| _ | aan | |
|------|-----|--|
| Form | 330 | |

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

| Department | of the | Treasury |
|--------------|--------|----------|
| Internal Rev | enue S | Service |

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

| . ,- | | nue Service | ▶ Go to www. | rs.gov/For | m990 for instruc | tions an | d the late: | st inform | ation. | 4001 | Inspection |
|---|---------------------------|-------------------|---|---|----------------------|-------------|---------------|---------------------------------------|-------------|----------------|--------------------------|
| A F | or the | e 2018 calend | dar year, or tax year beginnin | g JUL | 1, 2018 | and | ending | JUN : | 30, 2 | 019 | |
| B 0 | heck if | C Name o | of organization | | | | | D En | ployer i | dentificatio | n number |
| а | pplicabl | _ | PAHU COMMUNITY F | OUNDA | TION | | | | , | | |
| | Addre | | BANK OF HAWAII | | | | | 1 | | | |
| 一 | Name chang | <u> </u> | ousiness as | | | | | 1 | g | 9-6062 | 2933 |
| \vdash | Initial return | | r and street (or P 0, box if mail is | not delivere | d to street address) | | Room/suit | E TO | ephone i | | |
| \vdash | Final | 1 20 | BOX 3170, DEPT | | a to street address; | ' | 1100111/3010 | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ | epilone i | 808169 | 94-4393 |
| Ц. | return، termin ated | . — | town, state or province, country | | or foreign postal | | <u> </u> | C 6:0 | ss receipts | | 463,955. |
| | Amen | | | 2 - 3170 | or loreign postal | code | | | | | |
| <u> </u> | _Jreturn ∏Applic | | and address of principal officer | | OF HAWATI | | | | - | roup return | Yes X No |
| L | tion pendii | | BOX 3170, DEPT | | HONOLULU, | | 0680 | | or subor | | |
| _ | | | | | - | | | ¬v. / | | | Yes No |
| - | | | X 501(c)(3) 501(c)(|)◀ | (insert no) 4 | 947(a)(1) | or 52 | コノノー | | | (see instructions) |
| | | te: ► N/A | Y Corporation Trust | 1 40000 | ation Other | | 1 | | | emption nur | |
| | | | X Corporation Trust | Associ | ation [Other | | I L Yea | r of forma | tion 19 | 9 Z M Stat | e of legal domicile. HI |
| Pe | art I | Summary | | | | | 501175 | | 2000 | | |
| ė | | | be the organization's mission of | | | | ROVID | | | | ****** |
| M. All Cost Activities & Governance | | | ABLE AND EDUCATI | | | | PROGR | | | TPAHU | |
| erı | 2 | Check this bo | ox If the organization of the governing members of the governing members of | ı discontini | ued its operations | or dispo | sed of mo | re (pary) | 326 | et assets | |
| , è | 3 | Number of vo | oting members of the governing | g body (Pa | rt VI, line 1a) | _ | - RE | سنسيل. | -00 | \ P \$\ | 11 |
| 2 e2 | 4 | Number of in | dependent voting members of | the govern | ing body (Part VI, | line 1b) | - | 4.4 | TAM. | \(\P\$.\) | |
| es | 5 | Total number | of individuals employed in cal | endar year | 2018 (Part V, line | 2a) ' | e u | AR 170 | سيسدر | 3 | 0 |
| .₹ | 6 | Total number | of volunteers (estimate if nece | essary) | | | ABI M | معنسس | | الملهما | 0 |
| _ [5] | 7 a | Total unrelate | ed business revenue from Part | VIII, colum | n (C), line 12 | | 10/ | SGD! | | 7a | 0. |
| ₹ | l | | d business taxable income from | | | | ١. | | | 7b | 0. |
| <u> </u> | | | | | | | | Pri | or Year | | Current Year |
| | 8 | Contributions | and grants (Part VIII, line 1h) | | | | | | | 0. | 0. |
| ΙŽ | ì | | rice revenue (Part VIII, line 2g) | | | | <u> </u> | | · | 0. | 0. |
| BCANNE! | | - | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | | | | | | | 140,492. |
| 2,5 | ! | | | | | 114,1 | 24. | 0. | | | |
| \dot{c} | I . | | e (Part VIII, column (A), lines 5, | | | l 10\ | - | | 14,1 | | 140,492. |
| (} | | | | | | | | | | | 159,194. |
| | I | | imilar amounts paid (Part IX, co | • | • | | <u> </u> | | 175,0 | 0. | 0. |
| | 1 | | to or for members (Part IX, co | | | | | | 20 0 | | 36,517. |
| Ses | I | | er compensation, employee be | • | | es 5·10) | <u> </u> | | 38,0 | | |
| ë | ı | | fundraising fees (Part IX, colun | | | | _ | | | 0. | 0. |
| Expenses | | | sing expenses (Part IX, column | • | | | 0. | | | | · · |
| - | 17 | Other expens | ses (Part IX, column (A), lines 1 | 1a-11d, 11 | f 24e) | | L | | | 78. | 7,072. |
| | 18 | Total expense | es Add lines 13-17 (must equa | ıl Part IX, c | olumn (A), line 25) | • | <u></u> | | 221,7 | | 202,783. |
| | 19 | Revenue less | expenses Subtract line 18 from | om line 12 | | | | | 107,5 | | -62,291. |
| Net Assets or Fund Balances | | | | | | | E | Reginning | | | End of Year |
| alar | 20 | Total assets (| (Part X, line 16) | | | | | 2,3 | 313,2 | | 2,254,698. |
| AB BB | 21 | Total liabilities | s (Part X, line 26) | | | | | | | 0. | 0. |
| <u>왕</u> | 22 | Net assets or | fund balances Subtract line 2 | 21 from line | 20 | | | 2, | 313,2 | 808 | 2,254,698. |
| Pa | irt II | Signatur | | | | | | | | - | |
| Und | er pena | ities of perjury, | I declare that I have examined this | return, incli | uding accompanying | schedule | s and state | ments, an | d to the be | est of my kno | wledge and belief, it is |
| true, | correc | t, and compare | e Declaration of preparer (other th | an officer) is | based on all inform | ation of w | hich prepar | er has any | knowledo | ie . | |
| | | | anu | <u> </u> | | _ | | | T | | |
| Sıgı | n | | re of officer | | | | | | Date | 2 0 0 00 | |
| Her | | L KANT | OF HAWAII, TRU | JSTEE | | | | | MA | AR 0 3 202 | 4 0 |
| nei | E | | print name and title | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | - | | | | |
| _ | | | | Гр | narar's signature | | | Date | | Check T | PTIN |
| Print/Type preparer's name Preparer's signature Preparer Firm's name | | | | | | | | 20,0 | ļ. | , <u> </u> | |
| | | | | | | | | L | | self employed | <u>-</u> |
| • | | Firm's name | - | | | | | | Firm's | EIN 🕨 | |
| use | Only | Firm's addres | S > | | | | | | 1 | | <i>y</i> €. |
| | | 1 | | | | | | | Phone | no | • • |

May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

| | 1990 (2018) C/O BANK OF HAWAII | 99-6062933 | Page 2 |
|----|--|--------------------------|---------------|
| Pa | rt III Statement of Program Service Accomplishments | | |
| • | Check if Schedule O contains a response or note to any line in this Part III | | <u> </u> |
| 1 | Briefly describe the organization's mission | | |
| | | | |
| | TO PROVIDE SUPPORT FOR CHARITABLE AND EDUCATIONAL PURPO | CEC AND | |
| | | | OAT |
| | PROGRAMS IN WAIPAHU, HAWAII, PRINCIPALLY FOR PROGRAMS B | ENEFITING LO | CAL |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | (Ter) |
| | prior Form 990 or 990-EZ? | L∣Yes | X No |
| | If "Yes," describe these new services on Schedule O | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | L Yes | X No |
| | If "Yes," describe these changes on Schedule O | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other | ers, the total expenses, | and |
| | revenue, if any, for each program service reported | | |
| 4a | (Code) (Expenses \$ 178,328. including grants of \$ 159,194.) (Reven | |) |
| | PROVIDE SUPPORT FOR THE CHARITABLE AND EDUCATIONAL PURP | OSES AND | |
| | PROGRAMS OF DESIGNATED CHARITABLE ORGANIZATIONS. | | |
| | | | - |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code) (Expenses \$ | nue \$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | /c | | |
| 40 | (Code) (Expenses \$) (Reven | ue \$ | <i>'</i> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| _ | | | |
| 4d | Other program services (Describe in Schedule O) | / | |
| | (Expenses \$ Including grants of \$) (Revenue \$ | | |
| 40 | Total program service expenses 178.328. | | |

Form 990 (2018)

Form 990 (2018)

