5 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

➤ Do not enter social security numbers on this form as it may be made public Open to Public Inspection

Go to www.irs gov/Form990PFfor instructions and the latest information.

7

		nent of the Treasury Revenue Service	► Go to	enter soc vww.irs g	gov/Forn	ng numb	r instru	this form as i uctions and th	e latest in	format	ion. M()4	pen to Public Inspection
_			or tax year begin				10/		and end	ing		09/30, 20 19
		f foundation		r						- 1	A Employeridenti	
			SCHOLARSHIP									-6050638
N	ımber	and street (or P O box	x number if mail is not d	elivered to	street ad	dress)			Room/sur	te	B Telephone numi	per (see instructions)
		am	D23377 D077	2000							0	00 505 0110
		ST HAWAIIAN	BANK, BOX country, and ZIP or for		Loode				<u> </u>		. 8	08-525-8119
	ty or to	own, state of province,	, country, and zir or los	eign posta	Code					- [,	C If exemption applic	ation is
	LION	OLULU, HI 9	6011								pending, check hei	
•		eck all that apply	Initial retur	n		Initial r	eturn :	of a former p	ublic cha	rity	D	
, m-	0110	ok un that apply	Final return		-	Amend		•		··· ' ['	D 1 Foreign organization 2 Foreign organization	
' 			Address ch	change Name change								here and attach
>	Che	heck type of organization X Section 501(c)(3) exempt private foundation								· _		
• [S	Section 4947(a)(1) n	nonexempt charitable	trust	Ot	her taxa	ble pri	vate foundat	10n) '	4	•	in status was terminated (b)(1)(A), check here
• Ī	Fair	market value o	of all assets at	J Accou	unting n	nethod:	X Ca	ash Acc	rual		F If the foundation is	in a 60-month termination
3	end	of year (from Pa		∐Ot	ther (spe	ecify)					under section 507	(b)(1)(B), check here
-			243,910.	<u> </u>	olumn (d	d) must be	on ca	sh basis)				1 (05)
	art	Analysis of Rev	renue and Expense in columns (b), (c), ar	es (The		evenue a		(b) Net inve	estment	(c	Adjusted net	(d) Disbursements for charitable
		may not necessar	ily equal the amount		exp	enses pe books	r	incom			income	purposes (cash basis only)
/-		column (a) (see in	•			-						todon basis only
1	1 2	Check Y If th	its, etc., received (attach sch ie foundation is not requ ich Sch. B	ured to								
1	3	0	ch Sch B	[
	3		nd temporary cash invest erest from securities	Ī		38.	776.	3	5,988.	_		STMT 1
	5a			Ī		9.27			- 1 :			
	b Net rental income or (loss)											
<u> </u>				86,	746.							
Revenue	Ь	Gross sales price for a assets on line 6a	^{all} 177	,205.					/=-	 _		
ě	7	Capital gain net ind	come (from Part IV, I	ine 2) .				RECE	181 21496.			
•	8	•	ıtal gaın	ſ			<u> </u>	EED	•	ပ္တု		
	9 10a	Income modification Gross sales less return	ons	• • • • }			000	FEB 04	2020	0-5	-	
		and allowances	• • •				<u> </u>	·				
	l	Less Cost of goods se	old . [s) (attach schedule)					OGDEN	. UT			
	11	•	ch schedule)			2.	218.					STMT 2
	12		through 11 · · · ·			127,	$\overline{}$	12	2,734.			1
_	13	Compensation of office	cers, directors, trustees,	etc		20,	140.	1	5,105.			5,035
jes	14	Other employee sa	laries and wages .	[NONE		NON:	
ens	15	Pension plans, emp	ployee benefits						NONE		NON:	<u> </u>
Ž,	16a	Legal fees (attach	schedule)				<u> </u>		17017		17011	1 (50
ē E	b	Accounting fees (a	ittach schedule)STM	Г		1,	<u>650.</u>		NONE		NON:	E 1,650
ativ	C	Other professional	fees (attach schedul									
stra	ļγ.	Tayon (attack ask	dule) (see instruStTd)			 -	164.		164.	 		
Ë	14 15 16a b c 17/C 18 19/20 27 27 22 23 24 25 26	Depreciation (attack	dule) (see instr uction th schedule) and dep						<u> </u>	 		1
臣	20	Occupancy		The state of the s						<u> </u>		<u>'</u>
Ϋ́	21	Travel, conferences	s, and meetings	E E		_			NONE		NON	В
anc	22	Printing and public	cations						NONE		NON	
ğ	23	Other expenses (at	ttach schedule) STM			8,	700.					8,700
atii	24	Total operating an	nd administrative ex	penses.			_				_	
oer,		Add lines 13 throu	ıgh 23				654.	1	5,269.	<u> </u>	NON:	_
ζŌ.	25	Contributions, gifts	s, grants paid	ſ			000.		F 060		37037	34,000
02/2	26	Total expenses and dist	bursements Add lines 24	and 25		64,	<u>654.</u>	1	<u>5,269.</u>		NON:	E 49,385
~	_,	Cabildet into 20 in				62	ا مور					
			ver expenses and disbui come (if negative, er	F		03,	<u>08</u> 6.	10	7,465.	ļ		
			come (if negative, er me (if negative, ente	l l					<u>,, 400.</u>	 		
ISA F			Act Notice, see inst						·	L	<u> </u>	Form 990-PF (2018)

