Form **990** (Rev January 2020)

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 2949316306609

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

Do not enter social security numbers on this form as it may be made publication.

Go to warm in a communication.

OMB No 1545-0047

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

Open to Public Inspection

A	Fo	or the	2019 calendar year, or tax year beginning	and	ending				
В	Ch ap	eck if plicable	C Name of organization			D Employer	identificatio	n number	
		Address change	-KAWAIAHAO CHURCH TRUST			[
No.	==	Name change	Doing business as			99-60	044333		
7	覀	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone			
إتن	╡	Final	P.O. BOX 3170, DEPT. 7	,	TIOOTII/3UILO	(808		4543	
 -		return/ termin- ated	City or town, state or province, country, and			G Gross receipts			,857.
36		Amende		- ·		H(a) Is this a		·	,057.
ĕ¦	==	return Applica-				7 ''	dinates?		X No
سر		Ition pending	111 SOUTH KING STREET,		68137	H(b) Are all subo			No No
DATE	T:					7 ' '		(see instruct	
			:: ► N/A	Timbertines To triagers		H(c) Group ex			10/13)
				sociation Other	I Year	of formation: 1			nicile: HT
ξÏ	Pai		Summary		1 72 7 941	<u> </u>	5 0 5 [W 0.0	to or logar don	
₹-	7		riefly describe the organization's mission or most	significant activities. SEE	SCHEDI	JLE O		-	
	ctivities & Governance	• -	,	<u></u>		<u> </u>			
	Ē	2 0	heck this box I if the organization discor	ntinued its operations or dispo	sed of mor	e than 25% of it	s net assets		
	S		lumber of voting members of the governing body				3		1
•	5		lumber of independent voting members of the gov				4		$\overline{}$
•	20		otal number of individuals employed in calendar y			_	5		0
;	E		otal number of volunteers (estimate if necessary)				6		0
;	ੀ ਫੋ		otal unrelated business revenue from Part VIII, co	lumn (C), line 12	TED	~0]	7a		0.
•	۲	Ь١	let unrelated business taxable income from Form	990·T, line 39	IVED	(w)	7b		0.
_	T			- RE	1978	(Prior Year		Current Yo	ear
	اه	8 (Contributions and grants (Part VIII, line 1h)		19	10/	0.		0.
	ξĺ	9 F	Program service revenue (Part VIII, line 2g)	10/ NON	, _	17	0.		0.
	Revenue	10 li	nvestment income (Part VIII, column (A), lines 3, 4	, and 7d)	N.	0 144,	067.	177	,220.
١	•	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c	, 9c, 10c, and 11e)	30512		0.		0.
_		12 T	nvestment income (Part VIII, column (A), lines 3, 4, other revenue (Part VIII, column (A), lines 5, 6d, 8c otal revenue - add lines 8 through 11 (must equal Grants and similar amounts paid (Part IX, column (Aspects paid to or for members (Part IX, column (Aspects paid to or for members (Part IX, column (Aspects paid to or for members (Part IX, column (Aspects paid to or for members (Part IX, column (Aspects paid to or for members (Part IX, column (Aspects paid to or for members (Part IX, column (Aspects paid to or for members (Part IX, column (Aspects paid to or for members (Part IX, column (A))	Part VIII, column (A), line 12		144,	067.	177	,220.
		13 G	irants and similar amounts paid (Part IX, column (A), lines 1-3)		239,	949.	86	<u>,067.</u>
		14 E	Benefits paid to or for members (Part IX, column (A	n), line 4)			0.		<u>0.</u>
	ន	15 5	Salaries, other compensation, employee benefits (I	Part IX, column (A), lines 5-10)	<u> </u>	56,	394.	<u>55</u>	<u>,802.</u>
	Expenses	16a F	Professional fundraising fees (Part IX, column (A), I	ine 11e)			0.		<u> </u>
	×		otal fundraising expenses (Part IX, column (D), line		<u>0.</u>				
'	"		Other expenses (Part IX, column (A), lines 11a-11d	•	<u> </u>		357.		<u>,530.</u>
			otal expenses. Add lines 13-17 (must equal Part I		<u> </u>	298,			<u>,399.</u>
-	<u>_</u>	19 F	Revenue less expenses Subtract line 18 from line	12		<u>-154,</u>			<u>,821.</u>
č	Balances				В	eginning of Curre		End of Ye	
ď			otal assets (Part X, line 16)	•	<u> </u>	<u>3,699,</u>		3,732	
Αta			otal liabilities (Part X, line 26)			2 600	0.	2 720	0.
_ Z	덾		let assets or fund balances Subtract line 21 from Signature Block	line 20		3,699,	325.	3,732	<u>,146.</u>
L.		rt II		unalisation annoncement and adult		neete and to the	2001 01 001 100		aliaf it is
			ties of perjury, i declare that I have examined this return, , and complete. Declaration of preparer (other than office				_	owieoge and b	ellei, it is
<u>tr</u>	ue,	Correct	and complete. Declaration of preparer (other than office	er) is based on all information of w	mich prepare	I flas arry knowler		2020	
_			Signature of officer			Date	1(//	70	
	ign		BANK OF HAWAII, TRUSTE	ㅁ					
	lere	3	Type or print name and title	<u> </u>	·				
-	_		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
: 0	aid		Fill by type preparer s name	r reparer s signature			ıf self-employed		
•			Firm's name	<u> </u>		Firm's	EIN >	' -	
	-		Firm's address			1 11113			
		,	, iiii o addiooo			Phone	e no.	^ -	
_	/av	the IP	S discuss this return with the preparer shown abo	ove? (see instructions)		1 11011	·	Yes	□ No
_		01 01-20			ions.				90 (2019)
ਚ	ンといし	01-26		, with ordered in 10th MPC					(_0 . 0)