C/O BANK OF HAWAII

99-6062933

| Pa | rtuvi Checklist of Required Schedules | | | _ |
|---------------|--|-------------------|----------|---------------|
| $\overline{}$ | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | l |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6_ | | _ X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | _ | | |
| | amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | _X |
| 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 | Х | L |
| 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 | 17.5 | 1 | , 1 |
| | as applicable | دين د م | 12 | r |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | L | X |
| 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 | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | } | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | _X_ |
| 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 | İ | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| 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 | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | v |
| | Schedule D, Parts XI and XII | 12a | | Х |
| р | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | Х |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | \vdash | ^ |
| 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 | | 1 | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 445 | | X |
| 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 | 14b | | |
| 13 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | \vdash | - |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 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 | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | '' - | | - |
| .0 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | х |
| 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 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | 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 | Х | |
| | | | | |

| | | <u>-6062933</u> | Р | age 4 |
|-------------------|--|--|--|----------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | Tv. | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | Yes | No |
| ~~ | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ļ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | <u> </u> | |
| | Schedule J | 23 | | Х |
| 24 a | 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 | 1 | } | 1 |
| | Schedule K If "No," go to line 25a | 24a | Ĺ | Х |
| b | Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? | 24b | <u> </u> | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | e | } | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | ↓ | ļ |
| 25 a | 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 | | X |
| ь | 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 | 1 | | х |
| 06 | Schedule L, Part I | 25b | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," | n | | l |
| | complete Schedule L, Part II | 26 | } | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 20 | | - |
| | 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 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | 4. | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | , i tom | 1, 1, 1, |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part | /V 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an of | fficer, | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | ۱ |
| | contributions? If "Yes," complete Schedule M | 30 | L | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | 1,7 |
| | If "Yes," complete Schedule N, Part I | 31 | <u> </u> | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | x |
| | Schedule N, Part II | 32 | | _ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301 7701·32 If "Yes," complete Schedule R, Part I | 22 | ' | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | ├── | ^ |
| 54 | Part V, line 1 | 34 | x | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entit | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organizations. | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | ļ | l | Į. |
| Г г. - | Note. All Form 990 filers are required to complete Schedule O | 38 | X | <u> </u> |
| ı,aı | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | T., | |
| . . | Establish sumbar resorted in Roya of Four 1999 Fates 0 4 and and 1991 | 0 | Yes | No |
| | 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 1b | | , E | 3. |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | ,————————————————————————————————————— | | 122 |
| · | The same triger and the portable desired and reportable baymonts to veridors and reportable garming | / January | | 100 |

(gambling) winnings to prize winners?

Form **990** (2018)

| | | | Van | Na | | | | | |
|--|---|--------------------|-------------------|--|--|--|--|--|--|
| • | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | Yes | Νo | | | | | |
| Za | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | l ' | | | | | |
| h | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | ' | 1 | | | | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | - | | | | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | 1 | χ | | | | | |
| | If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | - | | | | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a |] | х | | | | | |
| b | If "Yes," enter the name of the foreign country | _ ``` - | | | | | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | , ! | | - ; | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | 1 | X | | | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5b 5c | | | | | | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8_ | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | , | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | , | | | | | |
| 11 | Section 501(c)(12) organizations. Enter | | _ | , | | | | | |
| а | Gross income from members or shareholders | | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them) | . ! | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | <u> </u> | <u> </u> | | | | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | , | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | <u> </u> | <u> </u> | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | , | , | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | . 1 | - | † | | | | | |
| | organization is licensed to issue qualified health plans | ,) | | , , | | | | | |
| | Enter the amount of reserves on hand | | | v | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | - | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | i | v | | | | | |
| | excess parachute payment(s) during the year? | 15 | - | X | | | | | |
| 16 | If "Yes," see instructions and file Form 4720, Schedule N | | ا۔ ا | x | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | , | <u> </u> | | | | | |
| | If "Yes," complete Form 4720, Schedule O | Form | 900 | (2018) | | | | | |
| | | 1 0/11 | , 3 30 | (2010) | | | | | |

99-6062933

C/O BANK OF HAWAII Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 | - | | | | LA | | | | |
|-----|--|-----------|------------------------|---------|----------|----------|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | |
| | | ı | | | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 11 | | | | | | | |
| | 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 0 | } | | 1 | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 11 | | | | | | | |
| 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 | | _X | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direc | t supervision | li | | | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | 990 wa | s filed? | 4 | | X | | | | |
| 5 | 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | |
| 6 | 6 Did the organization have members or stockholders? | | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | ppoint | one or | | | | | | | |
| | more members of the governing body? | | | 7a | Х | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | stockho | olders, or | | | | | | | |
| | persons other than the governing body? | | | 7b | | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye | ar by th | e following | | | | | | | |
| а | The governing body? | | | 8a | X | | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | ached a | at the | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9_ | | X | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal R | evenue | Code) | | | | | | | |
| | | _ | | | Yes | No | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such c | hapter | s, affiliates, | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing boo | ly befo | re filing the form? | 11a | Х | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | | | | | | | |
| 12a | | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to con | licts? | 12b | | | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es," de | scribe | | | | | | | |
| | ın Schedule O how this was done | | | 12c | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13_ | | X | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | | X | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approv | al by in | dependent | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | , | | | <u> </u> | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | | <u>X</u> | | | | |
| b | Other officers or key employees of the organization | | | 15b | | X | | | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ment w | rith a | | | | | | | |
| | taxable entity during the year? | | | 16a | | X | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | ite its p | articipation | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga | nizatio | n's | | | | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and | nd 990 | T (Section 501(c)(3) | s only) | availa | ble | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain | ın Sch | edule O) | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, co | nflict c | f interest policy, and | d finan | cıal | | | | | |
| | 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 bo | oks ar | d records 🕨 | | | | | | | |
| | BANK OF HAWAII - 808-694-4393 | | | | | | | | | |
| | 130 MERCHANT STREET, HONOLULU, HI 96813 | | | | | | | | | |
| | | | | C | 000 | (0040) | | | | |

832006 12-31-18

Form 990 (2018)

C/O BANK OF HAWAII

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees,

| (A) Name and Title | (B) Average hours per | (C) Position (do not check more than one box unless person is both an officer and a director/trustee) | | | | | h an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|---|--|---|-----------------------|--|--------------|---------------------------------|----------------|--|--|---|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | | Highest compensated employee | | from the organization (W-2/1099 MISC) | from related organizations (W-2/1099 MISC) | other compensation from the organization and related organizations |
| (1) DAVID O'NEAL | 1.00 | x | | х | | 1 | | 0. | 0. | • |
| PRESIDENT/DIRECTOR (2) YOSHIKO YAMAUCHI | 0.00 | <u> </u> | - | Λ | | ├ | - | <u> </u> | <u> </u> | 0 |
| DIRECTOR | 0.00 | X | | | | | ĺ | 0. | 0. | 0 |
| (3) HENRY AQUINO | 0.00 | ^ | - | | ⊢ | ├- | - | - 0. | 0. | |
| DIRECTOR | 0.00 | x | | | ļ | ļ | | 0. | 0. | 0 |
| (4) KEITH HAYASHI | 0.00 | - | | | _ | ┢ | | | <u> </u> | |
| VP/DIRECTOR | | x | | х | | İ , | | 0. | 0. | 0 |
| (5) KENT KUDO | 0.00 | | | \vdash | | _ | _ | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (6) PRIMA DONNA TAPAT | 0.00 | | | | | | | | | |
| DIRECTOR | | X | | i | | L. | | 0. | 0. | 0 |
| (7) JENNIFER TOWNSEND | 0.00 | | | | | | | | - | |
| SECRETARY/DIRECTOR | <u> </u> | Х | | Х | _ | | | 0. | 0. | 0 |
| (8) RICHARD ITO | 0.00 | | | | | | | _ i | _ | _ |
| DIRECTOR | ļ | X | | | _ | <u> </u> | _ | 0. | 0. | 0 |
| (9) MARTIN BURKE | 0.00 | | | | | | | | • | |
| DIRECTOR | 1 000 | X | _ | _ | <u> </u> | L. | | 0. | 0. | 0 |
| (10) SHERI DEFREITAS | 0.00 | x | ĺ | | | 1 | | 0. | 0. | ^ |
| DIRECTOR (11) BANK OF HAWAII | 1.00 | _ | - | - | - | - | - | U . | <u> </u> | 0 |
| TRUSTEE | 1.00 | ł | X | | | Į, | | 36,517. | 0. | 0 |
| IROSTEE | | - | ^ | | | - | - | 30,317. | | 0 |
| | - | - | _ | _ | | - | | | | |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
| | - | \vdash | - | - | - | \vdash | - | | | |
| | | L | | | | _ | L_ | | | |
| | | 1 | | | } | | | | | |
| | | \vdash | | | \vdash | \dagger | - | | | |

