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.

| Department of the Tre | easurv |
|-----------------------|--------|
| Internal Revenue Sen | |

| | Int | emal | Revenue Service | | ► Go to | www.irs. | gov/Fo | rm9 | 190PF for inst | ructions and | the latest II | nform | ation | Ope | n to Publi | ic Inspectio | n |
|---|------------------------------|--------------------------|--|----------------|------------------------|-------------|----------|------------|-----------------|----------------|---------------------------------------|--|---------------------------------------|--------------------|-------------------|---------------------|----------------|
| For calendar year 2019 or tax year beginning , 2019, an | | | | | | | | 9, and end | ling | | | | , 20 | | | | |
| | Name of foundation | | | | | | | | | | A Employer ide | ntifica | ation numb | per | | | |
| | | GCA EDUCATION FOUNDATION | | | | | | | | 99-0303 | 466 | | | | | | |
| | Nu | mber | and street (or P O box n | umbe | r if mail is not | delivered t | o street | add | ress) | | Room/sui | te | B Telephone nu | ımber | (see instru | ctions) | |
| / | | 106 | 5 AHUA STREET | | | | | | | | | | (808) | 833 | 3-1681 | | |
| 1 | Cıt | y or t | own, state or province, co | untry, | and ZIP or fo | reign posta | al code | | | | | | | | | | - ₁ |
| 1 | | • | | | | | | | | | | | C If exemption ap | plication | on is | ▶ [| 1 (/ |
| ·Δ\ | | HON | OLULU, HI 9681 | 9 | | | | | | | | | pending, check | nere. | | | _ _ |
| 25 | _ | | eck all that apply | | Initial retu | ırn | | - | Initial return | of a former | public cha | arıtv | D 1 Foreign orga | | | | 7 |
| | Final return | | | - | \dashv | Amended re | | | , | 2 Foreign orga | | | | _ | | | |
| Eğ. | | | | | Address o | | | | Name chance | | | | 85% test, ch | eck her | re and attach | | 1 |
| 200 | н | Che | eck type of organizati | | | | (c)(3) | | | | <i>(</i> 1) | ㅁ | Ì | | | | - |
| Received In Batching Ogden | ľ | _ | Section 4947(a)(1) non | | _ | | | | er taxable p | | ation \mathcal{O} | - { | E If private found under section 5 | | | | 7 |
| מ ב | ľ | | market value of a | | | | | | ethod X C | | crual | | F If the foundation | | | | _ |
| l | ľ | | of year (from Part I | | | | ther (| | | | | | under section 5 | | | | 7 |
| 品 | 1 | | ▶ \$ 1,33 | | | | | |), must be on c | ash basis) | | | | | | | - |
| 12 | _ | | Analysis of Reven | nue a | nd Expen | ses (The | | | venue and | | | | • | \Box | | ursements | _ |
| 17 | Γ | | total of amounts in c | olumi | ns (b), (c), a | and (d) | (4) | - | enses per | (b) Net inv | | | (c) Adjusted net income | | | haritable rposes | |
| | j ⁻¹ | | may not necessarily column (a) (see instru | | | its iri 🚃 | | t | ooks - | """ | | | income | | | basis only) | <u> </u> |
| \₩ | Т | 1 | Contributions, gifts, grants, e | tc , rec | eived (attach so | chedule) . | | | 180,198 | - | | | | | | | 7 |
| V | | 2 | Check ▶ if the fo | undat | tion is not req | juired to | | | | | | | | | . , | | <u> </u> |
| | | 3 | Interest on savings and to | | | | | | | | | | | | | | 7 |
| | | 4 | Dividends and interes | t fron | n securities | | | | 13,952 | | 13,952. | | | | | | ₹ . |
| | - 1 | 5a | Gross rents | | | | | | | | | | | | | | <u> </u> |
| | -1 | ь | Net rental income or (loss | s) | | | | | | | | | | Π, | | | <u> </u> |
| | 힐 | 6a | Net gain or (loss) from sa | ale of | assets not on | line 10 | | | -5,186 | | | | | | | ٦ | <u> </u> |
| | 티 | Ь | Gross sales price for all assets on line 6a | | 98 | 3,383. | | | | | | | RECE | \bigvee \vdash | D | | _1 |
| | Revenue | 7 | Capital gain net incon | ne (fr | om Part IV, | line 2) . | | | | | | 4. | | | <u></u> | | _l |
| | | 8 | Net short-term capital | gaın | | | | | | , | | 왕 | | -2 4: | 20 S | <u> </u> | _{ |
| | | 9 | Income modifications Gross sales less returns | ٠, | | | | | | <u> </u> | | 늚 | 00114 | 202 | |) [| ᆜ. |
| | | 104 | and allowances | $\cdot \vdash$ | - | | | | t | - | | = | 00051 | | <u> </u> | | -¦ |
| | | | Less Cost of goods sold | | | | | | | | | - | UGUEN | ! , { | JI | ! | - : |
| | | | Gross profit or (loss) (| | | | | | | | | - | | - | | - | |
| | - 1 | 11 12 | Other income (attach Total. Add lines 1 thro | | | | | | 188,964. | | 13,952. | | | \dashv | | | - i |
| | \dashv | 13 | Compensation of officers | | | | | | 0. | | · · · · · · · · · · · · · · · · · · · | | | \dashv | | | <u> </u> |
| | S | 14 | Other employee salari | | | | | | | 1 | | | | \top | | | _ |
| 35 | | 15 | Pension plans, employ | | • | | | | | | | | | 一 | | | _ |
| 4 202 | <u>a</u> | | Legal fees (attach sch | | | | | | | | | | | \exists | | | _ |
| 4 | û | h | Accounting fees (attach | | | | | | 1,508. | | | | | | | 1,50 | 8. |
| 0 | <u>×</u> | С | Other professional fee | | | | | | 3,920. | | 3,920. | | | | | | _ |
| MAY | ā | 17 | Interest | | | • | | | | | - | | | | | | |
| \mathbf{z} | ist. | 18 | Taxes (attach schedule | e) (se | e instruction | ns)[3]. | | | 222. | | 222. | | | | | | |
| | 틥. | 19 | Depreciation (attach s | sched | dule) and de | epletion. | | | | | | | | | | | 1 |
| Ш | 힐 | 20 | Occupancy | | | | | | | | | | | | _ | | _ |
| <u>z</u> , | 0 | 21 | Travel, conferences, a | ınd m | eetings | | | | 3,464. | | | | | | | 3,46 | <u>4</u> . |
| SCANNED | Operating and Administrative | 22 | Printing and publication | ons , | | | | | | | | L | | | | | _ |
| $\tilde{\mathcal{O}}$ | 먑 | 23 | Other expenses (attac | h sch | redule) ATC | Э.4 | | | 6. | | | | | \dashv | | | 6. |
| (C) | ≡ | 24 | Total operating and a | admıı | nistrative ex | cpenses | | | 0 100 | | 4 140 | 1 | | | | 4 07 | 0 |
| | ē | | Add lines 13 through | | | | | | 9,120. | | 4,142. | | | | | 4,97 | |
| (| - 1 | | Contributions, gifts, g | | • | | ļ | | 198,786. | | 1 1 4 0 | | | _ | | 198,78 | |
| | \neg | 26 | Total expenses and disburse | | • | 24 and 25 | | | 207,906. | <u> </u> | 4,142. | | | 0. | | 203,76 | - - |
| | : | 27 | Subtract line 26 from | | | | | | 10 040 | | | | | | | | |
| | | | Excess of revenue over e | | | | ļ | | -18,942. | | 9,810. | | | \dashv | | | _ |
| | | | Net investment incon | | _ | | | | | | 9,010. | - | | | | | - |
| | ┙ | С | Adjusted net income | (if ne | gative, ente | r-U-) | | | | l . | | | | | | | |