	990 (2019) KAWAIAHAO CHURCH TRUST	99-6044333	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE ORGANIZATION DISTRIBUTES FUNDS TO OR FOR THE BENEFIT	T OF KAWATA	нао
	CHURCH, A HAWAII ELEEMOSYNARY CORPORATION, FOR THE PURP		
	MAINTAINING, RECONSTRUCTING, RENOVATING, REPAIRING AND	PRESERVING	THE
	MAIN CHURCH BUILDING KNOWN AS KAWAIAHAO CHURCH.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	\Ye	s X No
	if "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐_Ye	s 🗓 No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expens	es.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	· ·	
	revenue, if any, for each program service reported	sio, the total expended	, and
4-			
4a	(Code) (Expenses \$107, 261. Including grants of \$86, 067.) (Reven KAWAIAHAO CHURCH-BUILDING MAINTENANCE AND RENOVATION	ue \$	
	AWAIANAO CHORCH-BUILDING MAINTENANCE AND RENOVATION		
			
	16.		
4b	(Code) (Expenses \$	ue \$,
			
			
			·
4c	(Code) (Expenses \$) (Reven	nue \$	/
		- 	
			
	Other pressure convece /Describe on Schodule (1)		,
4d	Other program services (Describe on Schedule O))	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 107,261.		000 (0010)
		Form	990 (2019)

Form 990 (2019) KAWAIAHAO CHURCH TRUST
Part IV Checklist of Required Schedules

	r		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	_3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		_X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	<u>X</u>
8	Schedule D, Part III			х
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	_ 8		^
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			[
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
_	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	}	х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<u>L</u> _	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	٠		_ v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	├-	<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	1	v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_15	\vdash	X
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	' <i>''</i>		
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 		†
13	complete Schedule G, Part III	19	1	х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	T -	X
b	The second of th	20b		_ - -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	[
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	х	
			200	

Form	1 990 (2019) KAWAIAHAO CHURCH TRUST 99-60	44333	<u> </u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ŀ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		ŀ
	Schedule K If "No," go to line 25a	24a	1	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ــــــ	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	i		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ļ
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			i
	Schedule L, Part I	25b	ļ	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	+	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	_		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlle			
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ł		
_	instructions, for applicable filing thresholds, conditions, and exceptions)	i i		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			.
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b	+	X
·	"Yes," complete Schedule L, Part IV	00-		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	 	├ ^
-	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	+	
<u> </u>	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		1
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	 	† <u></u>
	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	,		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	2		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0		1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	1	

(gambling) winnings to prize winners?

Form **990** (2019)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			}
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
þ	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	_		١.,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
Þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a		٥-		- v
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_6a		X_
ь	were not tax deductible?	6b	}	
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	ļ	
h		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8	 	-
9	Sponsoring organizations maintaining donor advised funds.	_	1	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	╁	
b		9b	 	
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ł	ĺ	
11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		ì
	amounts due or received from them.)	1	1	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			ł
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	_13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.			
þ	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans	1		1
C		 	\vdash	
14a		14a	\vdash	X
b		14b	 	 -
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	1	X
40	If "Yes," see instructions and file Form 4720, Schedule N.	46	1	x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Ves " complete Form 4720. Schedule O.	16	1	<u> </u>
_	If "Yes," complete Form 4720, Schedule O	L	~ 000	10040