832007 12-31-18

| Part VII Section A. Officers, Directors, Trus | | | _ | | 4 U. | ab c | -+ <i>-</i> | Componented Empleyer | | 023 | | age o |
|---|------------------------|--------------------------------|-----------------------|----------|-------------------|------------------------------|-------------|---------------------------------|-----------------------|----------|-----------------------|----------|
| (A) | (B) | PiOy | ces | | <u>a Hi</u> C) | yne | si C | (D) | es (continuea) (E) | $\neg T$ | (F) | |
| Name and title | Average | ١. | | Pos | ition | | | Reportable | (E) Reportable | | (F) Estimate | ed |
| Name and the | hours per | | | | | than is bot | | compensation | compensatio | n | amount | |
| | week | - | er an | d a d | recto | or/trus | tee) | from | from related | | other | |
| | (list any hours for | rector | ŀ | | İ | | | the | organizations | | compensa | |
| | related | or di | ig E | | 1 | sated | İ | organization (W 2/1099 MISC) | (W-2/1099-MIS | (C) | from the organizat | |
| | organizations | iruste | al frus | | ಫ್ | mpen | l | (** 27 1033 141130) | | | and relat | |
| | below | Individual Irustee or director | Institutional trustee | ا اقت | Key employee | est co oyee | ᇐ | } | | | organizati | |
| | line) | Indiv | Inst | Officer | Key | Highest compensated employee | Former | | | | | |
| | L | i | i | | | | | ļ | i I | | | |
| | | | L | | L | <u> </u> | | | | | | |
| | | | ' | | | 1 | Ì |) | | Ì | | |
| | | | | | ļ | | <u> </u> | | | | | |
| | ļ <u>.</u> | | ĺ | | | | | | | Ī | | |
| | <u> </u> | | | | _ | - | - | | | | | |
| | | | ļ | | ļ | | Ì | | ı. | | | |
| | | - | _ | | | ├- | - | | | - | | |
| | } | | ' | | | | | ĺ | | 1 | | |
| | | | \vdash | _ | - | ┼ | \vdash | | | | | |
| | | | | | | | | | | | | |
| | | | | | | 1 | <u> </u> | | | | | |
| | | | | | } | } | 1 | 1 | | 1 | | |
| | | | | | | T | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | Г | | | | | | |
| | | | | | <u> </u> | | | | | | | |
| 1b Sub-total | | | | | | | ▶ | 36,517. | | 0. | | 0. |
| c Total from continuation sheets to Part Vi | I, Section A | | | | | | | 0. | | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 36,517. | | 0. | | 0. |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | d al | bove | e) wh | 10 r | eceived more than \$100 | ,000 of reportabl | е | | ^ |
| compensation from the organization | | | | | | _ | _ | | | | Tval | 0 |
| 0 0 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | | F-7 | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | stee | е, ке | y en | npic | yee, | or | highest compensated e | mployee on | | · ` | x |
| 4 For any individual listed on line 1a, is the su | | | | | | | 4 | har aannaanstian fran | the eventure | 1.5 | 3 数 之 | 12.5 |
| and related organizations greater than \$150 | | | | | | | | | ine organization | } | 4 | X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | dual for services | 12 | E STATE | <u> </u> |
| rendered to the organization? If "Yes," com | | | | | | | 0.00 | organization or man | | ľ | 5 | X |
| Section B. Independent Contractors | | - | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensated inc | lepe | ende | nt c | onti | racto | ors t | hat received more than | \$100,000 of com | pensa | tion from | |
| the organization Report compensation for | | | | | | | | | | | | |
| (A) | | | | | | | | (B) | | | (C) | |
| Name and business | address | NC | NE | <u> </u> | | | | Description of s | ervices | Co | mpensatioi | 1 |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | | | Į | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | - | | } | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | - | | | | | |

Form 990 (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

| Form 990 | | BANK OF HA | IIAWA | | | 99-6062 | 933 Page 9 |
|--|--|--|-------------------|-------------------|--------------------------------|------------------------------|-------------------------------------|
| Part Vi | II Statement of Reve | enue | | | | | |
| • | Check if Schedule O con | ntains a response o | r note to any lir | (A) Total revenue | (B) Related or exempt function | (C) Unrelated business | (D) Revenue excluded from tax under |
| | | | | | revenue | revenue | sections 512 - 514 |
| 1 a | Federated campaigns | 1a | | | | | |
| E O | Membership dues | 1b | | | | | |
| F, (| Fundraising events | 1c | | | | | - |
| Page o | d Related organizations | 1d | | į | | | |
| su El | Government grants (contribu | | | | | | |
| i je i | All other contributions, gifts, gra | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | similar amounts not included ab | ــــــــــــــــــــــــــــــــــــــ | | | | | |
| | | es 1a-1f \$ | | | | | |
| 0 6 1 | Total. Add lines 1a-1f | ··· | Duamaga Cada | - | | | |
| | | Г | Business Code | | | | |
| Program Service Revenue | | | <u>-</u> | | | | |
| Ser | | | | | | | |
| E a | i | | | | | | |
| ğa e | · | | | | | | |
| å f | All other program service rev | renue | | | | | |
| و | Total. Add lines 2a-2f | _ | • | | | | |
| 3 | Investment income (including | g dividends, interes | st, and | | | | |
| | other similar amounts) | | ▶ : | 64,203. | 64,203. | | |
| 4 | Income from investment of ta | ax-exempt bond pr | oceeds 🕨 | | | | |
| 5 | Royalties | | • | | | | |
| | | (i) Real | (II) Personal | | | | |
| 6 a | Gross rents | | | | | i | |
| b | • | ļ | | | | | |
| | Rental income or (loss) | | | | | ! | |
| l l | Net rental income or (loss) | | | | | | |
| 7 a | Gross amount from sales of | (i) Securities 399,752. | (II) Other | | * | | • |
| | assets other than inventory | 399,132. | | | | | |
| a (| Less cost or other basis | 323,463. | | | | | |
| | and sales expenses | 76,289. | | | | | |
| 1 | : Gain or (loss) I Net gain or (loss) | 70,203. | — | 76,289. | 76,289. | | |
| | Gross income from fundraising | ng events (not | | 70,203. | 70,203. | | |
| <u>a</u> | including \$ | | ŀ | - | | | |
| 8 | contributions reported on line | | | | | | |
| Other Revenue | Part IV, line 18 | a | l | | | | |
| 를 b | Less direct expenses | ь | | | - | | • |
| ء ا | Net income or (loss) from fun | idraising events | • | | 1 | | |
| 9 a | Gross income from gaming a | ctivities See | _ | | | | |
| | Part IV, line 19 | а | | | | | |
| b | Less direct expenses | ь | | _ | | | |
| | Net income or (loss) from gar | _ | <u> </u> | | | | : |
| 10 a | Gross sales of inventory, less | s returns | | 1 | | | |
| | and allowances | a | | | | | |
| | Less cost of goods sold | ь[| | | | | |
| <u> </u> | Net income or (loss) from sale | | | | | | |
| \- <u>-</u> | Miscellaneous Reveni | | Business Code | - | | | • = |
| 11 a | | | | | - | | |
| Ь | | | | | ~~~ | <u>-</u> | |
| ء ا | . | | | | | | |
| d | • Total. Add lines 11a-11d | L | | | | | |
| 12 | Total revenue See instructions | | | 140,492. | 140,492. | 0. | 0. |
| 832009 12-3 | | | | | = / 2 - 0 | | Form 990 (2018) |

| 2 CA P 4 P | Statement of Functional Expens | | | | |
|------------|--|----------------------------|--|-------------------------------------|--|
| Secti | on 501(c)(3) and 501(c)(4) organizations must com | plete all columns. All oth | er organizations must c | omplete column (A) | |
| _ | Check if Schedule O contains a respoi | nse or note to any line in | this Part IX | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | A PARTY OF THE PAR |
| | and domestic governments See Part IV, line 21 | 159,194. | 159,194. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals See Part IV, line 22 | | | SOFT THE SOFT | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 26 54 5 | 4 | | |
| | trustees, and key employees | 36,517. | 14,607. | 21,910. | |
| 6 | Compensation not included above, to disqualified | | | 1 | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | - | <u> </u> | <u> </u> |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 5,280. | 3,696. | 1,584. | |
| c | Accounting | 3,200. | 3,090. | 1,364. | |
| | Lobbying | | Winderstate | Anticological and the second | |
| e | Professional fundraising services. See Part IV, line 17 | 12. | ながかの理解を認定され | 12. | |
| f | Investment management fees | 12. | | 12. | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | | |
| 40 | column (A) amount, list line 11g expenses on Sch O) | | | | |
| 12 | Advertising and promotion | 900. | 450. | 450. | |
| 13 | Office expenses | 500. | 430. | 430. | |
| 14 | Information technology Royalties | | | | |
| 15 16 | _ ′ | | | | |
| 17 | Occupancy Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 10 | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 750. | 375. | 375. | |
| 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 0.) | | | | |
| а | FOREIGN TAXES WITHHELD | 124. | 40.78 AND STATES OF SECULOS SECULOS SERVICES CONTRACTOR SERVICES | 124. | The second secon |
| b | DCCA FEE/ANNUAL REPORT | 6. | 6. | | |
| С | | | | - | |
| d | | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 202,783. | 178,328. | 24,455. | 0. |
| 26 | Joint costs Complete this line only if the organization | | | <u></u> | |
| | reported in column (B) joint costs from a combined | | | 1 | |
| | educational campaign and fundraising solicitation | | | | |
| | Charle have A | i '1 | | 1 | ł |

832010 12-31-18

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,505. 1,727. Cash - non-interest bearing 34,272. 53,932. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 2,277,431. 2,199,039. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 13 Investments program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 2,313,208. 2,254,698. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted, net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 2,313,208. 2,313,208. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 0. -58,510. Retained earnings, endowment, accumulated income, or other funds 32 2,313,208. 2,254,698. 33 Total net assets or fund balances 2,254,698. 2,313,208. Total liabilities and net assets/fund balances

Form 990 (2018)

| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
|------|---|-----------|---------|--------------|--------------|
| Forn | 1 990 (2018) C/O BANK OF HAWAII | 99- | 6062933 | } Pa | ge 12 |
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | I | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 0,4 | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 12,7 | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 2,2 | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 2,31 | .3,2 | 08. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | _6 | | | |
| 7 | Investment expenses | 7 | _ | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 3 <u>,</u> 7 | 81. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 2,25 | 4,6 | 98. |
| Pa | rt XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | <u> </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | 3.1 | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule |) O | ļ· . | * - | 1 |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | ļ | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | ١., | ~ |
| | separate basis, consolidated basis, or both | | | 1 5 | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | `. | 125 |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | ↓ | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | te basıs | |] , . | |
| | consolidated basis, or both | | 1.5- | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | ı | ` | 1 |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | <u> </u> | <u> </u> |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | 1 |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S | ingle Au | ı | | ., |
| | Act and OMB Circular A 133? | | 3a | ⊢ − | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ıred aud | | | |
| | or audits, evoluin why in Schedule O and describe any steps taken to undergo such audits. | | i 3h | 1 | 1 |

