxed}$					
				$\perp$	$\perp$	<u></u>	<u></u>					
		<u> </u>	$\perp$	$\perp$	┷		⊥'					
		<u> </u>	$\perp$	$\perp$	$\perp$		⊥'					
		<u> </u>	$\perp$	$\perp$	$\perp$		⊥'					
		<u> </u>	<u> </u>	$\perp$	$\bot$	<u> </u>	<u> </u>					
		<u> </u>	<u> </u>	$\perp$	$\downarrow$	<u> </u>	<u> </u>					
				$\perp$		Щ,	'					
1b Sub-Total c Total from continuation sheets to	Part VII, Section	1 A				<b>▶</b>	_					
d Total (add lines 1b and 1c)						<b>&gt;</b>		749,021	0			126,579
Total number of individuals (including of reportable compensation from the			se list	ted a	₃bov₁	e) who	rec د	eived more than \$1	.00,000			
				—	—						Yes	No
3 Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i>									employee on	3		No
For any individual listed on line 1a, i organization and related organization individual	ons greater than s	\$150,00	00? <i>If</i>	f "Yes	es," c	complet	ete Sc	chedule J for such		4	Yes	_
5 Did any person listed on line 1a rece services rendered to the organization										5		No
Section B. Independent Contrac		<del></del>	<del></del>	<u> </u>	<u> </u>							
Complete this table for your five hig from the organization Report compo	ensation for the o								n's tax year	pensatio		
	<b>(A)</b> e and business addre	ress		_	_		_		(B) cription of services	C	(C) ompens	sation
SODEXO AMERICA LLC			_	_	_	_	_	FOOD SERV	ICE		1,6	617,328
DEPT 880328 LOS ANGELES, CA 900880328										$\perp$		
FLANSBURGH ASSOCIATES INC								ARCHITECT	URAL SERVICES			575,209
77 N WASHINGTON ST SUITE 600 BOSTON, MA 02114								CECUDITY (		$\perp$		*** 445
ALLIED UNIVERSAL SECURITY SERVICES 1132 BISHOP ST 300								SECURITY S	SERVICES			506,413
HONOLULU, HI 96813 VILLAGE AUDIO & LIGHTING								AUDIO UPG	GRADE SERVICES	+		300,433
288 OE ST								7.00.0	NADE SERVICES			300,
KIHEI, HI 96753 KRISTIN FOGDALL STUDIO								COMMUNIC.	ATIONS & PUBLICATIONS	ON		209,389
285 JERSEY WAY								CONSULT				
MORRISVILLE, VT 05661  2 Total number of independent contracts	ors (including by	t not lin	nited	to t'	hose	listed	labo	ve) who received m	ore than \$100 000	of		

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

(C) Position (do not check more

(D)

Reportable

Reportable

(B)

Average

		(2018)										Page <b>9</b>
Part	VIII											П
		Check if Schedul	e O contains a	a respo	onse or note to any	(	(A) revenue	Rela ex fur	(B) lited or empt nction	(C) Unrelated business revenue	(D) Reven excluded tax under s 512 - 5	ue from ections
, s	<b>1</b> a	Federated campaig	ns	1a			•					
unts	ı	Membership dues		<b>1</b> b								
Gra	(	Fundraising events		1c	20,950							
ž, <u>A</u>		l Related organizatio	ns	1d	İ							
e ila	١,	Government grants (co	ontributions)	1e								
ns,	۱,	All other contributions,	ا , gıfts, grants,									
tion is		and similar amounts no above	ot included	1f	1,177,754							
tributions, Gifts, Grants Other Similar Amounts	و ا	Noncash contribution	ons included									
Contributions, Gifts, Grants and Other Similar Amounts		ın lınes 1a - 1f \$		25	0,726							
S E		<b>h Total.</b> Add lines 1a	-1f	•	•		1,198,704					
ı,					Business	Code						
11€	2a	TUITION AND FEES				611710		65,343	21,26			
å	b	SPECIAL EVENTS				611710	94	45,465	94	5,465		
٥٤	c											
<u>\$</u>	d			_								
Ē	е			_								
Program Service Revenue	f	All other program se	rvice revenue									
4	g	<b>Total.</b> Add lines 2a-2	f		<b>▶</b> 22,2	10,808						
•		Investment Income (II	ncluding divide	ends,	ınterest, and other		2 416 504					416 504
		•			• • • • • • • • • • • • • • • • • • •	<u> </u>	2,416,594					,416,594
		Income from investme Royalties	ent or tax-exe		ond proceeds	<u> </u>						
	٠,	toyalties	(ı) Real		(II) Personal							
	6a	Gross rents	, ,		, ,	1						
	L	Less rental expenses				-						
	U	Less Tental expenses										
	c	Rental income or (loss)										
	d	Net rental income o	r (loss)			1						
		rice remaining	(ı) Securit		(II) Other	<u> </u>						
	7a	Gross amount	. , ,			1						
		from sales of assets other	11,/	92,015								
		than inventory										
	b	Less cost or other basis and	10,9	47,573								
	c	sales expenses Gain or (loss)	8	44,442		-						
		Net gain or (loss)		•	<b>•</b>	1	844,442					844,442
	8a	Gross income from fo										
ne		(not including \$ contributions reporte	20,950 ed on line 1c)	of								
₹		See Part IV, line 18		а	11,095							
Re	b	Less direct expense	s	b	7,224							
Other Revenue		Net income or (loss)		-	rents 🕨		3,871					3,871
₽	Уa	Gross income from g See Part IV, line 19		es								
				а								
		Less direct expense		b		]						
		Net income or (loss)		activit	ies <b>&gt;</b>	1						
	TU	Gross sales of invent returns and allowand										
				а	73,200							
	b	Less cost of goods s	sold	b	50,999							
-	С	Net income or (loss)		invent			22,201		22,201			
-	11	Miscellaneous aISAACS ART GALLER			Business Code 900099		492,199			492,1	99	
		ISAACS ART GALLER	VI.				, - > 3					
	h	STATE ENERGY TAX	CDEDIT		900099		231,747		231,747			
	_	STATE ENERGY TAX	CKEDII				,,		1			
	_	OTHER INCOME			900099		10,894		10,894			
	•	OTTLK INCOME					,_,		,			
	d	All other revenue .			-	-						
	_	Total. Add lines 11a			▶							
	12	Total revenue. See	Instructions				734,840					
					•		27,431,460		22,475,650	492,1	99 3	,264,907