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 X X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records BANK OF HAWAII - (808)694-4543 96813 SOUTH KING STREET,

932008 01-20-20

Form 990 (2019)

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

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

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

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

Check this box if neither the organ (A)	(B)			(C Posi				(D)	(E)	(F)
Name and title	Average hours per	(do	do not check more than				one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week	officer and a director/trustee)			r/trus	tee)	from	from related	other	
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BANK OF HAWAII	1.00									
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Form 990 (2019)

Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghe	st C	ompensated Employee	es (continued)				
(A)	(B)			•)			(D)	(E)		(F)	
Name and title	Average		not c		more	than		Reportable	Reportable			nated	
	hours per week	box	, unle	ss pe	rson	s bot or/trus	han	compensation	compensation			unt of	
	(list any	$\overline{}$						from the	from related organizations			her ensatio	n
	hours for	Individual trustee or director				B			(W-2/1099-MIS	o l		n the	
	related	tee or	ıstee		ŀ	ensate		(W-2/1099-MISC)	(** = / ********************************	·		nzation	ł
	organizations	l tr	nstitutional trustee		oyee	Highest compensated employee				İ	and a	related	
	below	Mde	ttutto	Officer	Ē	hest (Ja W.			- 1	organ	izations	s
	line)	트	Ē	8	ã	꽃들	교						
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1b Subtotal								55,802.		0.			<u>o.</u>
c Total from continuation sheets to Part V	II, Section A							0.		0.			<u>o.</u>
d Total (add lines 1b and 1c)							<u> </u>	55,802.	<u> </u>	0.			0.
2 Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportable	•			_
compensation from the organization				-	_			···				es N	0
3 Did the organization list any former officer	dunatar talat						. b		Javaa aa	Г		es 1	10
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			Ney (amp	loye	e, o	riig	mest compensated emp	noyee on		3	١,	X
4 For any individual listed on line 1a, is the s			omo	ensa	atıor	anı	d of	her compensation from	the organization	<u> </u>	-3-	-+-	<u> </u>
and related organizations greater than \$15									ine organization	İ	4	١,	X
5 Did any person listed on line 1a receive or									dual for services	ľ			_
rendered to the organization? If "Yes," con					_		•	.			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest c	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensa	ation fro	m	
the organization. Report compensation for	the calendar y	/ear	end	ng v	vith	or w	rthi	n the organization's tax	year				
(A)								(B)		_	(C)		
Name and busines	s address	N	ON	E		_		Description of s	ervices		ompens	ation_	
			_										
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									1				
2 Total number of independent contractors	(including but i	not l	mite	d to	the	se li	 sted	d above) who received n	nore than				_
\$100,000 of compensation from the organ						0							
											Form 9	90 (20	19

Part VIII Statement of Revenue

			Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इ इ	1	<u>-</u>	Federated campaigns 1a		··			
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
اغ ي			Fundraising events 1c		l l			
ar A			Related organizations 1d					
S,E			Government grants (contributions) 1e					
Sign			All other contributions, gifts, grants, and					
E E			similar amounts not included above 1f					
		g	Noncash contributions included in lines 1a-1f					
<u>3 g</u>		h	Total. Add lines 1a-1f	•				
			В	usiness Code				
စ္ပ	2	а						
ه چ		b						
Sell		С						
e a		d						
Program Service Revenue		е						
م ا			All other program service revenue				<u> </u>	
-			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest	, and	400 644	400 644		
			other similar amounts)		109,644.	109,644.		
	4		Income from investment of tax-exempt bond pro-	ceeds			 	
	5		Royalties (i) Real	(II) Personal		-		
		_	_ - -	(ii) i ersoriai		i		
	6		Gross rents Less: rental expenses 6b					
			Rental income or (loss) 6c					
}			Net rental income or (loss)	-				
			Gross amount from sales of (i) Securities	(II) Other				
	•	_	assets other than inventory 7a 246,213.					
		ь	Less: cost or other basis					
9			and sales expenses 7ь 178,637.					
Revenue		С	Gain or (loss) 7c 67,576.	_				
æ		d	Net gain or (loss)		67,576.	67,576.		
ther	8	а	Gross income from fundraising events (not	Į				
ŏ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less. direct expenses					
			Net income or (loss) from fundraising events			·		
	9	а	Gross income from garning activities. See					
		4.	Part IV, line 19 9a Less. direct expenses 9b					
			Less. direct expenses Net income or (loss) from gaming activities		- -			
	10		Gross sales of inventory, less returns				 	
	10	a	and allowances					
		b	Less: cost of goods sold				Ì	
			Net income or (loss) from sales of inventory					
				Business Code				
Miscellaneous Revenue	11	а						
ane		b						
eve		С						
Ais.		d	All other revenue					
_		е	Total. Add lines 11a-11d	<u> </u>				
	12		Total revenue. See instructions		177,220.	177,220.	0.	5 000 (0040)