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

Employer identification number 99-6062933

Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(u) (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. J Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization <u>1</u>6 f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (I) Name of supported (n) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1 10 organization support (see instructions) support (see instructions) above (see instructions)) LEEWARD YMCA 99-0073533 7 Х 8,668. 6 WAIPAHU HIGH SCHOOL 48,300. Х POP WARNER LITTLE 7 SCHOLARS (AKA VILLA 52-1656295 Х 8,668. FRIENDS OF WAIPAHU 7 CULTURAL GARDEN PAR 23-7381472 Х 17,334. 99-0073552 10,000. ST JOSEPH SCHOOL 1 X 159,194.

| | ule A (Form 990 or 990-EZ) 2018 C | /O BANK O | F HAWAII | 0 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | VEVEN AVE | 99-60 | 52933 Page 2 |
|------------|--|-----------------------|----------------------|---|-----------------------|--|--|
| Part | | - | | | | | |
| | (Complete only if you checke | | | _ | on tailed to quality | under Part III If ti | ne organization |
| ~ | fails to qualify under the tests | | | | | | |
| | ion A. Public Support | | | | | <u> </u> | |
| | ar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | lifts, grants, contributions, and | | | | } | / | 1 |
| | nembership fees received (Do not | | | | | | |
| | iclude any "unusual grants ") | | | | | | |
| | ax revenues levied for the organ | | | | | | |
| 1Z | ation's benefit and either paid to | | | | ĺ | | j |
| 0 | r expended on its behalf | | | | | / | <u> </u> |
| 3 T | he value of services or facilities | | | | 1 | 1 | 1 |
| fL | irnished by a governmental unit to | | | | | | |
| th | ne organization without charge | | | | | <u> </u> | |
| 4 T | otal. Add lines 1 through 3 | | | L | | <u> </u> | |
| 5 T | he portion of total contributions | | | | | | 1 |
| b | y each person (other than a | | | | | | } |
| g | overnmental unit or publicly | | , | | / - | | |
| SI | upported organization) included | | | | | | |
| 0 | n line 1 that exceeds 2% of the | | | / | | | |
| a | mount shown on line 11, | | , | | , | | |
| C | olumn (f) | | | | Į. | ļ | ļ |
| 6 P | ublic support. Subtract line 5 from line 4 | | | 1 | | | |
| Secti | on B. Total Support | | | / | | | |
| Calend | ar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 7 A | mounts from line 4 | | | | | | |
| 8 G | ross income from interest, | | / | | | | |
| d | ividends, payments received on | | <i>j</i> 1 | | Ì | | |
| | ecurities loans, rents, royalties, | | <i>j</i> | | į | | die |
| | nd income from similar sources | | | | | | |
| 9 N | et income from unrelated business | | | | | | |
| | ctivities, whether or not the | | | | | | |
| | usiness is regularly carried on | , | , | | | | |
| | ther income Do not include gain | | | | | | † |
| | r loss from the sale of capital | , | | | 1 | | Í |
| | ssets (Explain in Part VI) | , | | | | | |
| | otal support. Add lines 7 through 10 | , | | · · · · · · · · · · · · · · · · · · · | 1 | 1 | |
| | ross receipts from related activities, | etc. (šee instruction | ons) | | | 12 | |
| | irst five years. If the Form 990 is for | / | | d fourth or fifth t | tax vear as a section | | |
| | rganization, check this box and stor | , - | , mot, booting, time | o, rourar, or mar t | ion your as a soon | 3.1.30.1(0)(0) | |
| | on C. Computation of Publ | | rcentage | | | | |
| 14 P | ublic support percentage for 2018 (| ine 6, column (f) d | ivided by line 11, o | column (f)) | | 14 | % |
| | ublic support percentage from 2017 | | | (" | | 15 | % |
| | 3 1/3% support test - 2018/ If the c | | | n line 13, and line | 14 is 33 1/3% or | | |
| | top here. The organization qualifies | | | | | , | ightharpoons |
| | 3 1/3% support test - 2017. If the c | | | | d line 15 is 33 1/39 | 6 or more, check | this box |
| | nd stop here. The organization qual | • | | | | | ightharpoonup |
| | 0% -facts-and-cirgumstances tes | | | | ne 13. 16a. or 16b. | and line 14 is 10% | 6 or more. |
| | nd if the organization meets the "fac | | | | | | |
| | eets the "facts and circumstances" | | | • | • | | ▶ □ |
| | 0% -facts-and-circumstances tes | _ | • | | • | 17a, and line 15 ii | s 10% or |
| | ore, and if the organization meets the | - | | | | | |
| | rganization meets the "facts-and circ | | | | | | |
| | rivate/foundation. If the organization | | • | • | | | ns 🔚 |
| | The organization | J.O. HOT GIRON & | | <u>., .00, 174, 01 17</u> | | | 0 or 990-EZ) 2018 |
| | | | | | 3611 | | |
| | / | | | | | | |
| / | , | | | | | | |
| 832022 | 10-11-18 | | | | | | |

| Schedule A (Form 990 or 990-EZ) 2018 | C/O BANK | OF HAWAII | | | 99-606 | 2933 Page 3 |
|---|---------------------------------------|--|------------------------|--|--|------------------|
| Part III Support Schedule for | • | | - | | | |
| (Complete only if you checke | ed the box on line | 10 of Part I or if the | organization failed | to qualify under | Part II If the organ | ization fails to |
| qualify under the tests listed | below, please cor | mplete Part II) | | | | |
| Section A. Public Support | | | <u></u> | _ | | |
| Calendar year (or fiscal year beginning in) 🕽 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 🗸 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | ļ | | |
| membership fees received (Do not | | | į. | ļ | | |
| include any "unusual grants ") | | | _ | | | |
| 2 Gross receipts from admissions, | | | | Ţ | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in any activity that is related to the | | Į | | | Y | ļ |
| organization's tax-exempt purpose | } | | | / | ~ | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | i | | | | |
| iness under section 513 | | | | | | ļ |
| | | | - | | | |
| 4 Tax revenues levied for the organ | | | | | | ł |
| ization's benefit and either paid to | | | | X | | |
| or expended on its behalf | | | / | | | |
| 5 The value of services or facilities | | | | | 1 | |
| furnished by a governmental unit to | ' | | | 1 | 1 | 1 |
| the organization without charge | | | | <u> </u> | | |
| 6 Total. Add lines 1 through 5 | | | | ļ | | <u> </u> |
| 7a Amounts included on lines 1, 2, and | 1 L | | | 1 | | <u> </u> |
| 3 received from disqualified person | s | | <u> </u> | <u> </u> | | |
| b Amounts included on lines 2 and 3 received | | \top | | | | |
| from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | l | ļ | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | Ţ | |
| 8 Public support. (Subtractline 7c from line 6) | · · | 1 | 1 10 m | \$15.00 | , | |
| Section B. Total Support | | | | | | <u> </u> |
| Calendar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on | | Į. | | | 1 | |
| securities loans, rents, royalties, and income from similar sources | | | , | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesse | . / | | | i | 1 | |
| acquired after June 30, 1975 | <i>y</i> | | \ | | | 1 |
| · · · / | ′ | | | | + | |
| c Add lines 10a and 10b | | + | | | | |
| 11 Net income from unrelated busines activities not included in line 10b. | 5 | | | | 1 | [" |
| whether or not the business is | | | 1 | | | 1 |
| regularly carried on | ļ | | <u> </u> | | | |
| 12 Other income Do not include gain or loss from the sale of capital | | | | 1 | | } |
| assets (Explain in Part VI) | | | | ļ | | |
| 13 Total support (Add lines 9, 10c 11 and 12 | · [| | <u> </u> | | 1 | |
| 14 First five years. If the Form 990 is t | for the organizatio | n's first, second, thi | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organı | zation, |
| check this box and stop here | | | | | | <u> </u> |
| Section C. Computation of Pul | olic Support P | Percentage | | | | |
| 15 Public support percentage for 2018 | (line 8, column (f) | , divided by line 13, | column (f)) | | 15 | % |
| 16 Public support percentage from 20 | | | | | 16 | % |
| Section D. Computation of Inv | | | | | | |
| 17 Investment income percentage for | | | | | 17 | % |
| 18 Investment income percentage from | | | | | 18 | / 9 |
| 19a 33 1/3% support tests - 2018. If the | | | on line 14, and he | e 15 is more than | | |
| 1 | - | | | | | 1, 19 HOL |
| more than 33 1/3%, check this box | = = = = = = = = = = = = = = = = = = = | - | | | | ▶ □ |
| b 33 1/3% support tests - 2017. If the | • | | | | | . \square |
| line 18 is not more than 33 1/3%, c | | | • | | - | |
| 20 Private foundation, if the organizat | aon ala not check. | a pox on line 14-19 | a or iyo check t | rus nox and see in | ISTRICTIONS | ■ i |