Б	art II	Attached schedules and amounts in the	Beginning of year	End o	End of year	
	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	<u></u>		<u> </u>	
	2	Savings and temporary cash investments	53,984.	51,479	. 51,479	
	3	Accounts receivable				
		Less allowance for doubtful accounts				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less allowance for doubtful accounts ► NONE				
ţ	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges			'	
Ä	10a	Investments - U S and state government obligations (attach schedule).				
	ь	Investments - corporate stock (attach schedule)				
	c	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule) STMT .6	1,054,500.	1,119,758	1,192,431	
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe >)				
	16	Total assets (to be completed by all filers - see the				
		ınstructions. Also, see page 1, item I)	1,108,484.	1,171,237	1,243,910	
\exists	17	Accounts payable and accrued expenses				
	18	Grants payable			<u> </u>	
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
횴	21	Mortgages and other notes payable (attach schedule)				
Ë	22	Other liabilities (describe >)				
_	23	Total liabilities (add lines 17 through 22)		NONE NONE		
		Foundations that follow SFAS 117, check here : ▶				
Š		and complete lines 24 through 26, and lines 30 and 31.				
ä	24	Unrestricted				
æ	25	Temporarily restricted			ļ	
P	26	Permanently restricted]	
Ē		Foundations that do not follow SFAS 117, check here $\blacktriangleright X$				
Ē		and complete lines 27 through 31.				
o s	27	Capital stock, trust principal, or current funds	1,108,484.	1,171,237.		
ĕ	28	Paid-in or capital surplus, or land, bldg , and equipment fund		_		
Š	2 9	Retained earnings, accumulated income, endowment, or other funds				
没	30	Total net assets or fund balances (see instructions)	1,108,484.	1,171,237.		
Wet-Assets or Fund Balances	31	Total liabilities and net assets/fund balances (see	1 100 404	1 151 005		
′_		Instructions)	1,108,484.	1,171,237.		
		Analysis of Changes in Net Assets or Fund Bala			Τ	
1		al net assets or fund balances at beginning of year - Part		1 100 404		
-		-of-year figure reported on prior year's return)		1,108,484.		
		er amount from Part I, line 27a		63,086.		
		er increases not included in line 2 (itemize) PRETURN OF CA	3	77.		
		I lines 1, 2, and 3			1,171,647.	
5		reases not included in line 2 (itemize) MUTUAL FUND TIMIN		5	410. 1,171,237.	
_6	lota	al net assets or fund balances at end of year (line 4 minus l	ine b) - ram II, column (b)), line 30 6	Form 990-PF (2018)	