Form **990-PF** (2019)

Page 2

| Par | t II | Balance Sheets | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | E | End o | of year |
|----------------------|--------|---|--|---|---------------------------------------|----------------|---------------------------------------|
| | | | amounts only (See instructions) | (a) Book Value | (b) Book Value | | (c) Fair Market Value |
| - | 1 (| Cash - non-interest-beari | ng | 30,835. | 7,2 | | |
| | | | cash investments | 23,395. | 27,9 | 40. | 27,940 |
| - 1 | | Accounts receivable | | | | | |
| 1 | į | ess allowance for doul | btful accounts ▶ | | | | |
| 4 | | Pledges receivable | | | | | |
| | | _ | btful accounts ▶ | | | | |
| 5 | | | | | | \neg | |
| ١ | | | officers, directors, trustees, and other | | | \neg | |
| | | | ach schedule) (see instructions) | | | | |
| 7 | | | | | | | |
| | | | btful accounts ▶ | | | | |
| ပ္ကုန | | | e | | | \neg | |
| Ssets | | | eferred charges | | | \neg | |
| | | | e government obligations (attach schedule). | | - | \neg | |
| | | | stock (attach schedule) | | | \neg | |
| | | | bonds (attach schedule) | | | | |
| 11 | l fi | nvestments - land, buildings | b, | | " . | \neg | ! |
| - | L | and equipment basis less accumulated deprecia | · · · · · · · · · · · · · · · · · · · | | | | |
| 42 | | attach schedule) | | | | | |
| 12 | : II | nvestments - mortgage i nvestments - other (atta | loans | 1,061,023. | 1,295,09 | 51. | 1,295,051 |
| = 14 | = | and, buildings, and | ► ► | | | | - |
| | L | equipment basis less accumulated deprecia | tion > | | | | |
| 15 | | attach schedule) | · | | | \dashv | |
| 16 | | | completed by all filers - see the | | | \rightarrow | |
| '" | | • | age 1, item I) | 1,115,253. | 1,330,26 | 60.l | 1,330,260 |
| 1.7 | | | | | | | |
| 17 | | | ccrued expenses | | | \dashv | |
| / 18 // 18 | | · • | | | | | |
| 20 19 20 | | | | | | \dashv | |
| 19 20 21 22 | | | rs, trustees, and other disqualified persons | | | \dashv | |
| 명 2 1 교 2 2 | | | tes payable (attach schedule) | | | - | |
| _ 22 | | other habilities (describe | · · · · · · · · · · · · · · · · · · · | | | \dashv | · · · · · · · · · · · · · · · · · · · |
| 23 | т . | otal liabilities (add line | s 17 through 22) | 0. | | 0. | |
| $\overline{}$ | _ | | FASB ASC 958, check here | | | - | <u> </u> |
| Palances 24 25 | г 2 | end complete lines 24, | - · · · · · · · · · · · · · · · · · · · | | | | i i |
| Ĕ | | • | | | | i | |
| 24 | | vet assets without dono | r restrictions | | | \dashv | |
| 비 25 명 | · · | let assets with donor re | strictions | | <u> </u> | | |
| 26 | 7 | nd complete lines 26 thro | ollow FASB ASC 958, check here | | | | ' |
| | a | | | | | | |
| 0 20 | | • | apal, or current funds | _ | | \dashv | <u>'</u> |
| 27 | | | land, bldg , and equipment fund | 1,061,023. | 1,330,26 | 60 | |
| 28 | | • | lated income, endowment, or other funds | 1,061,023. | 1,330,26 | _ | <u></u> |
| 27 28 29 30 | | | balances (see instructions) net assets/fund balances (see | 1,001,023. | 1,330,20 | 30. | I |
| 2 30 2 | | | , | 1,061,023. | 1,330,26 | 60 l | |
| Por | | | ages in Net Assets or Fund Balar | | 1,330,20 | <u> </u> | |
| | | | nges in Net Assets or Fund Balar | | aust sares with | $\neg \tau$ | |
| | | | alances at beginning of year - Part II | | | , | 1,061,023 |
| | | | d on prior year's return) | | | 1 | -18,942 |
| | | | line 27a | • | | 2 | 288,179 |
| | | | ed in line 2 (itemize) ► ATCH 6 | | | 3 | |
| | | | | • | | 4 | 1,330,260 |
| | | eases not included in | | (man 5) D (1) 1 " | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 5 | 1 220 260 |
| r li | otal | net assets or fund ba | alances at end of year (line 4 minus) | ine 5) - Part II, column (b |), line 29 | 6_ | 1,330,260 |