Schedule A (Form 990 or 990-EZ) 2018

832023 10-11-18

Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B if you checked 12b of Part I, complete Sections A and C if you checked 12c of Part I, complete Sections A, D, and E if you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c[†] Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

| _ | | | |
|---|---|---|-----------------|
| | | Yes | No |
| | | 鳞鲈 | |
| | | | |
| | 1 TO SEE SA | 2.00 | X |
| | (4) (C. C. C. C. C. C. C. C. C. C. C. C. C. C | 海梅益 | |
| ļ | | | |
| | | Sign Sign | |
| | 2 | | <u>X</u> |
| | 透透 | 3.3% | 遊戲 |
| | 3a | | X |
| | | 能能 | *** |
| | | 12.0 | |
| | 3b | CONTRACT. | 4.1047000 |
| | 學是媒 | 1988 | 30 C 30 M |
| | 3c | EXECUTE: | చేశకడి చేస్తాని |
| | | -1-0-22 | |
| | では | ANG ST | |
| | 4a | 100 at 10 | X |
| | 不然 | 100 | |
| | | 1 1 20 | 整 |
| | 4b | | |
| | | 實驗 | 167.7 |
| | 100 | | 200 |
| | 72 | 4.7 | W. W. |
| | 40 | | |
| | | 45.20 | 25.75 . Fel |
| | 100 | 1 | 21. The |
| | 1 | J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | 30 |
| | 经验 | | 332. |
| ı | | (1992) | 2.12 |
| | 5a | X | 5000 at 1 |
| | 網遊 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 44.34 |
| | 5b | | X |
| | 5c | | |
| | | 额滤 | |
| | | 統領 | 2 |
| | | | 建設 |
| | 1 | 1.50 | |
| | 6 | A-2604 | X |
| | | 北海野会 | _ |
| | | | 認為 |
| | CD P CK A BELLEVIEW | | X |
| | 7 | 12 18 1 P | _ |
| | _ | | 200 |
| | 8 ************************************ | W-574.01 | X |
| | | 建 | |
| | | 飄震 | 是 |
| | 9a | | X |
| | は関係 | を記れ | 認識 |
| | 9b | | _X |
| | | | 逐變 |
| | 9c | | Х |
| | | 學演化 | |
| | | | |
| i | 10a | *************************************** | X |
| | | 建建建筑 | |
| | | 3.42 | 工程開設 |
| | 10b | Щ. | <u> </u> |

b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

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 Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2018

2b

За

響響

| chedule A (Form 990 or 990-F7) 2018 | C/0 | BANK | OF | HAW | TTA | | |
|-------------------------------------|-----|------|----|-----|-----|--|--|

| Pa | Type III Non-Functionally Integrated 509(a)(3) Supporting | g Org | anizations | |
|------------|--|-----------|-------------------------------|--------------------------------|
| <u>,</u> 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | trust o | on Nov 20, 1970 (explain in F | Part VI) See instructions. All |
| | other Type III non-functionally integrated supporting organizations must con | nplete | Sections A through E | |
| Sect | on 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 | | |
| Sect | ion B - Mınımum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt use assets (see | 1 | | がある。 |
| | instructions for short tax year or assets held for part of year) | 100 | | 经验证证证 |
| a | Average monthly value of securities | 1a | | |
| ь | Average monthly cash balances | 1b | | |
| | Fair market value of other non-exempt use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | 1 | PERMIT PERMIT | |
| | factors (explain in detail in Part VI) | 100 x 100 | | の記念が、これは、 |
| 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 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | 者を認識性の情報を | |
| 2 | Enter 85% of line 1 · | 2 | 到那些智慧的 | |
| 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 | 发生的发生的 | 1 |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | 基础的表现的图像 | |
| | emergency temporary reduction (see instructions) | 6 | 建筑建筑建筑建筑 | |
| 7 | Check here if the current year is the organization's first as a non-functionally | / integr | ated Type III supporting orga | anization (see |
| | instructions) | • | | • |

Schedule A (Form 990 or 990-EZ) 2018

| Pa | Type III Non-Functionally Integrated 509 | 9(a)(3) Supporting Org | anizations (continued) | |
|----------|---|--|---|--|
| Sect | ion D - Distributions | Current Year | | |
| _1_ | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | ns | | |
| 4 | Amounts paid to acquire exempt-use assets | | · | |
| _5_ | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI) See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which t | the organization is responsive | e | |
| | (provide details in Part VI) See instructions | | | |
| _9_ | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | 清楚总统是国际企业 | 到經濟學的關係的 | |
| 2 | Underdistributions, if any, for years prior to 2018 (reason- | 不是一个人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的人的 | | |
| | able cause required- explain in Part VI) See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2018 | 學是是是是是是 | 能設置的影響。在自然 | 原於計畫經濟學所以為於 |
| а | From 2013 | 是指導動的對於 | 可能是自然的 | 機器開創設立選供 |
| b | From 2014 | 造組織的基礎組織的 | | |
| С | From 2015 | 是是一个一个 | | |
| d | From 2016 | 域。孫經濟是經濟學的 | | |
| е | From 2017 | PARTICIPATION OF THE PARTICIPA | | |
| f | Total of lines 3a through e | 经验证证证证证证 | | |
| g | Applied to underdistributions of prior years | | が過去がいいない。 | |
| h | Applied to 2018 distributable amount | 代學問題有可能的思想 | 位于政府的政府的发展的 | |
| | Carryover from 2013 not applied (see instructions) | | 認定組織器號或編集理監 | 行政的法院的主题的 |
| <u>j</u> | Remainder Subtract lines 3g, 3h, and 3i from 3f | | 語。這個無知時代等的 | 泛海路的现在是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
| 4 | Distributions for 2018 from Section D, | 公司通過不過過過 | 新加斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯 | |
| | line 7 \$ | | | 是是是是是是 |
| a | Applied to underdistributions of prior years | 自認用學是與語話 | | 泛的程度的通過的過程 |
| b | Applied to 2018 distributable amount | | いたがある。 | |
| c | Remainder Subtract lines 4a and 4b from 4 | | 是過程的語言語言的 | 本於政治與指揮的認識。 第15 |
| 5 | Remaining underdistributions for years prior to 2018, if | 经验证证证证证证证证 | | |
| | any Subtract lines 3g and 4a from line 2 For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2018 Subtract lines 3h | | | |
| | and 4b from line 1 For result greater than zero, explain in | | | |
| | Part VI See instructions | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | 国际 | |
| | and 4c | | | |
| 8 | Breakdown of line 7 | 克斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯 | | |
| a | Excess from 2014 | | | |
| ь_ | Excess from 2015 | | | |
| c | Excess from 2016 | | | |
| <u>d</u> | Excess from 2017 | 经过程的现在分词 | 法是定义的关系 | |
| <u>e</u> | Excess from 2018 | | 《西班牙》的《西班牙》 | 加工等等的工程。 |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 C/O BANK OF HAWAII

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, |
|---------|--|
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, |
| • | line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, |
| | Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information |
| | (See instructions) |

| (000 1100 100 100 100 100 100 100 100 10 |
|---|
| FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 1: |
| PER ARTICLE IX OF THE BY-LAWS: DISTRIBUTIONS AND DISBURSEMENTS, SECTION |
| 2(B) SELECTION OF BENEFICIAIRES: THE BOARD SHALL, IN ITS ABSOLUTE |
| DISCRETION, FROM TIME TO TIME, AND IN ANY EVENT AT LEAST ONCE EACH |
| YEAR, MAKE DISTRIBUTIONS TO QUALIFIED ORGANIZATIONS BASED UPON |
| FINANCIAL REPORTS CONFIRMING THE AMOUNT OF NET INCOME AVAILABLE FOR |
| DISTRIBUTION UNDER THIS TRUST. THE ACTIVITIES, OPERATIONS, PROJECTIONS |
| AND PROGRAMS THAT THE BOARD SELECTS MAY INCLUDE THOSE BEING CONDUCTED |
| BY ANY PARTICIPATING ORGANIZATIONS PROVIDED, HOWEVER, THAT SUCH |
| PARTICIPATING ORGANIZATIONS ARE CHARITABLE ORGANIZATIONS OR |
| GOVERNMENTAL UNITS WHICH ARE ELIGIBLE TO RECEIVE DISTRIBUTIONS UNDER |
| APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE. |
| |
| FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 5A: |
| BY BOARD'S ABSOLUTE DISCRETION (AS AUTHORIZED UNDER ARTICLE IX, SECTION |
| 2(B)), THE FOLLOWING CHANGES IN SUPPORTED ORGANIZATIONS OCCURED DURING |
| THE TAX YEAR: |
| |
| A) ORGANIZATIONS THAT HAVE BEEN REMOVED FROM SUPPORT: |
| - DOMINICAN CENTER OF HAWAII (53-0196617) |
| ~ WAIPAHU COMMUNITY ASSOCIATION (99-0093258) |
| - BETHEL CHAPEL (99-0320524) |
| - WAIPAHU BIG BOYZ FOOTBALL LEAGUE (45-4250835) |
| |
| B) ORGANIZATIONS THAT HAVE BEEN ADDED TO SUPPORT: |
| |