Day	Capital Gains	and Losses for Tax on Inve	estment Income		· · · -	1 age C
Par		cribe the kind(s) of property sold (for e		(b) How	1,,	(4) 5
		ick warehouse; or common stock, 200	·	P - Purchase	(c) Date acquired (mo, day, yr)	(d) Date sold (mo , day, yr)
1.0	PUBLICLY TRADED			D - Donation		
<u>ı a</u> b		BECOKITIES				
	· 	- ·				
<u>c</u>						·
<u>u</u>						-
		(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	oss)
	(e) Gross sales price	(or allowable)	plus expense of sale		((e) plus (f) min	us (g))
a	177,205.		90,459.			86,746.
b						
С						
d						
e				ļ		
	Complete only for assets sh	owing gain in column (h) and owned b	y the foundation on 12/31/69.		Gains (Col (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col (ı) over col (ı), if any	col	(k), but not less t Losses (from co	•
		as of 12/31/69	over cor (j), if any	ļ	200000 (110111 00	
<u>a</u>				 		86,746.
<u>b</u>						
<u>c</u>						
d				 		·
<u>e</u>		(If as	ain, also enter in Part I, line 7			
2	Capital gain net income	oss), enter -0- in Part I, line 7	2		86,746.	
3	Net short-term capital ga	ain or (loss) as defined in sections	,		****	
•		art I, line 8, column (c). See ins				
	_		f	3		
Par			uced Tax on Net Investment I	ncome		-
Was		the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?]Yes □X No
		t qualify under section 4940(e). Do				
1	Enter the appropriate an		r; see the instructions before making	ng any en	tries.	
	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra	
Cale	endar year (or tax year beginning in) 2017	64,171.	1,246,782.	_	(cor (b) divided by	0.051469
	2017	49,716.	1,200,409.			0.031403
	2015	61,452.	1,166,660.			0.052673
	2014	47,475.	1,251,203.			0.037943
	2013	54,342.	1,263,637.			0.043004
2	Total of line 1, column (d)		2		0.226505
3		o for the 5-year base period - divid				
	•	foundation has been in existence		3		0.045301
	·					
4	Enter the net value of no	oncharitable-use assets for 2018 fr	om Part X, line 5	4	1,	207,298.
5	Multiply line 4 by line 3.			5		54,692.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		6	<u> </u>	1,075.
				_		FF 767
7	Add lines 5 and 6			7		55,767.
_						40 20E
8	Enter qualifying distribut If line 8 is equal to or generated VI instructions.	tions from Part XII, line 4 preater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	49,385. c rate. See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru		s)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			<u> </u>
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,1	49.
	here and enter 1% of Part I, line 27b			1
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	ONE
3	Add lines 1 and 2		2,1	49.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		_2,1	<u>49.</u>
6	Credits/Payments			I
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 688.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		6	88.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1,4	<u>61.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2019 estimated tax ► NONE Refunded ► 11			
	VII-A Statements Regarding Activities	_	г., т	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	Yes	No
	participate or intervene in any political campaign?	1a		<u>X</u>
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1b		Х
	instructions for the definition	18		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities	1c		
	Did the foundation file Form 1120-POL for this year?			
a	(1) On the foundation \$\Bigsim \\$			
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
C	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u></u>
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> X</u>
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
	By language in the governing instrument, or			1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Λ	i
8a	Enter the states to which the foundation reports or with which it is registered. See instructions			
	HI			
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b	X	
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	30	_ ^	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"	9		Х
4.5	complete Part XIV			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	10		Х
	names and addresses		0-PF (

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			•
14	The books are in care of ▶ FIRST HAWAIIAN BANK Telephone no ▶ (808) 525	-811	9	
	Located at ▶ 999 BISHOP STREET, HONOLULU, HI ZIP+4 ▶ 96813			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	\prod
	and enter the amount of tax-exempt interest received or accrued during the year		-	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		!	
	the foreign country			
Pari	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	_1		·
T CIT	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	1	Yes	No
10	During the year, did the foundation (either directly).			
14	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	1		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	v			
	the benefit or use of a disqualified person)?			
	foundation agreed to make a grant to or to employ the official for a period after	1		
	termination of government service, if terminating within 90 days)			
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
b		1b		Х
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<u> </u>		
_	Organizations relying on a current notice regarding disaster assistance, check here	İ		ĺ
C		1c		Х
2	were not corrected before the first day of the tax year beginning in 2018?			÷
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
_	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and	1	i	
а	6e, Part XIII) for tax year(s) beginning before 2018?		ļ	
.	If "Yes," list the years	1		
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	İ		
	all years listed, answer "No" and attach statement - see instructions)	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
·				
32	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	1		
Ja	at any time during the year?			
h	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or	-		
ט	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	-		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
		3b		
4.	foundation had excess business holdings in 2018.)	4a		X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	74		
D	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X
	character purpose that had not been temoved from popular before the mat day of the tax year beginning in 2010.	<u> </u>		