Form 990-PF (2019)

| Page | 3 |
|------|---|
| aye | • |

| Pa | rt IV Capital Gains | and Losses for Tax on Inv | estment Income | | | | | | |
|----------|--|---|---|--|--|--------------------|--|--|--|
| | | example, real estate, shs MLC Co) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) | | | | |
| 1 a | | | | D - Donation | | - | | | |
| t |) | | | | | | | | |
| |) | | | | | | | | |
| | | | | | _ | - | | | |
| e | <u> </u> | | T | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) | | | | | |
| a | | | | 1 | | | | | |
| <u>b</u> | · | | · -· · -· · -· · · · · · · · · · · · · | | | | | | |
| | | | | | | | | | |
| e | | | | | | | | | |
| | | howing gain in column (h) and owned | by the foundation on 12/31/69 | (1) | Gains (Col. (h) ga | ein minus | | | |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | | (k), but not less t Losses (from co | han -0-) or | | | |
| a | | | | | · | _ | | | |
| b | | | | | | | | | |
| | | | | | | | | | |
| d | | | | | | | | | |
| e | | | 1 | | | | | | |
| 2 | Capital gain net income | or (net capital loss) | ain, also enter in Part I, line 7 | | | | | | |
| 3 | Not short torm capital a | ain or (loss) as defined in sections | oss), enter -0- in Part I, line 7 | 2 | | | | | |
| 3 | • • | art I, line 8, column (c). See ins | | | | | | | |
| | - | | | 3 | | | | | |
| Pa | | | duced Tax on Net Investment I | ncome | | | | | |
| Was | | the section 4942 tax on the distrib | outable amount of any year in the b | ase period | y? | Yes No | | | |
| | | 't qualify under section 4940(e) | | | | | | | |
| | (a) | | ar, see the instructions before mak | ng any en I | tries (d) | | | | |
| Cal | Base penod years | (b) Adjusted qualifying distributions | (c) Net value of nonchantable-use assets | | Distribution ra (col (b) divided by | | | | |
| Cai | endar year (or tax year beginning in) 2018 | · · · · · · · · · · · · · · · · · · · | | | (cor (b) divided by | COI (C)) | | | |
| | 2017 | | | | | | | | |
| | 2016 | | | | | | | | |
| | 2015 | | | | | | | | |
| | 2014 | | | | | | | | |
| | | | | | | | | | |
| 2 | | | | 2 | | | | | |
| 3 | • | * | le the total on line 2 by 5 0, or by | | | | | | |
| | the number of years the | foundation has been in existence | ıf less than 5 years | 3 | | | | | |
| 4 | Enter the net value of no | 4 | | | | | | | |
| 5 | Multiply line 4 by line 3. | | | 5 | | | | | |
| 6 | Enter 1% of net investm | ent income (1% of Part I, line 27b) | | 6 | | | | | |
| 7 | Add lines 5 and 6 | | | 7 | | | | | |
| 8 | | | ın Part VI, line 1b, and complete | | using a 1% tax | rate See the | | | |

JSA 9E1430 1 000

Form **990-PF** (2019)