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Form 990 (2018)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	inizations must comp	olete column (A)	
Check if Schedule O contains a response or note to any	-	·	, ,	П
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		схрепаса	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,953,086	3,953,086		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	458,046	73,079	360,607	24,360
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	9,550,164	7,823,196	1,230,525	496,443
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	758,240	603,099	124,604	30,537
9 Other employee benefits	3,342,236	2,631,827	696,329	14,080
<b>10</b> Payroll taxes	740,338	607,077	96,244	37,017
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	153,350		153,350	
c Accounting	52,640		52,640	
<del>-</del>	32,010		32,616	
d Lobbying	15,875			15,875
e Professional fundraising services See Part IV, line 17			126.006	15,675
f Investment management fees	126,896		126,896	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	365,561	237,657	127,904	
<b>12</b> Advertising and promotion	106,412	106,412		
<b>13</b> Office expenses	1,364,445	760,258	558,116	46,071
<b>14</b> Information technology				
15 Royalties				
<b>16</b> Occupancy	1,692,794	1,580,080	98,212	14,502
<b>17</b> Travel	294,746	245,806	15,726	33,214
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	165,987		162,253	3,734
<b>20</b> Interest	137,408		137,408	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,312,208	1,246,598	65,610	
23 Insurance				-
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD SERVICES	1,255,342	1,245,336	10,006	
b STUDENT ACTIVITIES	832,151	830,629	1,522	
c OTHER EXPENSES	637,320	91,117	491,762	54,441
d ART CENTER OPERATIONS	510,340	505,237	5,103	
e All other expenses	113,886		113,886	
25 Total functional expenses. Add lines 1 through 24e	27,939,471	22,540,494	4,628,703	770,274
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2018)

Page **11** 

51,651,935

23,118,257

58.611.716

138.105.625

2,493,628

2.551.360

5.695.858

10.740.846

51.754.504

10,096,001

65.514.274

127,364,779

138,105,625

Form **990** (2018)

Form 990 (2018)

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Less accumulated depreciation

Investments—publicly traded securities .

Intangible assets . . . . .

Other assets See Part IV, line 11 .

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

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

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

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

Investments—other securities See Part IV, line 11 . Investments-program-related See Part IV, line 11

**Total assets.**Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>1</b> Cash-non-interest-bearing	626,902	1	1,512,446
2 Savings and temporary cash investments	302,189	2	451,310
3 Pledges and grants receivable, net	75,587	3	15,544
4 Accounts receivable, net	204,510	4	187,132
E Loope and other recovables from surrent and former officers directors			

	_			-		_	1
	4	Accounts receivable, net	204,510	4	187,132		
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L	nployees Complete		5		
"	6	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L		6			
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			2,184,595	8	2,188,210
⋖	9	Prepaid expenses and deferred charges			286,022	9	369,075
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	75,169,059			

**10**b

23,517,124

49,877,221 **10c** 

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18

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24 25

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28

29

30

31 32

33

34

25,909,400

59.813.321

139.279.747

2,316,138

2.653.465

3,692,714

8.662.317

51.984.364

11,881,630

66.751.436

130,617,430

139,279,747

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

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

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

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

Audit Act and OMB Circular A-133?

2c

3a

3b

No

Form 990 (2018)

## **Additional Data**

Software ID: Software Version:

**EIN:** 99-0078306

Name: HAWAII PREPARATORY ACADEMY

Form 990 (2018)

Form 990, Part III, Line 4a:

K-12 EDUCATIONAL PROGRAM - PROVIDES EDUCATION FOR APPROXIMATELY 613 STUDENTS FROM KINDERGARTEN TO GRADE 12

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

and a director/trustee)

organization

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organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally flours	and a director/trastee/						organization	organizacions	l monitule .
	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	eavoldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LAURIE T AINSLIE PRESIDENT/TREASURER/BOARD MEMBER	2 00	×		×				0	0	0
RICH MATSUDA FIRST VICE PRESIDENT/BOARD MEMBER	2 00	х		х				0	0	0
TAFFI WISE SECRETARY/BOARD MEMBER	2 00	×		х				0	0	0
ROBERT BUDWAY BOARD MEMBER	2 00	x						0	0	0
MICHAEL J CHUN BOARD MEMBER	2 00	х						0	0	0

SECRETARY/BOARD MEMBER
ROBERT BUDWAY
BOARD MEMBER
MICHAEL J CHUN

TAYLOR EASLEY

**BOARD MEMBER** 

BOARD MEMBER

NONA HASEGAWA

CINDY MCMACKIN

BOARD MEMBER

PAUL NAKAYAMA

BOARD MEMBER

BOARD MEMBER

ALLISON HOLT GENDREAU ......

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee)

organization

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organizations

from the

any hours

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	,							(11) 2 (1000	(14) 2/4 000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
SAM PRATT BOARD MEMBER	2 00	×						0	0	0	
WILLIAM D PRATT BOARD MEMBER	2 00	х						0	0	0	
MICHAEL S SPALDING BOARD MEMBER	2 00	х						0	0	0	
PETER M VITOUSEK BOARD MEMBER	2 00	х						0	0	0	
ROBERT WITT BOARD MEMBER	2 00	×						0	0	0	

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Χ

Χ

DAVID ZIERK

......

**BOARD MEMBER** 

C SCOTT BRADLEY

GREGORY R MOOERS

WILL J HANCOCK

FORMER SECRETARY

JOHN ARRILLAGA JR

FORMER TREASURER

FORMER PRESIDENT & CHAIRMAN

FORMER FIRST VP & BOARD MEMBER

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation any hours and a director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099-

organization and

7,056

29,235

17,097

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

**GARY JARVILL** 

ALAIN CARMEN SYKES

DEAN OF ACADEMICS

**TEACHER** 

	organizations below dotted line)	Institutional Trustee	Officer	(e) employee	righest compensated rimploviee	Former	MISC)	MISC)	related organizations
DANIEL J PETRILL FORMER ASSISTANT TREASURER	40 00		x				91,253	0	16,743
ROBERT B MCKENDRY SECOND VP & HEAD OF SCHOOL	40 00		х				200,820	0	41,151
	40.00						l		

ROBERT B MCKENDRY SECOND VP & HEAD OF SCHOOL	40 00		x		200,820	0	
KATHERINE PURDY ASSISTANT SECRETARY	40 00		x		56,319	0	

40 00

SECOND VP & HEAD OF SCHOOL					,		
KATHERINE PURDY ASSISTANT SECRETARY	40 00		×		56,319	0	
ERIN MORGAN	40 00		,		F1 0F4	0	