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Part	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Red	uired (continued)			
5a	During the year, did the foundation pay or incur any amo					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influen	nce legislation (sectio	n 4945(e))?	. Yes X No	,		
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry o	n,			
	directly or indirectly, any voter registration drive?			. Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes	·	. X Yes No	,		
	(4) Provide a grant to an organization other than a	charitable, etc., org	anization described	ın			
	section 4945(d)(4)(A)? See instructions		<i></i>	. Yes X No	•		
	(5) Provide for any purpose other than religious, ch	arıtable, scientific,	literary, or educations				
	purposes, or for the prevention of cruelty to children				1		
b	If any answer is "Yes" to $5a(1)$ -(5), did any of the	transactions fail to	qualify under the e	xceptions described in	·		
	Regulations section 53 4945 or in a current notice regar	ding disaster assistan	ce? See instructions.		<u>5b</u> _		<u>X</u>
	Organizations relying on a current notice regarding disas	ter assistance, check	here	▶			- {
C	If the answer is "Yes" to question $5a(4)$, does the						
	because it maintained expenditure responsibility for the	grant?		. Yes No	•		
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fur	ids, directly or indir	ectly, to pay premiu				ļ
	on a personal benefit contract?						لــــا
b	Did the foundation, during the year, pay premiums, direc	tly or indirectly, on a	personal benefit contr	act?	6b		<u> X</u>
	If "Yes" to 6b, file Form 8870.						i
7a	At any time during the tax year, was the foundation a pa						لـــ
b	If "Yes," did the foundation receive any proceeds or have			ion'	7b		- 1
8	Is the foundation subject to the section 4960 tax on pay						
D	remuneration or excess parachute payment(s) during the VIII Information About Officers, Director						
	and Contractors						
1	List all officers, directors, trustees, and foundation	n managare and ti	TAIR CAMANAMESTIAN				
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evnans	0.000	nt.
_ .	(a) Name and address				(e) Expens other all		
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
FIRST	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
FIRST	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			s
FIRST	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			s
FIRST	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			s
FIRST	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			s
FIRST	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			s
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813	(b) Title, and average hours per week devoted to position TRUSTEE 5	(c) Compensation (if not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()-	other all	owance	- 0 -
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 5	(c) Compensation (if not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()-	other all	owance	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813	(b) Title, and average hours per week devoted to position TRUSTEE 5	(c) Compensation (if not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -0-	other allo	one, (-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (if not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred	other all	one, (-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those)	(c) Compensation (lf not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation - () -	other allo	one, (-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (If not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (lf not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expens other allo	one, (-0- enter
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (If not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (If not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (If not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (If not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (If not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (If not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position de	(c) Compensation (If not paid, enter -0-) 20,140.	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	one, e	-0-
FIRST 999 B	(a) Name and address HAWAIIAN BANK ISHOP STREET, HONOLULU, HI 96813 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position TRUSTEE 5 (other than those hours per week devoted to position)	(c) Compensation (If not paid, enter -0-) 20, 140. c included on lin (c) Compensation NONE	(d) Contributions to employee benefit plans and deferred compensation -()- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, e	-0- enter

Form 990-PF (2018)

3NONE

All other program-related investments See instructions

99-6050638 Page 8

Form	990-PF (2018) 99-6050638		Page 8
Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	1,156,819.
b	Average of monthly cash balances	1b	68,864.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,225,683.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	<u>1,225,683.</u>
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	18,385.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,207,298.
6	Minimum investment return. Enter 5% of line 5	6	60,365.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	dations	
1	Mınımum investment return from Part X, line 6	1	60,365.
2a	Tax on investment income for 2018 from Part VI, line 5 2a 2,149.		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	2,149.
3	Distributable amount before adjustments. Subtract line 2c from line 1		58,216.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	58,216.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	_	E0 04.6
	line 1	7	58,216.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		49,385.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	49,385.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		/-
	Enter 1% of Part I, line 27b. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	49,385.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	Iculating v	vhether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Form **990-PF** (2018)