10/1/2020 9:03:00 PM

| Pa | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions) | |
|----|--|----------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | |
| | here ▶ ☐ and enter 1% of Part I, line 27b | |
| 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-) | |
| 3 | Add lines 1 and 2 | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 4 | |
| 5 | Tax based on investment income Subtract line 4 from line 3 if zero or less, enter -0- | |
| 6 | Credits/Payments | |
| а | 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 761. | |
| b | Exempt foreign organizations - tax withheld at source | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c | |
| d | Backup withholding erroneously withheld 6d 6d | |
| 7 | Total credits and payments Add lines 6a through 6d | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here | |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | |
| 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 2020 estimated tax ▶ 565. Refunded ▶ 11 | |
| Pa | t VII-A Statements Regarding Activities | _ |
| 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? | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | |
| | instructions for the definition | |
| | 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 | |
| С | Did the foundation file Form 1120-POL for this year? | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | |
| | (1) On the foundation ▶ \$ (2) On foundation managers ▶ \$ | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | |
| | on foundation managers \$ | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | |
| _ | 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 | |
| | at the special state of the sta | |
| | big the regulation have directed business gross meeting of those during the year | |
| | Tres, has kined a tax return of Fronting year | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | |
| Ū | By language in the governing instrument, or | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | |
| | conflict with the state law remain in the governing instrument? | |
| 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 | |
| 8а | Enter the states to which the foundation reports or with which it is registered. See instructions. | |
| | HI, | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | |
| _ | (or designate) of each state as required by General Instruction G ² If "No," attach explanation | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | \wedge |
| | 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," | |
| | complete Part XIV | U |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | |
| | names and addresses | |
| | 5 000 PE (2010) | |

Form **990-PF** (2019)

| | rt 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 | | X |
| 13 | | 13 | X | |
| | Website address WWW.GCAHAWAII.ORG | | | |
| 14 | The books are in care of ▶ JUDEE CALARO Telephone no ▶ 808-833 | -168 | 1 | |
| | Located at ▶1065 AHUA STREET HONOLULU, HI ZIP+4 ▶ 96819 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | ▶ | $oxed{igsquare}$ |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2019, 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 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country ▶ | | | |
| Pai | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year, did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | | | ٠ ــ ت |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | 1 | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | İ | | |
| | the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" if the | | | |
| | foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) Yes X No | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in | | | |
| | Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | _ |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | _ | |
| | were not corrected before the first day of the tax year beginning in 2019? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | |
| а | At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines | | | |
| | 6d and 6e) for tax year(s) beginning before 2019? Yes X No | | | |
| | If "Yes," list the years 🕨 , , , , | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | | | _ |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | > | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or | i | | |
| | 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 Form 4720, Schedule C, to determine if the | | | |
| | | 1 2 6 | ı I | |
| | foundation had excess business holdings in 2019) | 3b | | |
| 4 a | foundation had excess business holdings in 2019) | 4a | | Х |
| | | | | - X |

| Гаг | t VII-B Statements Regarding Activities | s for which Form | 4/20 May Be Red | juireu (continueu) | | | |
|-----|---|---|---|--|-----------|-----------------------|-----------------|
| 5a | During the year, did the foundation pay or incur any an | | | - · · · · · · · · · · · · · · · · · · · | | Yes | No |
| | (1) Carry on propaganda, or otherwise attempt to infli | uence legislation (section | on 4945(e))? | . Yes X | lo 🗍 | | 1 |
| | (2) Influence the outcome of any specific public e | lection (see section | 4955), or to carry or | n, | | | - |
| | directly or indirectly, any voter registration drive?. | | | . Yes X N | lo | | |
| | (3) Provide a grant to an individual for travel, study, or | other similar purposes | , | . Yes X N | lo | | |
| | (4) Provide a grant to an organization other than | a charitable, etc., org | janization described i | n | | | 1 |
| | section 4945(d)(4)(A)? See instructions | | | | lo | | |
| | (5) Provide for any purpose other than religious, of | | | | | | |
| | purposes, or for the prevention of cruelty to children | n or animals? | | . Yes X N | lo | | ľ |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | e transactions fail to | qualify under the e | xceptions described | in | | |
| | Regulations section 53 4945 or in a current notice rega | ırdıng dısaster assistan | ce? See instructions. | | 5t | <u> </u> | |
| | Organizations relying on a current notice regarding disa | aster assistance, check | here | | · 🗌 🗀 | | |
| С | If the answer is "Yes" to question 5a(4), does the | e foundation claim e | xemption from the t | ax | | | |
| | because it maintained expenditure responsibility for the | grant? | | . Yes N | lo | | |
| | If "Yes," attach the statement required by Regulations | section 53 4945-5(d) | | | | ŀ | |
| 3 | Did the foundation, during the year, receive any fu | inds, directly or indir | ectly, to pay premiur | ms | | | |
| | on a personal benefit contract? | | | . Yes X N | lo | _ | |
| • | Did the foundation, during the year, pay premiums, dir | | | | . 6b | , | X |
| | If "Yes" to 6b, file Form 8870 | | | | | | |
| 3 | At any time during the tax year, was the foundation a | | • | | _ | - | |
|) | If "Yes," did the foundation receive any proceeds or ha | ave any net income attr | ibutable to the transact | ion ⁹ , | 7b | <u> </u> | $oxed{igspace}$ |
| | Is the foundation subject to the section 4960 tax on pa | • • • | | | | | |
| | remuneration or excess parachute payment(s) during the tylic Information About Officers, Director | | | | 0 | | <u> </u> |
| | (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 | (e) Expe | ense acco allowanc | unt, es |
| CH | 7 | • | 0. | 0. | ł | | 0 |
| | | | | | | | |
| _ | | · | | | | | |
| | | - | | | | | |
| | | · | | | | | |
| | | | | | | | |
| | | ` | | | | | |
| | Compensation of five highest-paid employees | (other than thos | a individual on ten | e 1 - see instruct | ions). If | none, | ente |
| | "NONE " | | e included on line | | | | |
| (a) | | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | | ense acco aflowanc | |
| | "NONE " Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |
| | "NONE " | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |
| | "NONE " Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |
| | "NONE " Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |
| | "NONE " Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |
| | "NONE " Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |
| | "NONE " Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |
| | "NONE " Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |
| | "NONE " Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | | (d) Contributions to employee benefit plans and deferred | | | |