KATHERINE PURDY	40 00				F. 3.10		
ASSISTANT SECRETARY			Х		56,319	U	
ERIN MORGAN	40 00		· ·		51.054	0	
ASSISTANT TREASURER			^		51,854	U	

KATHERINE PURDY	40 00		$\sqrt{}$		56,319	0	
ASSISTANT SECRETARY					30,319	0	
ERIN MORGAN	40 00		χT		51,854	O	
ASSISTANT TREASURER			``	l	1		

ERIN MORGAN	40 00		X		51,854	0	88
ASSISTANT TREASURER					·		
MARK NOETZEL	40 00						

MARK NOETZEL	40 00						
DEAN OF CAMPUS LIFE				Х	133,683	0	15,209
CARY JARVILL	40 00						

113,974

101,118

etil	e GR	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493106006390
	m 99	OULE A	Com		Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2018
		f the Treasury		► Go to	www.irs.gov/Forms	990 for the late	st information		Open to Public Inspection
am	e of tl	<b>he organiza</b> PARATORY ACA						Employer identific	cation number
					(41)			99-0078306	
	rt I rganiz				<b>us</b> (All organization e it is  (For lines 1 thro			ee instructions.	
1			•		ssociation of churches	•		(A)(i).	
2	<b>▽</b>	A school de	scribed in <b>se</b> c	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	ve hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
4		A medical r		nization operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	inter the hospital's
5		An organiza			t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
6		A federal, s	tate, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).	
7		section 17	'0(b)(1)(A)(	vi). (Complete				nit or from the gener	al public described in
8		A communi	ty trust descr	ıbed ın <b>sectio</b> ı	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or
0		from activit	ies related to וncome and נ	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	ly supported	organizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or sec	ction 509(a)(2	). See section 509(a	
a		<b>Type I.</b> A so	supporting org n(s) the powe	janization oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions) <b>You must com</b>				ated with, its
d		Type III n	on-function	ally integrate he organizatio	<ul> <li>d. A supporting organ</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	Ization operated fy a distribution	ın connection wi requirement and	th its supported orga	
е		Check this	box if the org	anızatıon recei	ved a written determir integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			organizations	3	. •		_	
g					upported organization(				
	(i) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1- 10 above (see instructions))  (iv) Is the organization in your governing docume			(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No		
_									
ota	1								
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

instructions

rage	_
170	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	iis to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	T	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
5	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						
S	Section B. Total Support						
	Calendar year	(a)2014	<b>(b)</b> 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(-,	(=,====	(3,2323	(-)	(0)2020	(1).010.
7							
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							
10	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization	s first, second, th	urd, fourth, or fifth	n tax vear as a sec	tion 501(c)(3) org	anization.
	check this box and <b>stop here</b>	=				· · · · · · <u>-</u>	_
_	section C. Computation of Public						_
	Public support percentage for 2018 (line			column (f))			
				column (1))		14	
	Public support percentage for 2017 Sch					15	
<b>16</b> a	33 1/3% support test—2018. If the				ne 14 is 33 1/3% o	r more, check this	box
	and <b>stop here.</b> The organization qualif						··►□
b	<b>33 1/3% support test—2017.</b> If the	organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	olicly supported or	ganızatıon			▶□
<b>17</b> a	10%-facts-and-circumstances test-	<b>–2018.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported	
	organization						▶ □
Į.	10%-facts-and-circumstances test	-2017. If the o	rganization did no	ticheck a box on l	ine 13, 16a, 16h	or 17a, and line	
0	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization						
	supported organization			5-	4	,	►□
10	Private foundation. If the organization	n did not check :	hov on line 12 1	6a 16h 17a or 1	7h check this has	and see	<b>F</b> L
TΩ	Trivate roundation, if the organization	ii ala not check e	* 20V OIL IIIIE TO, T	ou, 100, 1/a, 01 1	. , D, CHECK HIIS DU)	, unu see	

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.	)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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 sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
36	ection B. Total Support  Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</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, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI )						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and <b>stop here</b>	,	, ,	, ,	,	( ), ( )	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
<u> </u>	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 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 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 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.

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

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

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

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5	
Pa	rt IV 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) below, the				
	governing body of a supported organization?	11a			
b	A family member of a person described in (a) above?	11b			
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	<b>11</b> c			
S	ection B. Type I Supporting Organizations				
			Yes	No	
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1			
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting				
	organization	2			
S	ection C. Type II Supporting Organizations				
			Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1			
_	<u> </u>				
	ection D. All Type III Supporting Organizations		Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140	
		1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)				
		2			
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3			
S	ection E. Type III Functionally-Integrated Supporting Organizations		l		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)			
	The organization satisfied the Activities Test Complete line 2 below	•			
	b				
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test Answer (a) and (b) below.	į	Yes	No	
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a			
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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			
3	Parent of Supported Organizations Answer (a) and (b) below.	_			
	a 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? Provide details in <b>Part VI.</b>	3a			
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3h			

Sched	lule A (Form 990 or 990-EZ) 2018			Page <b>6</b>
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2
If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

#### **Additional Data**

# Software ID:

Software Version: **EIN:** 99-0078306

Name: HAWAII PREPARATORY ACADEMY

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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

(Form 990)