Pai	t XIII Undistributed Income (see instr	uctions)			
_		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1	Distributable amount for 2018 from Part XI,				58,216.
_	line 7				30,210.
	Undistributed income, if any, as of the end of 2018			NONE	
	Enter amount for 2017 only		NONE	NONE	
	Total for prior years 20,20		NONE		<u> </u>
	Excess distributions carryover, if any, to 2018: From 2013 NONE				1
	NONE				
	020				
	MONE				ı
	7,011,2010				1
_		3,357.			
	Total of lines 3a through e	3,331.			
4	Qualifying distributions for 2018 from Part XII,				
	line 4. ▶ \$ 49,385.			NONE	
	Applied to 2017, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	· '		110112		
C	Treated as distributions out of corpus (Election required - see instructions)	NONE			
	Applied to 2018 distributable amount	110112			49,385.
	Remaining amount distributed out of corpus	NONE		• •	
	Excess distributions carryover applied to 2018				
	(If an amount appears in column (d), the same amount must be shown in column (a))	3,357.			3,357.
e	Enter the net total of each column as				
Ü	indicated below:				
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	NONB			.,
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		NONE		
¢	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable		NONE		
	amount - see instructions		NONE		<u> </u>
e	4a from line 2a. Taxable amount - see			NONE	
	instructions			NONE	
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2019				5,474.
					3/1/11
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)	NONB			i
R	Excess distributions carryover from 2013 not				1
٥	applied on line 5 or line 7 (see instructions)	NONB			ļ
9	Excess distributions carryover to 2019.	-			
	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9.				
	Excess from 2014 NONE			1	
b	Excess from 2015 NONE				1
c	Excess from 2016 NONE				
d	Excess from 2017 NONE				}
e	Excess from 2018 NONE				

Par	t XIV Private Op	erating Foundation	s (see instructions a	nd Part VII-A, questi	on 9)	NOT APPLICABI
	If the foundation has	received a ruling or o	determination letter that	it it is a private opera	ating	
	foundation, and the ruling					
b	Check box to indicate	whether the foundation	is a private operating	foundation described in	section 4942(j)(3) or 4942(j)(5)
	Enter the lesser of the ad-	Tax year	T	Prior 3 years		
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	I or the minimum investment		(5) 2017	(0) 2010	(4,20)	
	return from Part X for each	}				
_	year listed		 -	·	/	
b	85% of line 2a		 -			
С	Qualifying distributions from Part					
a	XII, line 4 for each year listed . Amounts included in line 2c not			/		
u	used directly for active conduct					
	of exempt activities		-			
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
2	2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets			-		
	(2) Value of assets qualifying under section	}				
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents,					
	payments on securities ^a loans (section 512(a)(5)),	1				
	or royalties)					
	(2) Support from general public and 5 or more					
	exempt organizations as					
	provided/in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup-					
	port from an exempt organization					
	(4) Gross investment income .			<u> </u>		
Par				only if the founda	ntion had \$5,000 o	r more in assets at
_	 	uring the year - see				
1	Information Regarding			ra than 20/ of the tota	al contributions receiv	and by the foundation
a	List any managers of before the close of any					ed by the loundation
		, tax your (but only if t	no, navo commodica		00 000000000000000000000000000000000000	
	NONE List any managers of	the foundation who	0.00 100/ or more o	of the stock of a corn	oration for an equally	/ large portion of the
D	ownership of a partner					, large portion of the
	•	one of other onerty, o	T WINDIN LING TOURINGS	in mas a 7070 or grouter		
	NONE					
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarsh	ip. etc Programs:	-	
_	Check here ► X if t				itable erganizations (and done not accept
	unsolicited requests f	or funds If the found	lation makes gifts, gr	ants, etc., to individua	als or organizations u	ider other conditions.
	complete items 2a, b,			,,	and the Grand and the same of	,
a	The name, address, an			person to whom appl	ications should be add	Iressed:
u	The name, address, an	ia telephone namber t	or and address or and	porcon to whom appr	iodiioiio biiodia bo dae	
b	The form in which app	lications should be su	bmitted and informati	on and materials they	should include:	
					<u> </u>	
С	Any submission deadli	nes:				
	Any restrictions or l	mitations on awards	s. such as by geogr	aphical areas charita	ble fields, kinds of	institutions, or other
4	factors:		,, 50091		<u></u> ,	, 2. 2