Form 990-PF (2019) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficianes served, conferences convened, research papers produced, etc N/A Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount NONE 1 All other program-related investments. See instructions NONE

Form 990-PF (2019)

Form 990-PF (2019) Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., ourposes 1,155,459. 1a 83,293. 1b 1,238,752. e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 1,238,752. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)...... 18,581. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 1,220,171. 5 61,009. Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ▶ and do not complete this part) 61,009. 2a Tax on investment income for 2019 from Part VI, line 5 2a Income tax for 2019 (This does not include the tax from Part VI)._. 2b 196. 60,813. Distributable amount before adjustments Subtract line 2c from line 1. 3 Recoveries of amounts treated as qualifying distributions.......... 60,813. Deduction from distributable amount (see instructions)...... 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, 60,813. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 203,764. 1a 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., Amounts set aside for specific charitable projects that satisfy the 3b 203,764. Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 203,764.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form **990-PF** (2019)

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2019)

Page 9

| Part XIII Undistributed Income (see instruc | tions) | | | Page 9 |
|--|----------|---------------------|---------|---------------------------|
| | (a) | (b) | (c) | (d) |
| 1 Distributable amount for 2019 from Part XI, line 7 | Corpus | Years prior to 2018 | 2018 | 60,813. |
| 2 Undistributed income, if any, as of the end of 2019 | | | | |
| a Enter amount for 2018 only | | | 88,691. | |
| b Total for pnor years $20 \ 17$,20 \ 16 ,20 \ 15 | | 329,920. | |] |
| 3 Excess distributions carryover, if any, to 2019 | | | | |
| a From 2014 61,098. | | | | |
| b From 2015 127,158. | | | | |
| c From 2016 | | | | i |
| d From 2017 | | | | |
| e From 2018 | 480 800 | | | |
| f Total of lines 3a through e | 479,709. | | | |
| 4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 203,764. | | | | |
| a Applied to 2018, but not more than line 2a | | | 88,691. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | | | ı |
| c Treated as distributions out of corpus (Election required - see instructions) | | | | , |
| d Applied to 2019 distributable amount | | | | 60,813. |
| e Remaining amount distributed out of corpus | 54,260. | | | ı |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 533,969. | | | 1 |
| b Prior years' undistributed income Subtract | | 329,920. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | | | , , , , , |
| d Subtract line 6c from line 6b Taxable | | | | ŀ |
| amount - see instructions | | 329,920. | | |
| e Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see instructions | | | | |
| f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020 | | | | |
| 7 Amounts treated as distributions out of corpus | | | 1 | 1 |
| to satisfy requirements imposed by section | 1 | | | |
| 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) | | | | 1 |
| 8 Excess distributions carryover from 2014 not | | | | İ |
| applied on line 5 or line 7 (see instructions) | 61,098. | | | |
| 9 Excess distributions carryover to 2020 | | | |] |
| Subtract lines 7 and 8 from line 6a | 472,871. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2015 127,158. | ļ | | , | į |
| b Excess from 2016 89,502. | ŀ | | | |
| c Excess from 2017 113, 260. | | | | ł |
| d Excess from 2018 88, 691. | | | | |
| e Excess from 2019 54,260. | | | | form 990-PF (2019) |

Form **990-PF** (2019)