Department of the Treasury

Internal Revenue Service

# **Supplemental Financial Statements**

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

DLN: 93493106006390

Open to Public **Inspection** 

		he organization PARATORY ACADEMY			Employer identification number	
пА	WAII PKE	PARATORT ACADEMI			99-0078306	
Pa	art I	Organizations Maintaining Donor Advi			or Accounts.	
		Complete if the organization answered "Ye				
			(a) Donor advi	sed funds	(b)Funds and other accounts	
		umber at end of year				
2		ate value of contributions to (during year)				
3		ate value of grants from (during year)				
1		ate value at end of year			582,9	
5		e organization inform all donors and donor adviso zation's property, subject to the organization's ex		ets held in donor ad	lvised funds are the	
5	charita	e organization inform all grantees, donors, and do able purposes and not for the benefit of the donor e benefit?				
Pa	rt II	Conservation Easements. Complete if th	ie organization answe	red "Yes" on Forn	n 990, Part IV, line 7.	
L	Purpos	se(s) of conservation easements held by the organ	nization (check all that a	pply)		
	□ F	Preservation of land for public use (e g , recreation	or education)	Preservation of an	historically important land area	
	□ г	Protection of natural habitat		Preservation of a c	certified historic structure	
		Preservation of open space	_			
2	Compl	ete lines 2a through 2d if the organization held a	qualified conservation co	entribution in the for		
_		ent on the last day of the tax year number of conservation easements		ı	Held at the End of the Year	
a ı.					24	
b		creage restricted by conservation easements	e atriuetiura inaliidad in (a		2b	
С.		er of conservation easements on a certified histori	,	<i>'</i>	2c	
d		er of conservation easements included in (c) acqui ire listed in the National Register	red after 7/25/06, and n	ot on a historic	2d	
3	Numb tax ye	er of conservation easements modified, transferre ar ►	d, released, extinguished	d, or terminated by	the organization during the	
1	Numb	er of states where property subject to conservatio	n easement is located 🕨			
5		the organization have a written policy regarding the		nspection, handling (	of violations,	
5	Staff a	and volunteer hours devoted to monitoring, inspec	ting, handling of violatio	ns, and enforcing co	onservation easements during the year	
7	Amoui ► \$ _	nt of expenses incurred in monitoring, inspecting,	handling of violations, a	nd enforcing conser	vation easements during the year	
3		each conservation easement reported on line $2(d)$ ection $170(h)(4)(B)(II)$ ?	above satisfy the require	ements of section 1	70(h)(4)(B)(ı)	
•	baland	t XIII, describe how the organization reports cons ie sheet, and include, if applicable, the text of the ganization's accounting for conservation easemen	footnote to the organiza			
a	rt IIII	<b>Organizations Maintaining Collections</b>			er Similar Assets.	
		Complete if the organization answered "Ye				
La	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b						
	(i) Reve	nue included on Form 990, Part VIII, line 1			<b>▶</b> \$	
(	ii)Assets	s included in Form 990, Part X			<b>▶</b> \$	
2	If the	organization received or held works of art, historic ing amounts required to be reported under SFAS :			·	
а		ue included on Form 990. Part VIII, line 1	. •		<b>▶</b> \$	

**b** Assets included in Form 990, Part X

1,840,235

Par	t III	Organizations Ma	aintaining Coll	ections of A	rt, Histori	cal Tı	reasui	res, or	Other	Similar A	ssets (cont	inued)	
3	_	the organization's acq (check all that apply)	uisition, accession	, and other rec	ords, check a	any of	the foll	lowing t	hat are a	significant i	use of its col	lection	
а	<b>✓</b>	Public exhibition			d	<b>✓</b>	Loan o	or excha	ange prog	rams			
b		Scholarly research			е	<b>✓</b>	Other	FUND	RAISING				
С	$\checkmark$	Preservation for future	generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII												
5		g the year, did the orga s to be sold to raise fur								ılar	<b></b> ✓ Yes	□ N	o
Pai	rt IV	Escrow and Cust Complete if the ord X, line 21.			n Form 990	, Part	IV, lın	ne 9, or	reporte	d an amou	ınt on Forr	n 990,	Part
1a		e organization an agent ded on Form 990, Part X		an or other inte	rmediary for	contril	butions	or othe	er assets i	not	Yes	□ <b>N</b>	o
b	If "Ye	es," explain the arrange	ement in Part XIII	and complete t	the following	table				A	mount		_
С	Begin	ining balance			-			İ	1c				_
d	Addıtı	ions during the year						İ	1d				_
e	Distri	butions during the year	-						1e				
f	Endın	ig balance							1f				
2a	Did th	ne organization include	an amount on Fo	rm 990, Part X,	line 21, for	escrow	or cus	stodial a	ccount lia	bility?	☐ Yes	□м	0
b		es," explain the arrange									_		
	rt V	Endowment Fund											
				(a)Current yea		or yea			ears back	(d)Three year		Four year	rs back
<b>1</b> a	Beginn	ing of year balance .		26,398	,306	25,368	3,701	2	2,630,619	24,	319,765	23,	690,843
b	Contrib	outions		18	,238	-428	3,607		1,006,737		36,838	;	354,562
c	Net inv	estment earnings, gair	ns, and losses	82	,951	2,568	3,332		2,829,336	-	601,363	1,	376,077
d	Grants	or scholarships											
е		expenditures for facilitie ograms	es	2,701	,514	1,110	,120		1,097,991	1,	124,621	1,	101,717
f	Admını	strative expenses .											
g	End of	year balance		23,797	,981	26,398	3,306	2	5,368,701	22,	630,619	24,	319,765
2 a b c	a Board designated or quasi-endowment ► 41 160 % b Permanent endowment ► 42 410 %												
3a		here endowment funds	not in the posses	sion of the orga	anızatıon that	are h	eld and	dadmini	stered for	the		W	
	_	nization by hrelated organizations				_	_	_			3a(i)	Yes Yes	No
	. ,	elated organizations .					· . · .				3a(ii)	103	No
b		es" on 3a(II), are the rel			ıred on Sche	 dule R	٠. ·				3b		
4	Descr	ribe in Part XIII the inte	ended uses of the	organization's e	endowment f	unds							
Pai	rt VI	Land, Buildings,	and Equipmer	ıt.									
		Complete if the or											
	Descri	ption of property	(a) Cost or oth (investme		) Cost or other	basis (	otner)	(c) Acc	umulated d	epreciation	(a) E	ook valu	e 
1a	Land					6,31	12,078					- 6	5,312,078
b	Buildin	gs				51,88	30,550			12,595,757		39	9,284,793
С	Leaseh	old improvements											
d	Equipm	nent				92	28,121			544,030			384,091
e	Other					16,04	18,310			10,377,337		5	5,670,973

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )

51,651,935

Schedule D (Form 990) 2018		wared lives II as Farms O	Page 3
Part VII Investments—Other Securities. Complete if the organ See Form 990, Part X, line 12.			
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b) Book value		od of valuation of-year market value
(1) Financial derivatives			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	<b>•</b>		
Part VIII Investments—Program Related.  Complete if the organization answered 'Yes' on Form 990	0, Part IV, l	ıne 11c. See Form 990	, Part X, line 13.
(a) Description of investment (b	) Book value		od of valuation of-year market value
(1)			<del>`</del>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. Complete if the organization answered 'Yes' on  (a) Description	Form 990, P	art IV, line 11d See Form	(b) Book value
(1) DONATED ARTWORK HELD FOR INVESTMENT (2) BENEFICIAL INTEREST IN PARKER RANCH FOUNDATION (3) BENEFICIAL INTEREST IN TRUSTS HELD BY OTHERS (4) DONATED REAL ESTATE HELD FOR INVESTMENT (5)			2,438,897 34,515,765 20,905,984 751,070
(6)			
(7)			
(8)			
(9)			
			58,611,716
<b>Part X Other Liabilities.</b> Complete if the organization answered See Form 990, Part X, line 25.			.1e or 11f.
1. (a) Description of liability	(b)	Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )		reappration's financial state	oments that remarks the
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot organization's liability for uncertain tax positions under FIN 48 (ASC 740). Che			