- HONOWAI ELEMENTARY SCHOOL (GOV'T)
- WAIPAHU INTERMEDIATE SCHOOL (GOV'T)

| Schedule A (Form 990 or 990-EZ) 2018 C/O BANK OF HAWAII | 99-6062933 Page 8 |
|--|---------------------------------------|
| Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 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, line 1, Part V, Ine and 2, Part IV, Section C, |
| Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.) | nal information |
| - KALEI'OPU'U ELEMENTARY SCHOOL (GOV'T) | |
| - AUGUST AHRENS ELEMENTARY SCHOOL (GOV'T) | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | CA CAN | | Viii In the | garding st | upported organizations (co | |
|------------------------------------|--|--|--|--|--|---------------------------------|
| (i) Name of supported organization | (II) EIN | (iii) Type of organization (described on lines 1 10 | listed i | n your | (v) Amount of monetary support | (vi) Amount of other support |
| organization | | above) | governing | | заррок | ower adpport |
| OV GOOTING OF | | | Yes | No | | |
| BOY SCOUTS OF | 22 1576200 | 1.0 | | ,, | 10 070 | |
| AMERICA RESURRECTION OF THE | 22-1576300 | 10 | | X | 10,079. | |
| | | 1 | | ., | 0 100 | |
| LORD CATHOLIC CHUR | 99-0253905 | 1 | | X | 9,196. | |
| SEAVIEW FRIENDS OF | 01 0110100 | - | ļ | | 5 000 | |
| YOUTH | 91-2112199 | 7 | <u> </u> | X | 5,000. | |
| FRIENDS OF THE | | _ | , | | | |
| LIBRARY OF HAWAII | 99-0260268 | 7 | | X | 2,800. | |
| WAIKELE ELEMENTARY | , | _ | † | , | | |
| SCHOOL | | 6 | | X | 5,000. | |
| KANOELANI | | | Ì | | | |
| ELEMENTARY SCHOOL | | 6 | ł | Х | 4,973. | |
| | | | | | | |
| ROSARY PRESCHOOL | 99-0171379 | 1 | | Х | 10,000. | |
| HONOWAI ELEMENTARY | | | | | | - |
| SCHOOL | | 6 | } | X | 5,000. | |
| WAIPAHU | | | † · · · · | | | |
| INTERMEDIATE SCHOOL | | 6 | } | х | 5,000. | |
| KALEI'OPU'U | | | | | 2,0001 | |
| ELEMENTARY SCHOOL | | 6 | } | х | 4,176. | |
| AUGUST AHRENS | | | | | 4,170. | |
| ELEMENTARY SCHOOL | | 6 | Ī | х | 5,000. | |
| SLEMENTARY SCHOOL | | | - | | 3,000. | |
| | | | ľ | | | |
| ·· | | | | | | |
| | | | İ | | | |
| | | | | | | |
| | | | } | | | |
| | | | <u> </u> | | | |
| | į | | { | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | [| | |
| | | | | ļ | | |
| | | | } | | | |
| | | | ļ | ļ | | |
| | } | | } | | | |
| | | | L | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | į į | |] | ļ | | |
| | <u> </u> | | | _ | | |
| | (| | 1 | ļ | | |
| | | | | | | |
| | { | | | | | |
| | National Constitution of the least | (なべているようなないないないないない) | Alpha actor (Y2 | tiliget was. | | |
| | | ALC: NO SERVICE SERVIC | 1999 | 300 | 66 004 | |
| ontinuation Totals | 以后还是是是是是 | ALCOHOLD TO THE REAL PROPERTY AND THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED I | THE PARTY OF THE P | LOTE OF SERVICE SERVIC | 66,224. | |

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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 instructions and the latest information

OMB No 1545-0047 Inspection Wa

Name of the organization

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

Employer identification number 99-6062933

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a 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 If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

| | | COMMUNITY | FOUNDATIO | N | | 00 (| .0(0000 |
|----------|--|-------------------------|----------------------|----------------|-------------|---------------------------------------|------------------------|
| | | OF HAWAII | Historical Tr | | w Other | | 062933 Page 2 |
| <u> </u> | | | | | | | |
| .3 | Using the organization's acquisition, accession | on, and other records, | cneck any of the | rollowing tha | t are a si | gnificant use of | its collection items |
| _ | (check all that apply) Public exhibition | d | L con or ove | hanaa naara | | | |
| a b | Scholarly research | u • | Other | hange progra | 11115 | | |
| c | Preservation for future generations | • | | | · - | | |
| 4 | Provide a description of the organization's co | llections and explain l | how they further t | he organizatio | nn's even | nnt nurnase in F | Part XIII |
| 5 | During the year, did the organization solicit or | • | - | - | | | uit / iii |
| • | to be sold to raise funds rather than to be ma | | • | | J. C | (| Yes No |
| Pai | t IV Escrow and Custodial Arrang | | | | Yes" on | Form 990, Part | |
| | reported an amount on Form 990, Par | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermedia | iry for contribution | s or other as | sets not | included | |
| | on Form 990, Part X? | | | | | | Yes No |
| b | If "Yes," explain the arrangement in Part XIII a | and complete the follo | wing table | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | Amount |
| С | Beginning balance | | | | | 1c | |
| | Additions during the year | | | | | 1d | |
| | Distributions during the year | | | | | 1e | |
| f | Ending balance | | | | | [1f] | |
| | Did the organization include an amount on Fo | · · | • | | | ty? I | — Yes |
| Par | t V Endowment Funds. Complete if | | | | | | |
| | T T T T T T T T T T T T T T T T T T T | (a) Current year | (b) Prior year | (c) Two year | | d) Three years ba | ck (e) Four years back |
| 1a | Beginning of year balance | 2,313,208. | 2,415,457. | 2,471 | | 2,563,12 | |
| | Contributions | | | | | | |
| С | Net investment earnings, gains, and losses | 140,492. | 114,167. | 101 | ,457. | 90,06 | 0. 155,477. |
| d | Grants or scholarships | 159,194. | 175,090. | 122 | 040. | 139,08 | 3. 102,741. |
| е | Other expenditures for facilities | | | | | | |
| | and programs | | | | | | |
| f | Administrative expenses | 39,808. | 41,326. | 35 | ,671. | 42,39 | |
| 9 | End of year balance | 2,254,698. | 2,313,208. | | ,457. | 2,471,71 | 1. 2,563,129. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1g, column (a | a)) held as | | | |
| | Board designated or quasi-endowment | | % | | | | |
| | Permanent endowment | % | | | | | |
| С | Temporarily restricted endowment | % | | | | | |
| • | The percentages on lines 2a, 2b, and 2c should be a sh | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organizati | ion that are held a | na administe | rea tor th | e organization | Vac Na |
| | (i) unrelated organizations | | | | | | Yes No |
| | (ii) related organizations | | | | | | 3a(i) X 3a(ii) X |
| h | If "Yes" on line 3a(ii), are the related organiza | ions listed as require | d on Schedule R2 | | | | 3b |
| 4 | Describe in Part XIII the intended uses of the | | | | | | |
| _ | t VI Land, Buildings, and Equipm | | | | | | |
| | Complete if the organization answered | | Part IV, line 11a S | See Form 990 | , Part X, I | line 10 | |
| | Description of property | (a) Cost or oth | | or other | | cumulated | (d) Book value |
| | · · · | basis (investme | ent) basis | (other) | dep | reciation | • |

Schedule D (Form 990) 2018

0.

1a Land **b** Buildings

d Equipment e Other

c Leasehold improvements

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

| 0 | 10 | BANK | OF | LI A | 7. Ta7 | TT |
|----|----|------|----|------|--------|----|
| C/ | v | RAM | Or | пA | WA | |

| `` | Of Security Or Category (including name of security) | on Form 990, Part IV, line (b) Book value | | | nd-of year market value |
|---|--|---|--|--|---|
| | | (n) Dook vains | (c) Metriod o | n valuation Cost of e | nu-or year market value |
|) Financial de | | | | | |
| | d equity interests | | | | |
|) Other | | | | | |
| (A) | | | | | |
| (B) | | | | | |
| (C) | | | - | | |
| (D) | | | | | |
| <u>(E)</u> | | | | | |
| <u>(F)</u> | | | ļ | | |
| (G) | | ļ | | | |
| (H) | | ļ | | ALLE MAN TO THE WAY TO SERVE THE PARTY OF TH | the water before the court of the state of the state of |
| | ust equal Form 990, Part X, col. (B) line 12) | l <u></u> ., | 《新聞》的 | 元帝于新教等的 | 然是到了这种的 |
| art VIII In | vestments - Program Related. | | | | |
| | mplete if the organization answered "Yes" | | | | |
| (a | a) Description of investment | (b) Book value | (c) Method o | f valuation Cost or e | nd of-year market value |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| | ust equal Form 990, Part X, col. (B) line 13) | | がた場合で高さ | 建设建筑建筑建筑建筑 | 新杂产产生工作工程 |
| | ther Assets. | <u> </u> | TO SHEET OF SERVICE | S. I Brief Co. Sept. American A. | PHILAD STATE AND MATERIAL |
| <u> </u> | implete if the organization answered "Yes" | on Form 990 Part IV line | 11d See Form 99 | 00 Part X line 15 | |
| | | Description | . 110 000 10111100 | 70, 1 art 71, mile 10 | (b) Book value |
| (1) | | | | | |
| (2) | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | |
| (3) | | | | | - |
| . 41 | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (5) (6) | | | | | |
| (5) (6) (7) | | | | | |
| (5) (6) (7) (8) | | | | | |
| (5) (6) (7) (8) (9) | | | | | |
| (5) (6) (7) (8) (9) otal. (Column (| (b) must equal Form 990, Part X, col (B) lin | ne 15) | | | > |
| (5) (6) (7) (8) (9) otal. (Column (| ther Liabilities. | | | | > |
| (5) (6) (7) (8) (9) otal. (Column (| ther Liabilities. Implete if the organization answered "Yes" | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) otal. (Column (| ther Liabilities. | | 11e or 11f See Fo | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) otal. (Column (Column Co | ther Liabilities. Implete if the organization answered "Yes" | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) (tal. (Column (Column Column er Liabilities. Implete if the organization answered "Yes" (a) Description of liability | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) tal. (Column (Colu | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) tal. (Column (Colu | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) tal. (Column (Colu | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) stal. (Column (Col | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) (art X) Ot Co (1) Federal (2) (3) (4) (5) (6) | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) (art X3 Ot Co (1) Federal (2) (3) (4) (5) (6) (7) | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) otal. (Column (Col | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability | | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) tal. (Column (Colu | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability Income taxes | on Form 990, Part IV, line | | orm 990, Part X, line | 25 |
| (5) (6) (7) (8) (9) tal. (Column (Colu | ther Liabilities. Implete if the organization answered "Yes" (a) Description of liability | on Form 990, Part IV, line | (b) Book value | | |