| Pa | rt XIV Private Op | erating Foundation | <u>s (see instructions a</u> | <u>and Part VII-A, ques</u> | stion 9) | NOT APPLICABLE |
|-----|--|---|------------------------------|---------------------------------------|--|---|
| 1 a | If the foundation has | | | | erating | |
| | foundation, and the rulin | • | | | ▶ | |
| | Check box to indicate v | | is a private operating | | in section 4 | 942(j)(3) or 4942(j)(5) |
| 2 a | Enter the lesser of the ad- justed net income from Part | Tax year | | Prior 3 years | | (e) Total |
| | I or the minimum investment | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | |
| | return from Part X for each | \ | Į. | | | |
| | year listed | | | | | |
| b | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part | | | | | |
| ч | XII, line 4, for each year listed . Amounts included in line 2c not | | | | | |
| Ŭ | used directly for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made | | | | | |
| | directly for active conduct of exempt activities. Subtract line | | | X | | |
| 3 | 2d from line 2c | | | | | |
| • | alternative test relied upon | | | | | |
| а | "Assets" alternative test - enter | | | | | |
| | (1) Value of all assets(2) Value of assets qualifying | | | <u> </u> | \ | |
| | under section | | | | | |
| h | 4942(j)(3)(B)(i) "Endowment" alternative test- | | / | | + | |
| Ü | enter 2/3 of minimum invest- | - 6-24 Dr. | ے سے ق | | | c |
| | ment return shown in Part X_{ε} | | | | | |
| _ | Ine 6 for each year listed "Support" alternative test - enter | | | | | |
| ٠ | (1) Total support other than | | | | | |
| | gross investment income | | | | | |
| | (interest, dividends rents, payments on secunties | | | | | |
| | foans (section 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general | | | | | |
| | public and 5 or more exempt organizations as | | | | | |
| | provided in section 4942 | | | | | |
| - | (3) Largest amount of sup- | | | - | | |
| | port from an exempt organization | | | | | ` |
| | (4) Gross investment income. | | | | | |
| Pa | | | | only if the found | dation had \$5,0 | 00 or more in assets at |
| | any time d | uring the year - see | instructions.) | <u></u> | | |
| 1 | Information Regarding | - | | | | |
| а | | | | | | eceived by the foundation |
| | before the close of any | tax year (but only if tr | ley have contributed i | more than \$5,000) (| See section 507(a) | (2)) |
| | N/A | | 100/ | | | |
| | | | | | | qually large portion of the |
| | ownership of a partner | amp or other entity) of | which the foundation | inas a 10% of greate | 51 111101031 | |
| | N/A | | | | | |
| 2 | Information Regarding | Contribution Grant | Gift Loan Scholard | an etc. Programs: | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | unsolicited requests for | ne roundation only i or funds. If the found: | nakes contributions | to preselected cha | iritable organizatio | ons and does not accept ns under other conditions, |
| | complete items 2a, b, c | | | anta, etc., to marviou | iais of organization | is under other conditions, |
| | The name, address, ar | · | | he nerson to whom ar | onlications should be | e addressed |
| Ī | ATCH 8 | ia tolophono nambor | or oman address or t | ne person to unioni ap | opilications should be | c addressed |
| b | The form in which appl | ications should be sub | mitted and information | on and materials the | v should include | |
| - | | | | | , | |
| | | | | | | |
| С | Any submission deadlir | nes | | | | |
| | | | | | | |
| | | _ | | | | |
| | | mitations on awards, | such as by geogr | aphical areas, charr | table fields, kinds | of institutions, or other |
| | factors | | | | | |

JSA 9E1490 1 000

Form 990-PF (2019)

10/1/2020 9:03:00 PM

Page **11**

| 3 Grants and Contributions Paid Du | ring the Year or App | roved for | Future Payment | |
|--|--|------------------------|----------------|---------------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | | Amount |
| Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| a Paid during the year | | | | |
| ATCH 9 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | • |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ^^4 = ♣ 3 0⊕ # 4 | * -> -> -> -> -> -> -> -> -> -> -> -> -> | x now ' | | (a) 2 a) a) a |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | <u> </u> | 198,786. |
| b Approved for future payment | 1 | | | 190,700. |
| T , , pp. 6 / 62 / 62 / 64 / 64 / 64 / 64 / 64 / | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | <u>I</u> | | ▶ 3b | |

| Part XVI-A Analysis of Income | e-Produc | ing Acti | vities | | _ | |
|--|-------------|---------------------|---------------------------------------|-----------------------|----------------------------|--|
| Enter gross amounts unless otherwise indic | ated | Unrela | ited business income | Excluded by | y section 512, 513, or 514 | (e) |
| Program service revenue | | (a) isiness code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See instructions) |
| a | <u> </u> | | | | | (OCC IIION GONOTIS) |
| b | | | ,,, | | | |
| С | | | | | | |
| d | I . | | | | | |
| e | | | | | | |
| f | | | | | | |
| g Fees and contracts from government as | gencies | | | | | |
| 2 Membership dues and assessments . | 🗀 | | | | | |
| 3 Interest on savings and temporary cash invest | tments - | | | | | |
| 4 Dividends and interest from securities | 15 | 23000 | 13,952. | | | |
| 5 Net rental income or (loss) from real esta | ate | | | | | |
| a Debt-financed property | | | | | | |
| b Not debt-financed property | | | - | | | |
| 6 Net rental income or (loss) from personal p | roperty | | | | | |
| 7 Other investment income | _ | 22000 | 5 100 | | | |
| 8 Gain or (loss) from sales of assets other than | inventory 5 | 23000 | -5,186. | | | |
| _ 9 Net income or (loss) from special events | I . | | | | | |
| 10 Gross profit or (loss) from sales of inven | | | | | | |
| 11 Other revenue a | | | | _ | | |
| b | | | | | | |
| c | | | · · · · · · · · · · · · · · · · · · · | | | |
| d e | — H | | | | <u>.</u> | |
| 12 Subtotal Add columns (b), (d), and (e) | | | 8,766. | | | |
| 13 Total Add line 12, columns (b), (d), and | | | | | 13 | 8,766. |
| (See worksheet in line 13 instructions to ve | | | | | | |
| Part XVI-B Relationship of Ac | ctivities t | o the Ad | complishment of Ex | empt Puri | ooses | · · · · · · · · · · · · · · · · · · · |
| | | | | | | |
| Explain bolow how each | | | | | | |
| accomplishment of the fo | unuation | s exempt | purposes (other than b | y providing | runus for such purpose: | s) (See instructions) |
| | | | | | | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | | | <u></u> - | _ | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | _ | . | |
| | | | - | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | | | |
| | | _ | | | | |
| | | | | | | |
| | · | | <u> </u> | | | |
| | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | _ | | | | |
| | | | | - | | Form 990-PF (2019) |