Part XI

2

b

e

b

C 5

1

2

c

d

3

4

5

Part XIII

See Additional Data Table

Part XII

3

4

Schedule D (Form 990) 2018

Page 4

-6,714,229

27,362,787

68,673

27,431,460

23,901,209

63,098

23,838,111

4,101,360

27.939.471

Schedule D (Form 990) 2018

Donated services and use of facilities
Recoveries of prior year grants
Other (Describe in Part XIII )
Add lines <b>2a</b> through <b>2d</b>
Subtract line <b>2e</b> from line <b>1</b>
Amounts included on Form 990, Part VIII, line 12, but not on line 1
Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b** . . . . . . . . . . . . . . . .

Add lines **4a** and **4b** . . . . . . . .

Donated services and use of facilities . . .

Supplemental Information

Other (Describe in Part XIII ) . . . .

Subtract line 2e from line 1 . . . .

Add lines 2a through 2d . .

Return Reference

Net unrealized gains (losses) on investments . . .

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

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . .

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) . . . . . . .

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

2a

2b

2c

2d

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

-1,490,135

-5.228.969

126,896

-58,223

4,875

58,223

126,896

3.974.464

4.875

2e

3

4c

2e

3

4c

5

Schedule D (Form 990) 2018	Page <b>5</b>
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN:** 99-0078306

Name: HAWAII PREPARATORY ACADEMY

PART III, LINE 4

**Supplemental Information** 

Return Reference

Explanation

THE ACADEMY MAINTAINS AN EXTENSIVE COLLECTION OF HAWAIIAN ART INCLUDING PAINTINGS AND HAND -MADE ARTIFACTS ARTWORK IS DONATED TO THE ACADEMY AND MAINTAINED BY THE ISAACS ART GALLER Y ARTWORK IS KEPT FOR EDUCATIONAL PURPOSES, PRESERVATION OF HAWAIIAN CULTURE OR SOLD FOR FUNDRAISING PURPOSES

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE ACADEMY'S ENDOWMENT INCLUDES 76 INDIVIDUAL DONOR-RESTRICTED FUNDS ESTABLISHED FOR A VA RIETY OF PURPOSES THE ACADEMY'S ENDOWMENT CONSISTS OF BOTH DONOR-RESTRICTED FUNDS AND FUN DS DESIGNATED BY THE BOARD TO FUNCTION AS ENDOWMENTS NET ASSETS ASSOCIATED WITH THESE END OWMENT FUNDS, INCLUDING BOARD-DESIGNATED FUNDS, ARE CLASSIFIED AND REPORTED BASED ON THE E XISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE ACADEMY HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUN DING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE ACADEMY MUST HOLD IN PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD AS WELL AS BOARD-DESIGNATED FUNDS UNDER THIS POLICY, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER TO ENSU RE THAT THE FUTURE GROWTH OF THE ENDOWMENT ASSETS IS SUFFICIENT TO OFFSET NORMAL INFLATION PLUS REASONABLE SPENDING, THEREBY PRESERVING THE CONSTANT DOLLAR VALUE AND PURCHASING POW
	ER OF THE ENDOWMENT FUNDS FOR FUTURE GENERATIONS

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2	ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN N OT TO FAIL UPON REGULATORY EXAMINATION MANAGEMENT HAS EVALUATED THE ACADEMY'S TAX POSITIO NS AS OF MAY 31, 2019 AND 2018 AND FOR THE YEARS THEN ENDED BY REVIEWING ITS INCOME TAX RE TURNS AND CONFERING WITH ITS TAX ADVISORS, AND DETERMINED THAT THE ACADEMY HAD NO UNCERTA IN TAX POSITIONS REQUIRED TO BE REPORTED IN ACCORDANCE WITH SUCH GENERALLY ACCEPTED ACCOUN TING PRINCIPLES THE ACADEMY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER , THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS

Constant and add to Constant to a

Supplemental Information	
Return Reference	Explanation
•	CHANGES IN BENEFICIAL INTERESTS IN TRUSTS HELD BY OTHERS -1,254,505 STUDENT AID & TUITION REMISSION (NETTED AGAINST REVENUE PER AUDIT REPORT) -3,974,464

-

upplemental Information				
Return Reference	Explanation			
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF SALES - INVENTORY (NETTED AGAINST REVENUE PER TAX RETURN) -50,999 FUNDRAISING EXPENSES -7,224			

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF SALES - INVENTORY (NETTED AGAINST REVENUE PER TAX RETURN) 50,999 FUNDRAISING EXPENSES 7,224

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT AID & TUITION REMISSION (NETTED AGAINST REVENUE PER AUDIT REPORT) 3,974,464

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493106006390 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** HAWAII PREPARATORY ACADEMY 99-0078306 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5с c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f No g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

Schedule E (Form 990 or 990EZ) (2018)	Page <b>2</b>							
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also provide any other additional information (see instructions)								
Return Reference	Explanation							
SCHEDULE E, PART I, LINE 3	NONDISCRIMINATORY POLICY PRINTED ON ADMISSION AND FINANCIAL AID PUBLICATION AND IN NEWSPAPER ADVERTISEMENTS							
	Schedule E (Form 990 or 990-EZ) (2018)							