Part XV Supplementary Information 3 Grants and Contributions Paid Dur	ing the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
NIVERSITY OF HAWAII FOUNDATION				
O BOX 11270 HONOLULU HI 96828-0270	NONE	EXEMPT	SCHOLARSHIPS	10,000
NIVERSITY OF HAWAII AT MANOA FOUNDATION	ļ <u>.</u>			2 000
O BOX 11270 HONOLULU HI 96828-0270	NONE	EXEMPT	SCHOLARSHIPS	3,000
OSTON UNIVERSITY	NOME	EVENDO	CCUOI ADCUTDO	6,000
NE SILBER WAY BOSTON MA 02215	NONE	EXEMPT	SCHOLARSHIPS	6,000
NIVERSITY OF HAWAII AT HILO	NONE	EXEMPT	GGUOT ABOUTEC	4,500
00 W KAWILI STREET HILO HI 96720	NOME	DADIP I	SCHOLARSHIPS	4,500
HAMINADE UNIVERSITY OF HONOLULU 140 WAIALAE AVE Honolulu HI 96816	NONE	EXEMPT	SCHOLARSHIPS	6,000
	10.12	2		,,,,,
ESTERN WASHINGTON UNIVERSITY 16 HIGH STREET BELLINGHAM WA 98225-9008	NONE	EXEMPT	SCHOLARSHIPS	3,000
INDWARD COMMUNITY COLLEGE 5-720 KRAAHALA ROAD KANEOHE HI 96744	NONE	EXEMPT	SCHOLARSHIPS	1,500
	10			•
Total			▶ 3a	34,000
b Approved for future payment				
Total			▶ 3b	

Part XVI-A	Analysis of Income-Produ	ucing Acti	vities			
Enter gross amounts unless otherwise indicated		Unrela	ited business income	Excluded by	section 512, 513, or 514	(e)
	ervice revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
						· · · ·
			12.2			
f						
g Fees and	d contracts from government agencies					
_	ip dues and assessments	-				
	avings and temporary cash investments					
	and interest from securities			14	38,776.	
	income or (loss) from real estate					<u></u>
	nanced property					
	ot-financed property					
	ncome or (loss) from personal property					
	stment income					
	s) from sales of assets other than inventory			18	86,746.	
9 Net income	e or (loss) from special events · · ·					
	t or (loss) from sales of inventory					
	nue a					
ь <u>FED</u>	ERAL TAX REFUND			14	2,218.	
c						
d						
е						
	Add columns (b), (d), and (e)				127,740.	105 540
	line 12, columns (b), (d), and (e)			• • • • •	13	127,740.
	t in line 13 instructions to verify calcu			D		
Part XVI-B						
	Explain below how each activity					
▼	accomplishment of the foundation	on's exemp	t purposes (other than b	oy providing	funds for such purpose	s). (See instructions.)
						
-						
	· - -					
			•			-
-			NOT APPLICABLE	Ε		
					12	
		_				
						

Part	XVII	Exempt Organ		ansters to and ir	ansactions a	and Relations	snips with wond	narit	abie	
1	Did the			engage in any of the	following with	any other orga	nization described		Yes	No
		•		501(c)(3) organizat	-					
		zations?								
а	Transfe	ers from the reporting	g foundation to	a noncharitable exen	npt organization	of.				
								1a(1)		Х
	(2) Oth	ner assets						1a(2)		Х
		ransactions:								
				npt organization				1 1	-	X
				ole exempt organization						<u>X</u>
				assets						X
										X
		-								X
				p or fundraising solici						<u>X</u>
		-	_	ts, other assets, or pa					l	X
				es," complete the fol						
				ices given by the rep						
			1	gement, show in colu		*****				
(a) Lı	ne no	(b) Amount involved	(c) Name of	noncharitable exempt organ	ization (d)	Description of transf	ers, transactions, and sha	ring arra	ngeme	nts
										
								.		