| Form 99 | 0-PF | (2019) | GCA EDU | CATION | FOUNDATI | ON | | | 99-030 | 3466 | Pag | ge 1 : |
|----------|---------------------------------|--|-----------------|--------------|------------------|-----------|--------|-------------------------------|---|---------|------|--------------------------|
| Part | XVII | Information R Organizations | egarding Tra | insfers to | and Tra | nsaction | s and | Relationships W | ith Noncha | ritable | е Ех | emp |
| 1r | n se | e organization direct ction 501(c) (other izations? | | | | | | | | | Yes | No |
| | - | realions? fers from the reportir | na foundation t | o a noncha | arıtable exer | not organ | zation | of | | | | |
| | | sh | • | | | | | | | 1a(1) | | Х |
| (: | 2) Ot | her assets | | | | | | | | 1a(2) | | X |
| | | transactions | | | | | | | | _ | | v |
| | | les of assets to a no | | _ | | | | | | | | X |
| | | irchases of assets fro ental of facilities, equi | | | | | | | | F . | | X |
| | | eimbursement arrang | | | | | | | | | | Х |
| (| 5) Lo | ans or loan guarante | es | | | | | | | 1b(5) | | Х |
| | | erformance of service | | | | | | | | | | X |
| | | ng of facilities, equipm | | | | | | | | | | X |
| | | answer to any of the of the goods, other | | | | | | | | | | |
| | | in any transaction of | | | | | | | | | | |
| (a) Line | | (b) Amount involved | 1 | | e exempt organ | | | escription of transfers, trai | | | | |
| | | N/A | | | | | N/A | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | - | | | | | |
| | | | | <u>-</u> | | _ | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | _ | | | | | | | <u> </u> | | | | |
| | | | | _ | | | | | | | | |
| | | | | | . | _ | | | | | | |
| | | | | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | |
| | | | | | | | | | | | | |
| đ | escri | foundation directly bed in section 501(c) s," complete the follow | (other than se | | | | | | Г | Y6 | es X |] No |
| | | (a) Name of organization | | | (b) Type of orga | anızatıon | | (c) Desc | cription of relations | hip | | |
| | | | | | | | | | | | | |
| | | <u></u> | | | <u> </u> | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Unde | r penalties of perjury, I decla ct, and complete Declaration of | | | | | | | | _ | | _ |
| Sign | ▶ ₹ | HERYL WALTHALI | reco | · <u> </u> 1 | 0/01/202 | 0 | EXE | CUTIVE VP | May the IRS discuss this retu with the preparer shown belo | | | return <u>celo</u> w? |
| Here | Signature of officer or trustee | | | Date Title | | | | | | | Yes | N |
| | L | Print/Type preparer's na | me | Pren | S SIGNATURA | | | Date | 01.11 | PTIN | | |
| Paid | | GARY Y MIYASH | | | | AIRO | | 10/01/2020 | CHECK [] II | P004 | 0479 | 7 |
| Prepa | irer | | GROUP HAW | AII, | ic. | | • | Firm's | | | | |

96839

Form **990-PF** (2019)

808-988-5757

Phone no

HONOLULU, HI

Use Only Firm's address ▶ P.O. BOX 62030

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Name of the organization
GCA EDUCATION FOUNDATION

Employer identification number

99-0303466

| | 75 0303400 | | | | | | |
|---|--|--|--|--|--|--|--|
| Organization type (check one | ;) | | | | | | |
| Filers of: | Section | | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | 527 political organization | | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| 77.50 6 - 6 2 : | 501(c)(3) taxable private foundation | | | | | | |
| Check if your organization is | covered by the General Rule or a Special Rule | | | | | | |
| | '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See | | | | | | |
| General Rule | | | | | | | |
| | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions. | | | | | | |
| Special Rules | | | | | | | |
| regulations under s 13, 16a, or 16b, and | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II | | | | | | |
| contributor, during | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | | |
| contributor, during t contributions totaled during the year for a General Rule applie | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| Caution: An organization that 990-EZ, or 990-PF), but it mus | isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its coertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | | |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

9E1251 1 000

Employer identification number 99-0303466

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contributio |
|--------------|--|----------------------------|---|
| 11 | GENERAL CONTRACTORS ASSOCIATION OF HAWAI 1065 AHUA STREET | - 170 170 | Person X Payroll |
| | HONOLULU, HI 96819 | - \$178,170. - | Noncash (Complete Part II for noncash contributions) |
| · (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for |

Name of organization GCA EDUCATION FOUNDATION

Employer identification number 99-0303466

| Part II | Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed | | | | | | | |
|---------------------------|---|--|----------------------|--|--|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | | | |
| | | \$ | | | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | | | | | |
| | | | | | | | | |
| | | \$ | | | | | | |