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

DLN: 93493106006390

OMB No 1545-0047

2018

## **Supplemental Information Regarding** Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ. ▶Go to www irs gov/Form990 for instructions and the latest information **Open to Public** Inspection

	ne of the organization WAII PREPARATORY ACADEMY						Employer ide	ntification number				
ПΑ:	WAII PREPARATORT ACADEMIT						99-0078306					
Р	Fundraising Activi	•	_		answered "Yes" on Fo	orm 990,	Part IV, line 1	7.				
1	Indicate whether the organiza	ation raised funds thr	ough an	y of the fo	ollowing activities Check	all that a	pply					
а	✓ Mail solicitations			e	Solicitation of non	-governm	ent grants					
b	✓ Internet and email solicita	ations		f	Solicitation of gov	ernment (	grants					
c	Phone solicitations			g	✓ Special fundraising	g events						
d												
<b>2</b> a	Did the organization have a workey employees listed in Fo						·	es 🗆 No				
b	If "Yes," list the ten highest p to be compensated at least \$!	aid individuals or ent 5,000 by the organiza	ities (fui ation	ndraisers)	pursuant to agreements	under wh	nich the fundrais	er is				
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont	) Did ser have ody or trol of outions?	(iv) Gross receipts from activity	or r fundra	nount paid to etained by) aiser listed in col (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No								
	UGUISU RESEARCH LLC	DONOR RESEARCH										
	30 N GOULD ST SUITE 4245			No	0		15,750	(				
	SHERIDAN, WY 82801											
	tal			<u> </u>			15,750					
3	List all states in which the organicensing	nization is registered	or licens	sed to sol	icit contributions or has b	een notifi	ied it is exempt f	rom registration or				

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>					
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne						
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes							
3	Indicate the percentage of gaming activ	vity conducted in										
а	The organization's facility			13a			%					
b	An outside facility			13b			%					
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords								
	Name ►											
	Address ►											
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No						
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne								
С	If "Yes," enter name and address of the	e third party										
	Name ►											
	Address ►											
6	Gaming manager information											
	Name ►											
	Gaming manager compensation ▶ \$											
	Description of services provided ▶											
	☐ Director/officer	☐ Employee	☐ Independent contractor									
7	Mandatory distributions											
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No						
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53							
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.					
_	Return Reference		Explanation									

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493106006390 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ► Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number HAWAII PREPARATORY ACADEMY 99-0078306 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	9310	6006	390
Sch	edule J	Com	pensat	ion Information	OM	IB No	1545-(	0047
(For	n 990)	For certain Officers,	Directors, T	rustees, Key Employees, and Hig	hest			
		► Complete if the organi		ated Employees vered "Yes" on Form 990, Part IV	. line 23.	20	18	}
_	a		▶ Attach	to Form 990. instructions and the latest inforr			to Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/r</u>	<u>·огтээо</u> тог	instructions and the latest infor	nation.		ectio	
	me of the organiza				Employer identificat	ion nu	ımber	
пач	VAII PREPARATORY	CADEMI			99-0078306			
Pa	rt I Questio	ons Regarding Compensation	n					
							Yes	No
1a				f the following to or for a person liste by relevant information regarding the				
		or charter travel	<b>✓</b>	Housing allowance or residence for	•			
	_	companions		Payments for business use of perso				
		ification and gross-up payments	<b>✓</b>	Health or social club dues or initiative Personal services (e.g., maid, chauf				
	Discretion	ary spending account	· ·	rersonal services (e.g., maid, chadi	reur, cher)			
b		tes in line 1a are checked, did the o		ollow a written policy regarding payn nplete Part III to explain	nent or reimbursement	<b>1</b> b	Yes	
2	Did the organiza	tion require substantiation prior to	reimbursing	or allowing expenses incurred by all r, regarding the items checked in line	152	2	Yes	
	unectors, truste	es, officers, including the CEO/Exec	drive Directo	r, regarding the items checked in line	: Iar			
3		f any, of the following the filing org EO/Executive Director Check all the		ed to establish the compensation of the	ne			
	_	•		CEO/Executive Director, but explain	n Part III			
	☑ Compensa	tion committee	П	Written employment contract				
		ent compensation consultant	<u></u>	Compensation survey or study				
		of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year, related organiza		, Part VII, Se	ction A, line 1a, with respect to the f	ılıng organızatıon or a			
_	_	ance payment or change-of-control	naumant?			4a		No
a b		receive payment from, a suppleme		ified retirement plan?		4b		No
С	•	receive payment from, an equity-b	•	'		4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and pr	ovide the app	plicable amounts for each item in Par	: III			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29) or	nanizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
	compensation co	ontingent on the revenues of						
а	The organization	7				5a		No
b	Any related orga	nızatıon? 5a or 5b, describe in Part III				5b		No
•	•	•	المناسب المسادا	<b>.</b>				
6		ontingent on the net earnings of	, line 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga	nızatıon? 6a or 6b, describe in Part III				<b>6</b> b		No
7	•	· ·	line 15 did	the organization provide any nonfixe	d			
,		d on Form 990, Part VII, Section A, escribed in lines 5 and 67 If "Yes," o			u	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," do	escribe	8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow th	ne rebuttable	presumption procedure described in	Regulations section	9		140
Ear I	Danarwark Badu	ction Act Notice, see the Instru	ctions for Ea	orm 990 Cat No 9	50053T Schedule 1	/Earn	. 000)	2018

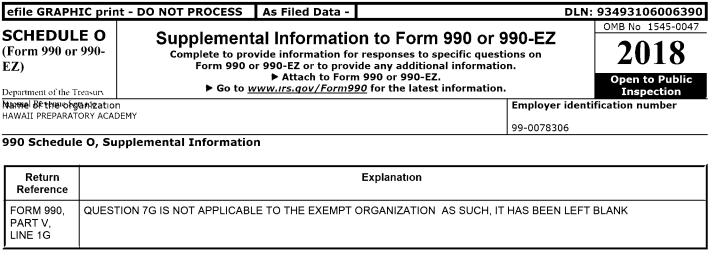
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in column (B) reported other deferred (B)(i)-(D)benefits (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 ROBERT B MCKENDRY 200,820 (i) 0 16,767 24,384 241,971 SECOND VP & HEAD OF SCHOOL 0 (ii)

Schedule J (Form 990) 2018	Page <b>3</b>									
Part III Supplemental Inform	Supplemental Information									
Provide the information, explanation, or	descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation									
PART I, LINE 1A	THE HEAD OF SCHOOL RESIDES ON CAMPUS AS A CONDITION OF EMPLOYMENT									

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493106006390 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** HAWAII PREPARATORY ACADEMY 99-0078306 **Types of Property** (b) (c) (d) (a) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 33,053 FAIR MARKET VALUE Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods . . . . . Χ 10,525 FAIR MARKET VALUE Cars and other vehicles Х 40,000 FAIR MARKET VALUE Boats and planes . . Intellectual property . . Χ Securities—Publicly traded . 2,478 FAIR MARKET VALUE 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution—Other . 15 Real estate—Residential Real estate—Commercial . Х 52,900 FAIR MARKET VALUE 17 Real estate—Other . . Collectibles . . . . 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy . . . . 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 111,770 FAIR MARKET VALUE Χ 25 Other ▶ ( PROGRAM/AUCTION ITEMS ) Other ▶ ( \_\_\_\_\_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 10 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Page 2 Schedule M (Form 990) (2018) Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. Return Reference Explanation PART I, COLUMN (B) THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS Schedule M (Form 990) (2018)