| Schedule D (Form 990) 2018 C/O BANK OF HAWALL | | 99-6062933 | Page 4 |
|---|--------------------------------|---|--------|
| Part XI Reconciliation of Revenue per Audited Financia | Statements With Reveni | ue per Return. | |
| Complete if the organization answered "Yes" on Form 990, Part | IV, line 12a | | |
| 1 Total revenue, gains, and other support per audited financial statement | ts | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | يَعْمُ رَ | |
| a Net unrealized gains (losses) on investments | 2a | | |
| b Donated services and use of facilities | 2b | | |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII) | 2d | - Carlo | |
| e Add lines 2a through 2d | | 2e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | 15 mg | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 13 | |
| b Other (Describe in Part XIII) | 4b | | |
| c Add lines 4a and 4b | | 4c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin | ne 12) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financia | | ses per Return. | |
| Complete if the organization answered "Yes" on Form 990, Part | IV, line 12a | • | |
| Total expenses and losses per audited financial statements | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | 3 | |
| a Donated services and use of facilities | 2a | * , | |
| b Prior year adjustments | 2b | (* ' <u>-</u> | |
| c Other losses | 2c | | |
| d Other (Describe in Part XIII) | 2d | , | |
| e Add lines 2a through 2d | | | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| | ا ما | - | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | , | |
| b Other (Describe in Part XIII) | 4b | <u></u> | |
| c Add lines 4a and 4b | (m. 19) | 4c | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Part XIII Supplemental Information. | ine 18) | | |
| | and 4 Day IV loss 4b and 0b F | lad V Inc. 4. Dark V Inc. 0. Dark V | |
| Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a | | art v, line 4, Part X, line 2, Part X | 1, |
| lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov | ide any additional information | | |
| | | | |
| PART V, LINE 4: | | | |
| TAKI V, DINE 4. | | | |
| THE ENDOWMENT IS A PERMANENT ENDOWMENT | THP OF POTERIE | TERMS OF HOMIES | ጥር |
| THE ENDOWMENT TO A TENTANENT ENDOWMENT | , BOBOECT TO THE | TERMS OF STRIFA, | |
| BE USED SOLELY TO SUPPORT THE GRANTS A | ND EXPENSES OF TH | Е МАТРАНІІ СОММІТІ | TͲV |
| DE ODED COLUMN TO DOTTOKT THE GRAVID A | ND EXIENDED OF TH | E WATTAILE COMMON | |
| FOUNDATION. | | | |
| TOURDATION | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | - | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Partico

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Employer identification number 99-6062933 ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII General Information on Grants and Assistance Name of the organization

| recipient that received more than \$5,000. Part II can be duplicated if additional space is needed | \$5,000 Part II car | be duplicated if addit ל | ional space is need | led | | | |
|--|----------------------|------------------------------------|-------------------------------|---|---|---------------------------------------|------------------------------------|
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| POP WARNER LITTLE SCHOLARS INC. | | | | | | | |
| 94-192 KAPUNA LOOP | | | | | | | ANNUAL GRANT FOR WARRIORS |
| WAIPAHU, HI 96797 | 52-1656295 | 501(C)(3) | 8,668. | 0 | | : | FOOTBALL |
| | | | | | | | |
| WAIPAHU HIGH SCHOOL | | | | | | | ANNUAL GRANTS, |
| 94-1211 FARRINGTON HWY | | | | | | | SCHOLARSHIPS AND OHANA |
| WAIPAHU, HI 96797 | | GOVERNMENT | 48,300. | 0 | | | PRIDE |
| FRIENDS OF WAIPAHU CULTURAL GARDEN | | | | | | | |
| PARK, DBA HAWAII'S PLANTATION | | | | | | | |
| VILLAGE - 94-695 WAIPAHU STREET - | | | | | | | |
| WAIPAHU, HI 96797 | 23-7381472 | 501(C)(3) | 17,334. | 0 | | | ANNUAL GRANT |
| | | | | | | | |
| BOY SCOUTS OF AMERICA, ALOHA | | | | | | | |
| COUNCIL - 94-444 HIAHIA LOOP - | | | | | | | GRANTS FOR TROOP 32 AND |
| МАІРАН И, НІ 96797 | 22-1576300 | 501(C)(3) | 10,079. | 0. | | | 94 |
| | | | | | | | |
| ST JOSEPH SCHOOL | | | | | | | |
| 94-651 FARRINGTON HWY | | | | | | | |
| WAIPAHU, HI 96797 | 99-0073552 | 501(C)(3) | 10,000. | 0 | | | ROBO R2 3D PRINTERS |
| | | | | | | | |
| | | | | | | | |
| 94-366 PUPUPANI ST, STE 209 | | | , | | | | ANNUAL GRANT FOR LEEWARD |
| WAIPAHU, HI 96797 | 99-0073533 | 501(C)(3) | 8,668. | 0. | | | YMCA |
| 2 Enter total number of section 501(c)(3) and government organization | and government o | rganizations listed in th | is listed in the line 1 table | | | | 7. |
| 3 Enter total number of other organizations listed in the line 1 table | s listed in the line | 1 table | | | | | 13. |
| HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. | see the Instruct | tions for Form 990. | | | | | Schedule I (Form 990) (2018) |
| | , | | | | | | for set food in to the sense food |
| • | | | | | | | |

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

| Schedule (Form 990) (2) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II) | Assistance to Go | overnments and Organ | rizations in the Ur | nited States (Sche | dule I (Form 990), Par | | Lage |
|--|------------------|---|-----------------------------|---|--|---|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| RESURRECTION OF THE LORD CATHOLIC CHURCH - 94-1260 LUMIKULA STREET - WAIPAHU, HI 96797 | 53-0196617 | 501(C)(3) | .961,8 | 0 | | | GRANT FOR YOUTH FORMATION PROGRAM |
| GENTRY-WAIPIO, CRESTVIEW, SEAVIEW FRIENDS OF YOUTH - 94-1036 WAIPIO UKA STREET, #104A - WAIPAHU, HI 96797 | 91-2112199 | 170(B)(1)(A)(VI) | 5,000. | 0. | | | GRANTS |
| WAIKELE ELEMENTARY SCHOOL 94-1035 KUKULA STREET WAIPAHU 96797 | | GOVERNMENT | 5,000. | 0. | | | STEM |
| ROSARY PRESCHOOL 94-1249 LUMIKULA STREET WAIPAHU 96797 | 53-0196617 | 501(C)(3) | 10,000. | 0. | į | | CUSTOMIZED EDUCATION MATERIALS |
| HONOWAI ELEMENTARY SCHOOL 94-600 HONOWAI STREET WAIPAHU 96797 | | GOVERNMENT | 5,000. | 0. | | | 50TH ANNIVERSARY CELEBRATION |
| WAIPAHU INTERMEDIATE SCHOOL 94-455 FARRINGTON HWY WAIPAHU 96797 | | GOVERNMENT | .000,2 | 0 | | | GENE-IUS SUMMER PROGRAM |
| AUGUST AHRENS ELEMENTARY 94-1170 WAIPAHU STREET WAIPAHU, HI 96797 | | GOVERNMENT | .000,8 | .0 | | | STEAM RESOURCE COMPUTER SCIENCE CODING |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | Schedule I (Form 990) |

99-6062933

Schedule I (Form 990) (2018) C/O BANK OF HAWALI

[RPartills] Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| क्षित्रकेशिक Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b), and any other additional information | quired in Part I, lin | e 2, Part III, column | (b), and any other a | dditional information | |
| PART I, LINE 2: | l | | | | |
| EACH GRANTEE IS REQUIRED TO PROVIDE | 4 | FINAL REPORT W | WITHIN 30 D | DAYS AFTER THE | |
| END OF THE GRANT PERIOD, INCLUDING | 3 A NARRATIVE | AND | DETAILED FI | FINANCIAL | |
| INFORMATION. ANY FUNDS NOT USED A | AS SPECIFIED | IED IN THE | GRANT AWARD ARE | RD ARE TO BE | |
| RETURNED TO THE FOUNDATION. | | | | | |
| | : | | | | |
| | | | | | |
| | | | | | |

29

Schedule I (Form 990) (2018)

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

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

WAIPAHU COMMUNITY FOUNDATION

Open to Public

OMB No 1545-0047

Employer identification number

Name of the organization C/O BANK OF HAWAII 99-6062933 FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SCHOOLS, PROGRAMS COMBATING JUVENILE DELINQUENCY (INCLUDING YOUTH RELATED ACTIVITIES AND ANTI-DRUG, CRIME PREVENTION, AND RECREATIONAL PROGRAMS OR ACTIVITIES), HEALTH-RELATED PROGRAMS, AND CULTURAL PROGRAMS OR FACILITIES. FORM 990, PART VI, SECTION A, LINE 7A: EACH NON-PROFIT ORGANIZATION NAMED IN THE FOUNDATION'S GOVERNING DOCUMENTS MAY APPOINT ONE INDIVIDUAL AND ONE ALTERNATE TO REPRESENT IT ON THE GOVERNING BOARD OF THE WAIPAHU COMMUNITY FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

BEFORE BEING FILED WITH TAXING AUTHORITIES, FORM 990 IS REVIEWED BY THE ADMINISTRATIVE OFFICER OF BANK OF HAWAII, TRUSTEE, AND DISCUSSED WITH THE FOUNDATION'S PRESIDENT AND OTHER OFFICERS, AS AVAILABLE.