| Name of or | ganization GCA EDUCATION FOUNDATION | ON | | Employer identification number | | | | | |
|--------------------------|---|---|--|---|--|--|--|--|--|
| Part III | Exclusively religious, charitable, etc., | contributions to organizat | ons describe | 99-0303466 ed in section 501(c)(7), (8), or | | | | | |
| | (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions. | he year from any one con ons completing Part III, ente e year. (Enter this informatio | tributor. Com r the total of e | nplete columns (a) through (e) and exclusively religious, charitable, etc | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| Part I | | | | | | | | | |
| | · | (e) Transfer of gift | ŀ | | | | | | |
| | Transferee's name, address, and | 1 ZIP + 4 | Relationshi | p of transferor to transferee | | | | | |
| (a) No | | | | - | | | | | |
| (a) No from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | |
| | Transferee's name, address, and | Relationshi | p of transferor to transferee | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| (a) No from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | |
| | | | <u>-</u> | | | | | | |
| | | (e) Transfer of gift | | | | | | | |
| | Transferee's name, address, and | Relationshi | p of transferor to transferee | | | | | | |
| | Transferee 5 name, audie55, allu | | Keidilonsiii | y or transferor to transferee | | | | | |
| | | | | | | | | | |
| JSA | | | Sc | hedule 8 (Form 990, 990-EZ, or 990-PF) (2019) | | | | | |

| 99-0303466 IENT 1 | CHARITABLE | 1,508. | ATTACHMENT 1 PAGE 19 |
|----------------------|---|---------------------|--|
| ATTACHMENT | ADJUSTED NET INCOME | | |
| oje i ar v t obest | NET TINVESTMENT INCOME | | து ஆடி கட்டி ஆடி ஆட்டி இரும் பிரும் இரும் இர இரும் இரும் இர |
| 2019 FORM 990-PF | REVENUE AND EXPENSES PER BOOKS | 1,508. | |
| | ACCOUNTING FEES | TOTALS | 9:03:00 PM |
| CATION FOUNDATION | FORM 990PF, PART I - AC DESCRIPTION | G. USHIJIMA CPA LLC | 10/1/2020 |

GCA EDUCATION FOUNDATION

| | NET INVESTMENT INCOME | 3,920 | 3,920 |
|--|---|---------------|--------|
| FEES | REVENUE AND EXPENSES PER BOOKS | 3,920. | 3,920. |
| FORM 990PF, PART I - OTHER PROFESSIONAL FEES | | | TOTALS |
| 1 | | | |
| H | | | |
| PART | 1 | ω S | |
| 990PF, | DESCRIPTION | RAYMOND JAMES | |
| FORM | DESCR | RAYMO | |

0 0

ATTACHMENT 2

10/1/2020 9:03:00 PM

GCA EDUCATION FOUNDATION

99-0303466

ATTACHMENT

PART I - OTHER EXPENSES

FORM 990PF,

REVENUE AND EXPENSES PER BOOKS

. ف

<u>ان</u>

TOTALS

DESCRIPTION DCCA

9

10/1/2020 9:03:00 PM

| TION |
|-----------|
| FOUNDA |
| EDUCATION |
| GCA |

2019 FORM 990-PF

•

99-0303466

ATTACHMENT 5

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION

RAYMOND JAMES INVESTMENT

ENDING BOOK VALUE

ENDING

1,295,051.

1,295,051.

TOTALS

1,295,051.

1,295,051.

10/1/2020 9:03:00 PM

ATTACHMENT 5 PAGE 23

ATTACHMENT 6

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

NET UNREALIZED GAIN ON INVESTMENT

288,179.

TOTAL

288,179.

| 99-0303466 | | ACCT 1ER 1CES | .0 | | ·o | Ċ | ċ | 0 |
|--------------------------|---|---|---|--|--|--|--|--------------|
| | ATTACHMENT 7 | ONS EXPENSE ACCT AND OTHER ANS ALLOWANCES | . 0 | | | · | · 0 | 0 |
| | TA | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | | | | | | |
| ବ କ୍ରେମ | / sa * c | COMPENSATION | • • • • • • • • • • • • • • • • • • • | O | ್ ರ | ் ெ. இழுநு / வடைய | , , , , , , | O 000 |
| 2019 FORM 990-PF | FFICERS, DIRECTORS, AND TRUSTEES | TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION | PRESIDENT 1.00 | VICE PRESIDENT 1.00 | VICE PRESIDENT 1.00 | TREASURER 1.00 | SECRETARY 1.00 | GRAND TOTALS |
| GCA EDUCATION FOUNDATION | FORM 990PF, PART VIII - LIST OF OFFICERS, | NAME AND ADDRESS | THALIA CHOY 1065 AHUA STREET HONOLULU, HI 96ß19 | KEN SPENCE 1065 AHUA STREET HONOLULU, HI 96819 | WILLIAM WILSON 1065 AHUA STREET HONOLULU, HI 96819 | LORI ISARA 1065 AHUA STREET HONOLULU, HI 96819 | GLENN NOHARA 1065 AHUA STREET HONOLULU, HI 96819 | |

ATTACHMENT 8

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

UNIVERSITY OF HAWAII 2410 CAMPUS ROAD HONOLULU, HI 96822 808-956-8111

FORM IN WHICH APPLICATION SHOULD BE SUBMITTED AND INFORMATION THEY SHOULD INCLUDE:

NONE

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE

| FOUNDATION | |
|------------|--|
| EDUCATION | |
| GCA | |

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

2019 FORM 990-PF

99-0303466

ATTACHMENT 9 PAGE 27

10/1/2020

١

198,786

TOTAL CONTRIBUTIONS PAID

198,786

AMOUNT

PURPOSE OF GRANT OR CONTRIBUTION

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

UNIVERSITY OF HAWAII

HONOLULU, HI 96822 2410 CAMPUS ROAD

ă

SUPFORT EDUCATIONAL ACTIVITIES

ATTACHMENT 9