Return Explanation

FORM 990, WILLIAM D PRATT (BOARD MEMBER) AND SAM PRATT (BOARD MEMBER) HAVE A FAMILY RELATIONSHIP SECTION A, LINE 2

Return Explanation
Reference

FORM 990, HPA'S ASSISTANT TREASURER WORKS WITH THE RETURN PREPARER TO COMPLETE THE FORM 990 THE COMPLETE FORM 990 IS PROVIDED TO THE FULL BOARD FOR THEIR REVIEW PRIOR TO FILING

SECTION B,
LINE 11B

FORM 990, PART VI, SECTION B, LINE 12C  A QUESTIONNAIRE IS SENT TO ALL BOARD MEMBERS AND OFFICERS ANNUALLY, EDUCATING THEM ABOUT THE ISSUE OF A CONFLICT OF INTEREST THE COMMITTEE ON TRUSTEES REVIEWS INITIALLY AND ANNUAL LY ALL TRANSACTIONS THAT MAY ARISE OR DO EXIST BETWEEN THE SCHOOL AND INDIVIDUALS WITH ACT UAL OR POTENTIAL CONFLICTS OF INTEREST, TRANSMITTING ITS RECOMMENDATIONS CONCERNING THE AP PROPRIATENESS OF ANY SUCH TRANSACTIONS TO THE FULL BOARD OF TRUSTEES THE BOARD OF TRUSTEE S THEN DETERMINES WHETHER OR NOT TO PROCEED WITH SUCH TRANSACTION AN OFFICER OR TRUSTEE WHO HAS POTENTIAL OR ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE THEREOF, SHALL RECUSE HIMSELF OR HERSELF FROM ANY VOTE OR ACCOMPANYING DISCUSSION	Return Reference	Explanation
	PART VI, SECTION B,	HE ISSUE OF A CONFLICT OF INTEREST THE COMMITTEE ON TRUSTEES REVIEWS INITIALLY AND ANNUAL LY ALL TRANSACTIONS THAT MAY ARISE OR DO EXIST BETWEEN THE SCHOOL AND INDIVIDUALS WITH ACT UAL OR POTENTIAL CONFLICTS OF INTEREST, TRANSMITTING ITS RECOMMENDATIONS CONCERNING THE AP PROPRIATENESS OF ANY SUCH TRANSACTIONS TO THE FULL BOARD OF TRUSTEES THE BOARD OF TRUSTEE S THEN DETERMINES WHETHER OR NOT TO PROCEED WITH SUCH TRANSACTION AN OFFICER OR TRUSTEE W HO HAS POTENTIAL OR ACTUAL CONFLICT OF INTEREST, OR THE APPEARANCE THEREOF, SHALL RECUSE H

Return Explanation
Reference

FORM 990,	THE BOARD OF TRUSTEES IS SOLELY RESPONSIBLE FOR DECISIONS REGARDING THE ENTIRE COMPENSATION
PART VI,	N PACKAGE FOR THE HEAD OF SCHOOL, WHO IS THE SCHOOL'S TOP MANAGEMENT OFFICIAL AND SECOND V
SECTION B,	ICE PRESIDENT, AS WELL AS OTHER OFFICERS AND KEY EMPLOYEES A SUBCOMMITTEE OF INDEPENDENT
LINE 15	PERSONS IS CHARGED WITH EXECUTING THE COMPENSATION POLICY, INCLUDING COLLECTING DATA (I E
	SALARY DATA FROM COMPARABLE SCHOOLS), MAKING A COMPENSATION RECOMMENDATION, AND FOLLOWING
	ALL DOCUMENTATION REQUIREMENTS THIS PROCESS WAS LAST UNDERTAKEN IN 2017

Return Explanation Reference

FORM 990,	FORM 1023 - AVAILABLE UPON REQUEST FORM 990 - AVAILABLE UPON REQUEST OR VIA WWW GUIDESTAR
PART VI,	ORG GOVERNING DOCUMENTS - AVAILABLE UPON REQUEST (FACT DEPENDENT) CONFLICT OF INTEREST POL
SECTION C,	ICY - NOT AVAILABLE (INTERNAL USE ONLY) FINANCIAL STATEMENTS - AVAILABLE UPON REQUEST OR V
LINE 40	LA VARANA CLUDECTAD ODG

| LINE 19 LIA WWW GUIDESTAR ORG

Return Explanation
Reference

FORM 990, PART XI, LINE 9

Return Explanation Reference

FORM 990. THE OVERSIGHT PROCESS OF THE AUDITED FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT PART XII.

ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR LINE 2C

Return Reference	Explanation
FORM 990, PART III, LINE 1	FOUNDED IN 1949, HAWAII PREPARATORY ACADEMY IS AN INDEPENDENT COEDUCATIONAL SCHOOL PROVIDING A FULL RANGE OF OPPORTUNITIES FOR STUDENTS FROM KINDERGARTEN THROUGH GRADE 12 OUR BOAR DING PROGRAM ADMITS STUDENTS IN GRADES 9 THROUGH 12 HPA FEATURES MANY UNIQUE COURSES AND ACTIVITIES (MARINE SCIENCE FIELD STUDIES, SEA TURTLE RESEARCH, SCUBA CERTIFICATION, AND MO RE) THAT MAKE USE OF HAWAII'S GEOGRAPHICAL SETTING AND GIVE STUDENTS A STRONG SENSE OF HAWAII AND ITS CULTURE OFFERINGS ALSO INCLUDE PROGRAMS IN THE VISUAL AND PERFORMING ARTS AS WELL AS A SUCCESSFUL UPPER SCHOOL INTERSCHOLASTIC ATHLETIC PROGRAM THAT STRESSES SCHOOL-WIDE PARTICIPATION AND TEACHES THE VALUES OF SPORTSMANSHIP AND FAIR PLAY THE SCHOOL HAS TWO CAMPUSES IN THE TOWN OF WAIMEA (KAMUELA) ON THE ISLAND OF HAWAII THE LOWER AND MIDDLE SC HOOLS ARE LOCATED ON NINE ACRES IN THE HEART OF HAWAII'S RANCHING COUNTRY, WHILE THE UPPER SCHOOL IS LOCATED JUST TWO MILES AWAY ON A 200-ACRE CAMPUS AT THE FOOT OF THE KOHALA MOUN TAINS HPA IS FULLY ACCREDITED BY THE WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES AND IS A MEMBER OF 12 EDUCATIONAL ORGANIZATIONS INCLUDING THE COUNCIL FOR SPIRITUAL AND ETHICAL ED UCATION, CUM LAUDE SOCIETY, NATIONAL ASSOCIATION BOARD, COUNCIL FOR SPIRITUAL AND ETHICAL ED UCATION, CUM LAUDE SOCIETY, NATIONAL ASSOCIATION OF COLLEGE ADMISSION COUNSELORS, HAWAII A SSOCIATION OF INDEPENDENT SCHOOLS, AND NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS VISIT HTTP //WWW HPA EDU/ABOUT FOR MORE INFORMATION REGARDING HPA'S ENROLLMENT, FACULTY, COLLEGE COUNSELING PROGRAM, SPORTS AND CO-CURRICULAR ATIVITIES, ADVANCED PLACEMENT PREPARATION, AND D USE OF TECHNOLOGY IN THE LEARNING PROCESS