				<u> </u>			***************************************			
									•	
					-		_ .			
				_						
						••••	***************************************			
			·			*****				
	-									
			•							
		•	-	filiated with, or relate			· ·		s X	7 N.
				ction 501(c)(3)) or in	section 527?.				:S^	d MO
<u>b</u>	it "Yes,	" complete the follow		(b) Type of org	anization.		(c) Description of relations	chin		
		(a) Name of organizatio	<u> </u>	(b) Type of org	ariization	<u> </u>	(c) Description of Telations	SI II P		

						-				
	Under	nenalties of neruiny I decla	are that I have exam	ined this return, including acc	ompanying schedules	and statements, and t	o the best of my knowledge	e and b	elief. it	ıs true.
	correc	t, and complete Declaration o	f preparer (other than	taxpayer) is based on all informa	tion of which preparer	has any knowledge				
Sign		0 08	71 B	1 01 /17 /20	20	ao Dwoaidor	May the IRS			
Here		mmet or	yramu	<u> 01/17/20:</u>	<u>ZU V1</u> Title	<u>ce Presider</u>				pelow?
	Sugi	nature of officer or trustee		Date	ritie		See instruction	is A	Yes	No
	OF	FICER OR TRUS		Fanar Va signatur		Date		PTIN		
Paid		Print/Type preparer's na		repaier's signatur			Clieck ''		0706	
	arer	ERIC W. COUR		10 11 0 11 0		[01/1//2		<u>P003</u>		5
_			_	NG U.S. LLP			Firm's EIN > 34 -	<u>6565</u>	<u> </u>	
use	Only		.00 ONE PPO		4 = 4 = 4				200	
		<u> </u>	TTSBURGH,	PA	15222		Phone no 412-6			
							For	m 996)-PF (2018)

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
DIVIDENDS AND INTEREST FROM SECURITIES	38,776.	35,988
TOTAL	38,776.	35,988

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES

EXPENSES PER BOOKS

DESCRIPTION

FEDERAL TAX REFUND

2,218.

TOTALS

2,218.

STATEMENT

2

FORM	9901	PF,	PAI	۲T	Ι	-	A(CCO	UN	TI:	NG	F	Έ.	ES	3
													_		_

	TOTALS	1,650.	NONE	========
TAX PREPARATION FEE	(NON-ALLOC	1,650.		
DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTI NET INCOMI

FORM 990PF, PART I - TAXES

	===========	==========
TOTALS	164.	164.
FOREIGN TAXES ON QUALIFIED FOR FOREIGN TAXES ON NONQUALIFIED	121. 43.	121. 43.
DESCRIPTION	PER BOOKS	INCOME
	REVENUE AND EXPENSES	NET INVESTMENT

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

OTHER ALLOCABLE EXPENSE-INCOME

8,700.

TOTALS

8,700.

FORM 990PF, PART II - OTHER INVESTMENTS

	COST/ FMV	ENDING
DESCRIPTION	C OR F	BOOK VALUE
BISHOP STR GRWTH STRGY	С	
BISHOP STR DIV VALUE	С	
COHEN & STEEERS INSTL RLTY	C	
COLUMBIA MIDCAP INDEX FD Z	C	
TIAA-CREF SMALL CAP BLEND INDE	C	11,28
HARBOR INTL FDS	C	
VANGUARD TOTAL INTL STOCK INDE	C	
BISHOP STR FDS HIGH GRADE INCO	C	209,28
VANGUARD INFLATION PROTECTED	C	14,94
PRINCIPAL DIVER REAL - INSTITU	C	
FEDERATED INSTITUTIONAL HIGH Y	C	14,61
PIMCO GLOBAL BOND FUND	C	24.20
TEMPLETON GLOBAL TOTAL RETURN	C	14,39
JP MORGAN STRATEGIC INCOME OPP	C	27,72
WISDOMTREE US MIDCAP DIVIDEND	C	60,39
VANGUARD HIGH DVD YLD	C	134,22
VANGUARD HIGH DVD YIELD ETF VANGUARD GROWTH INDEX FD ADM	C	131,51 103,29
NUVEEN REAL ASSET INCOME		59,6(
ISHA CURR HEDGED MSCI EAFE	C	67,5
ISHARES CORE MSCI EAFE ETF	C	65,5
ISHARES S&P PREF STK ETF	Č	49,70
SPDR MSCI USA STRATEGICFACTORS	Ċ	77,96
VANGUARD LARGE-CAP ETF	C	77,74
	TOTALS	1,119,7
		= / = = > / / .

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