FORM 990, PART VI, SECTION B, LINE 12:

ALTHOUGH THE FOUNDATION HAS NO WRITTEN CONFLICT OF INTEREST POLICY, REPRESENTATIVES OF THE SUPPORTED ORGANIZATIONS WHO ARE MEMBERS OF THE BOARD OF THE FOUNDATION ARE EXPECTED TO DISCLOSE IF THEY ARE COMPENSATED BY THE SUPPORTED ORGANIZATION TO RAISE FUNDS. GENERALLY, THE REPRESENTATIVES OF THE SUPPORTED ORGANIZATIONS ARE NON-COMPENSATED VOLUNTEERS.

FORM 990, PART VI, SECTION C, LINE 19:

NO DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC; HOWEVER, EACH

BENEFICIARY ORGANIZATION RECEIVES COPIES OF THE FOUNDATION'S ARTICLES OF LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

| Name of the organization WAIPAHU COMMUNITY FOUNDATION | Employer identification number |
|---|--------------------------------|
| C/O BANK OF HAWAII | 99-6062933 |
| INCORPORATION, BY-LAWS, AND TRUST AGREEMENT AND UPON REQU | EST IS PROVIDED |
| QUARTERLY AND/OR ANNUAL FINANCIAL STATEMENTS BY THE FISCA | L AGENT, BANK OF |
| HAWAII. | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| RETURN OF PRIOR YEAR GRANTS | 3,781. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | • |

SCHEDULE R

(Form 990)

Name of the organization

Partie

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. WAIPAHU COMMUNITY FOUNDATION

OMB No 1545-0047

Open to Public 2018

Employer identification number 99-6062933 End of year assets <u>e</u> Total income € Legal domicile (state or Identification of Disregarded Entitles. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity C/O BANK OF HAWAII

Name, address, and EIN (if applicable) of disregarded entity

Direct controlling entity

| | | | | • | | | |
|--|--|----------------------------|-----------------------|--------------------|--------------------------|----------------|-----------|
| | | | | | | | 1 |
| | · | | | | | | |
| Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year | ations. Complete if the organization a | answered "Yes" on Form 990 | , Part IV, line 34, t | pecause it had one | or more related tax-exer | npt | |
| (a) | (q) | (c) | (p) | (e) | (4) | (6) | |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | Section 512(b) | 12(b)(13) |
| of related organization | | foreign country) | section | status (if section | entity | entity? | у2 |
| | | | | 501(c)(3)) | | Yes | 2 |
| FRIENDS OF WAIPAHU CULTURAL GARDEN PARK - | | | | | | | |
| 23-7381472, 94-695 WAIPAHU STREET, WAIPAHU, | | | | | | | |
| 76799 IH | LIVING MUSEUM | HAWAII | 501(C)(3) | 4 | N/A | | × |
| POP WARNER LITTLE SCHOLARS - 52-1656295 | | | | | | | |
| 94-192 KUPUNA LOOP | | | | | | | |
| МАІРАН И, НІ 96797 | YOUTH ATHLETIC PROGRAMS | HAWAII | 501(C)(3) | 6 | N/A | | × |
| WAIPAHU COMMUNITY ASSOCIATION - 99-0093258 | | | | | | | |
| 94-340 WAIPAHU DEPOT STREET #201 | | | | | | | |
| WAIPAHU, HI 96797 | COMMUNITY RE-DEVELOPMENT | HAWAII | 501(C)(3) | 7 | N/A | | × |
| WAIPAHU HIGH SCHOOL | | | | | | | |
| 94-1211 FARRINGTON HIGHWAY | | | | | | | |
| WAIPAHU, HI 96797 | SECONDARY SCHOOL | HAWAII | GOV'T. ORG. | 9 | N/A | | × |
| | | | | | | | |

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

32

Schedule R (Form 990) 2018

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

99-6062933

Schedule R (Form 990) C/O BANK OF HAWAII

[Partil Continuation of Identification of Related Tax-Exempt Organizations

(g)
Section 512(b)(13)
controlled
organization? Yes No × × × × Direct controlling entity A/N N/A N/A Public charity status (if section 501(c)(3)) N/A Exempt Code GOV'T, ORG. section 501(C)(4) 501(C)(4) 501(C)(3) Legal domicile (state or foreign country) HAWAII HAWAII HAWAII HAWAII COMMUNITY SELF-GOVERNMENT YOUTH ATHLETIC PROGRAMS Primary activity COMMUNITY SERVICE COMMUNITY SERVICE Name, address, and EIN of related organization LEEWARD OAHU YMCA - 99-0073533 WEST PEARL HARBOR ROTARY CLUB WAIPAHU NEIGHBORHOOD BOARD LEEWARD OAHU LIONS CLUB 94-440 MOKUOLA STREET HONOLULU, HI 96817 94-823 LEOMANA WAY WAIPAHU, HI 96797 WAIPAHU, HI 96797 WAIPAHU, HI 96797 P.O. BOX 970729 130 PUIWA ROAD

33

99-6062933 · Page 2

WAIPAHU COMMUNITY FOUNDATION

Schedule R (Form 990) 2018 C/O BANK OF HAWAII

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Partill

Schedule R (Form 990) 2018 General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year 3 Percentage ownership Yes No 3 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 6 Disproportionate Yes No allocations? Ξ Share of total income Share of end of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) e Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē Legal domicile (state or foreign country) Ö Direct controlling entity € Primary activity (c)
Legal
domicile
(state or
foreign Primary activity e Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> 332162 10-02-18 Partiv

99-6062933 Page 3

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII

| Schedule R (Form 990) 2018 C/O BANK OF HAWAII | | BANK | P. | HAWAII |
|---|----------|----------|---------|--|
| Part VI Transactions With Re | lated | Organiza | ations. | Parive Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 |
| Note: Complete line 1 if any entity is listed in Dotte II III or IV of this school-in | 94 97 14 | d a bot | 1 1 1 | 11 you Water corboding |

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | > | | ı |
|--|----------------------------------|-----------------------------|--|----------------------------|---|-------|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV? | is with one or more re | lated organizations listed | in Parts II IV? | のでは | | اخر |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | > | | | 1a | × | ı |
| Gift, grant, or capital contribution to related organization(s) | | | | 16 | X | 1 |
| c Gift, grant, or capital contribution from related organization(s) | | | | 5 | × | |
| d Loans or loan guarantees to or for related organization(s) | | | | Pt | × | ı |
| e Loans or loan guarantees by related organization(s) | | | | 1 | × | 1 |
| | | | | 440 | · 1000 1000 1000 1000 1000 1000 1000 10 | دورا |
| f Dividends from related organization(s) | | | | = | × | , |
| g Sale of assets to related organization(s) | | | | 1g | × | ı |
| h Purchase of assets from related organization(s) | | | | £ | × | ı |
| Exchange of assets with related organization(s) | | | | ij | × | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1) | × | 1 |
| | | | | - | | i i |
| R cease of identifies, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) | anization(s) | | | ¥ = | × | ı |
| m Performance of services or membership or fundraising solicitations by related organization(s) | anization(s) | | | Ę | × | 1 |
| | ion(s) | | | Ę | × | ı |
| Sharing of paid employees with related organization(s) | | | | 9 | × | 1 |
| | | | | 新兴 | 100 | , a∑ã |
| p Reimbursement paid to related organization(s) for expenses | | | | đ | × | ı |
| q Reimbursement paid by related organization(s) for expenses | | | | 4 | × | ľ |
| | | | | 調がは | | 374.7 |
| Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) | | | | ÷ 5 | 4 × | 1 |
| ğ | who must complete th | iis line, including covered | information on who must complete this line, including covered relationships and transaction thresholds | | | , , |
| (a) Name of related organization | (b) Transaction type (a s) | (c) Amount involved | (d) Method of determining amount involved | volved | i | |
| (1) | | | | | | , , |
| (2) | | | | i | ļ | ı |
| (3) | | | | | | |
| (4) | | | | | | ı |
| (9) | | | | | | ı |
| (9) | | | | | | |
| 332163 10-02-18 | 35 | | Schedule | Schedule R (Form 990) 2018 | 90) 2018 | 1 00 |

99-6062933

Page 4

WAIPAHU COMMUNITY FOUNDATION C/O BANK OF HAWAII Schedule R (Form 990) 2018 Epartivit 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

| that was not a related organization. See instructions regarding exclusion for certain investment partnerships | structions regarding exclu | Ision for certain inve | stment partnerships | | | | | | |
|---|----------------------------|-------------------------------|--|--------|-----------------------|---------------------|--------------------------------|------------|------------|
| (a) | (2) | (2) | (e) (p) | | (6) | Ξ | (1) | 3 | (K |
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income pariners sec (related, unrelated, 501ici(3) | (1) | Share of | Dispropor bonate | Code V-UBI | Seneral or | Percentage |
| מ פוווג | | (state or loreign country) | excluded from tax under ougs? | income | end-or-year assets | Yes No | of Schedule K-1 (Form 1065) | yes No | ownersnip |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | _ | |
| | | | | | | | | _ | |
| | | | | | | | | - | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | 1 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | 1 | | + | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | _ | | | | | | |
| | | | | | | 1 | | 7 | |
| | | | | | | | | | |
| | | | | | | | _ | | |
| | | | | | | | | | |
| | | | | | | 1 | | 1 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | 1 | | 7 | |
| | | _ | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | 1 | | 1 | |
| | | _ | | | | | | _ | |
| | | | | | | _ | | | |
| | | | | | | _ | | | |
| | | | | | | 1 | | 1 | |

Schedule R (Form 990) 2018

| chedule R (Form 990) 2018 C/O BANK OF HAWAII | 99-6062933 Pag |
|---|----------------|
| CO BANK OF HAWATT CAUCHE RICHARD SUPPLEMENTAL INFORMATION. | |
| Provide additional information for responses to questions on Schedule R. See instructions | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| - | |
| | |
| | |