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(Form 990)

Department of the Treasury

HAWAII PREPARATORY ACADEMY

Internal Revenue Service

Name of the organization

## **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.

So to www.irs.gov/Form990 for instructions and the latest information.

2018

**Employer identification number** 

**DLN: 93493106006390**OMB No 1545-0047

Open to Public Inspection

						99-0078306				
Part I Identification of Disregarded Entities Complete	ıf the organızatıon aı	nswered "Yes	on Form 9	90, Part I\	V, line 33	<b>.</b>				
(a) Name, address, and EIN (If applicable) of disregarded entity	Prima	<b>(b)</b> ary activity	(c) Legal domici or foreign c	le (state ountry)	( <b>d)</b> Total inco	me End-of-year	assets	( <b>f</b> Direct co ent	) ntrolling ity	
Part II Identification of Related Tax-Exempt Organizati related tax-exempt organizations during the tax year.		organization		es" on Fo	rm 990,	Part IV, line 34 b	ecause	e it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal c	(c) lomicile (state eign country)	(d Exempt Cod	) de section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	Section (13) co ent	<b>5)</b> 512(b) ntrolled ity?
(1)HAWAII PREPARATORY ACADEMY ALUMNI ASSOCIATION INC 65-1692 KOHALA MOUNTAIN ROAD	SUPPORT HAWAII PREPARATORY ACADEMY	Y	HI	501(C)(3)		LINE 11			Yes	No No
KAMUELA, HI 96743 99-0225471							N/A			
(2)PARKER RANCH FOUNDATION TRUST 66-1304 MAMALAHOA HIGHWAY	SUPPORT HAWAII PREPARATORY ACADEMY OTHER HAWAII	Y AND	HI			LINE 11 - TYPE 1	N/A			No
KAMUELA, HI 96743 99-6064620	ORGANIZATIONS								+	
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Ca	t No 50135	· Y			Sch	edule R (Form	990) 20	18

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	total income		( <b>I</b> Disprop alloca		(i) Code V-UBI amount in bo 20 of Schedule K-1 (Form 1065)	Gene mana part	j) ral or aging ner?	(k) Percen owner
					314)			Yes	No		Yes	No	
					1		1	1	1			1 1	
Identification of Related Organi because it had one or more related	zations Taxable as a ( organizations treated as	Corporation s a corporation	or Trus	<b>t</b> Complete st during th	ıf the organ ie tax year.	ızatıon ansv	wered "Yes	" on Fo	orm 9!	90, Part IV	, lıne	34	
Identification of Related Organi because it had one or more related  (a)  Name, address, and EIN of related organization	zations Taxable as a (organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	of- Perce	h)	Se (1	(I) ection 5 I3) cont entity
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 L3) cont
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity
because it had one or more related  (a)  Name, address, and EIN of	organizations treated as	L do (state	on or tru: (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	h) intage	Se (1	ection 5 13) cont entity

Schedu	e R (Form 990) 2018					Page <b>3</b>
Part	Transactions With Related Organizations Complete If the organization answered "Yes" on	Form 990, Part	IV, line 34, 35b,	or 36.		
J	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Y	es No
1 Dur	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organ	nizations listed in	Parts II-IV?			
а	eceipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
b	ift, grant, or capital contribution to related organization(s)				<b>1</b> b	No
C	ıft, grant, or capıtal contribution from related organization(s)				1c Ye	es
d	oans or loan guarantees to or for related organization(s)				1d	No
e	pans or loan guarantees by related organization(s)				1e	No
f [	vidends from related organization(s)				1f	No
g	ale of assets to related organization(s)				1g	No
h	urchase of assets from related organization(s)				1h	No
i E	change of assets with related organization(s)				1i	No
j l	ease of facilities, equipment, or other assets to related organization(s)				1j	No
k	ease of facilities, equipment, or other assets from related organization(s)				1k	No
I F	rformance of services or membership or fundraising solicitations for related organization(s)				11	No
m F	erformance of services or membership or fundraising solicitations by related organization(s)				1m	No
n S	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
0	haring of paid employees with related organization(s)				10	No
р	eimbursement paid to related organization(s) for expenses				<b>1</b> p	No
q	eimbursement paid by related organization(s) for expenses				<b>1</b> q	No
r (	ther transfer of cash or property to related organization(s)				1r	No
s	ther transfer of cash or property from related organization(s)				1s	No
2	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding covered re	lationships and trai	nsaction thresholds		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount invo	ved
( <b>1)</b> PARI	ER RANCH FOUNDATION TRUST C		384,729	CASH		

<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) $\dots \dots \dots \dots$				1k  No		
l Performance of services or membership or fundraising solicitations for related organization(s) $\ldots$				1l No		
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m No		
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n No		
o Sharing of paid employees with related organization(s)				1o No		
p Reimbursement paid to related organization(s) for expenses				1p No		
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q No		
f r Other transfer of cash or property to related organization(s)				1r No		
${f s}$ Other transfer of cash or property from related organization(s)				1s No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered r	elationships and tra	nsaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved			
(1)PARKER RANCH FOUNDATION TRUST	С	384,729	CASH			

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	section 501(c)(3) organizations?		(f) Share of total Income	end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
Schedule R (Form 990) 2018													