Par	t IX Statement of Functional Expens	es			
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX .		
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	_			
	and domestic governments. See Part IV, line 21	86,067.	86,067.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	55,802.	19,531.	36,271.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	•			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		 -		
9	Other employee benefits	·			
10	Payroll taxes				
11	Fees for services (nonemployees):			Ĭ	
a	Management				
b	Legal	2,375.	1,663.	712.	
C	Accounting	4,313.	1,003.	/12.	
ď	Lobbying Professional fundraising services. See Part IV, line 17				<u>-</u>
e 4	Investment management fees				
'	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOREIGN TAX WITHHELD	138.		138.	
b	INVESTMENT FEE	17.		17.	
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	144,399.	107,261.	37,138.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				

an	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X	(4)	- -	(P)
				(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			1	2,647
	2	Savings and temporary cash investments		86,782.	2	131,194
ļ	3	Pledges and grants receivable, net		3		
- 1	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or				
- {		trustee, key employee, creator or founder, subst	antial contributor, or 35%		1	
		controlled entity or family member of any of thes	e persons		5	
l	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described		6		
2	7	Notes and loans receivable, net		_7	<u>.</u>	
Clacck	8	Inventones for sale or use		8		
۲	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other				
ļ		basis Complete Part VI of Schedule D	10a			
ľ	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		3,612,543.	11	3,598,305
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		14		
ļ	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal	3,699,325.	16	3,732,146	
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
ļ	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
g	22	Loans and other payables to any current or form	ner officer, director,			-
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons		22	
ا ت	23	Secured mortgages and notes payable to unrela	ited third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated	d third parties		24	
ļ	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X			
- 1		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	
.		Organizations that follow FASB ASC 958, che	ck here 🕨 🗌			
es		and complete lines 27, 28, 32, and 33.				
<u> </u>	27	Net assets without donor restrictions			27	
g B	28	Net assets with donor restrictions			28	
ב ב		Organizations that do not follow FASB ASC 9	58, check here 🕨 🗓			
Į		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current funds		3,699,325.	29	3,732,146
set	30	Paid in or capital surplus, or land, building, or ed	juipment fund	0.	30	(
AS	31	Retained earnings, endowment, accumulated in	come, or other funds	0.	31	
Net Assets or Fund Balances	32	Total net assets or fund balances		3,699,325.		3,732,146
'	33	Total liabilities and net assets/fund balances		3,699,325.	33	3,732,146

Form 990 (2019)

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

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

KAWAIAHAO CHURCH TRUST 99-6044333 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(jiji). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. _____ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. X Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) 99-0075241 86,067 KAWAIAHAO CHURCH X 86,067. **Total**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

more than 33,1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2019

932023 09-25-19

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	x	I
1_	Α.	
2		x
3a		X
3b		
3c		
		7
<u>4a</u>	-	X
4b		
4c		
5a		х
5b 5c		
6		X
7		х
8_		X
9a		<u> </u>
9b		<u>x</u>
9c		X
10a		<u> </u>
10b m 990 or 9		2019

932025 09-25-19

За

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

trustees of each of the supported organizations? Provide details in Part VI.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 222 1 3,732. Net short-term capital gain Recoveries of prior-year distributions 2 0. 2 101,306 109,644. 3 Other gross income (see instructions) 113,376. 101,528 Add lines 1 through 3 4 0 . Depreciation and depletion 5 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 37,543 37,138. maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 0 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 63,985 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) 4,378,321. 4,481,782. a Average monthly value of securities 1a 87,707. 147,080 b Average monthly cash balances 1b 0 0. c Fair market value of other non-exempt-use assets 1c 4,525,401 4,569,489. d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other 0. factors (explain in detail in Part VI) 0 0. Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 3 4,525,401 4,569,489. Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 67,881 68,542. see instructions) 4 4,500,947. 4,457,520 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 5 156,013. 157,533. Multiply line 5 by 035. 6 0. Recoveries of prior-year distributions 7 0. 7 Minimum Asset Amount (add line 7 to line 6) 8 156,013 157,533. Section C - Distributable Amount Current Year 63,985. Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 54,387. Enter 85% of line 1 2 156,013. Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 156,013. Enter greater of line 2 or line 3 4 5 0. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 156,013. emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)

Schedule A (Form 990 or 990-EZ) 2019

Schee Par	t V Type III Non-Functionally Integrated 509			9-6044333 Page 7
ш	on D - Distributions	(a)(o) Supporting Orga	inzations (continued)	Current Year
	Amounts paid to supported organizations to accomplish exe	mpt purposes		86,067.
_	Amounts paid to perform activity that directly furthers exemp			00/00/
_	organizations, in excess of income from activity	parpoose of copperior		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		21,194.
4	Amounts paid to acquire exempt-use assets	<u> </u>	22/171	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6.	 		107,261.
8	Distributions to attentive supported organizations to which ti			
_	(provide details in Part VI) See instructions.	organia no respondino		86,067.
9	Distributable amount for 2019 from Section C, line 6			156,013.
	Line 8 amount divided by line 9 amount			55.17%
		(1)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			156,013.
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
ь	From 2015			
c	From 2016 214,757.			
d	From 2017 184,843.			
e	From 2018 255,517.			
f	Total of lines 3a through e	655,117.		
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			_ 156,013.
i	Carryover from 2014 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f	499,104.		
4	Distributions for 2019 from Section D,			
	line 7: \$ 107,261.			
_a	Applied to underdistributions of prior years			
_b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4	107,261.		
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in	Į l		
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c	606,365.		
_8	Breakdown of line 7			
_ a	Excess from 2015			
_ b	Excess from 2016 58,744.			
c	Excess from 2017 184,843.			
_ d	Excess from 2018 255,517.			
_е	Excess from 2019 107, 261.			<u> </u>

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047	2019	Open to Public	Inspection

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

Name of the organization	יי ייר מדיניר	HOLLO.					Employer identification number
Part General Information on Grants and Assistance	nd Assistance	KUSI					23-0044333
1 Does the organization maintain records to substantiate the amount of th	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	le grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for moni		of grant funds in the United States.	d States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	Domestic Organi \$5,000. Part II can	zations and Domestic be duplicated if additi	c Governments. C	omplete if the orga led	ınızatıon answered "\	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any dif additional space is needed	. IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
KAWAIAHAO CHURCH 957 PUNCHBOWL STREET	00_0075241	(1)(8)(1)(8)01	אמ	c			THE ORGANIZATION DISTRIBUTES FUNDS TO OR FOR THE BENEFIT OF
							1
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				•

Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

KAWAIAHAO CHURCH TRUST Schedule I (Form 990) (2019)

Page 2

99-6044333

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

PART I, LINE 2:

PROVIDES A DETAILED BUDGET KAWAIAHAO CHURCH THE SUPPORTED ORGANIZATION,

COPIES OF EACH EACH YEAR, ITEMIZING THE PROJECTED USE OF THE FUNDS. INVOICE SUBMITTED TO THE CHURCH FOR SERVICES RENDERED OR PURCHASES MADE ARE

CORPORATE TRUSTEE, PRIOR TO FUNDS BEING PROVIDED TO BANK OF HAWAII,

DISTRIBUTED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: KAWAIAHAO CHURCH

932102 10-26-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

Name of the organization

KAWAIAHAO CHURCH TRUST

Employer identification number 99-6044333

RAWAIANAO CHORCH IROSI 99-0044353
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE ORGANIZATION DISTRIBUTES FUNDS TO OR FOR THE BENEFIT OF KAWAIAHAO
CHURCH, A HAWAII ELEEMOSYNARY CORPORATION, FOR THE PURPOSES OF
MAINTAINING, RECONSTRUCTING, RENOVATING, REPAIRING AND PRESERVING THE
MAIN CHURCH BUILDING KNOWN AS KAWAIAHAO CHURCH. FUNDS MAY ALSO BE
DISTRIBUTED TO KAWAIAHAO CHURCH FOR GENERAL OPERATIONS, SALARIES,
PROMOTION OF RELIGIOUS BELIEFS AND OTHER THINGS REASONABLY RELATED TO
PRESERVING THE KAWAIAHAO CHURCH BUILDING AS A RELIGIOUS AND HISTORICAL
SITE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF BANK OF HAWAII AS CORPORATE
TRUSTEE. BEFORE IT IS FILED, THE TAX RETURN IS REVIEWED BY AN
ADMINISTRATIVE OFFICER OF THE CORPORATE TRUSTEE.
FORM 990, PART VI, SECTION B, LINE 12C:
BANK OF HAWAII, THE CORPORATE TRUSTEE, HAS A CONFLICT OF INTEREST POLICY
THAT APPLIES TO ALL EMPLOYEES, INCLUDING THE TAX OFFICERS, TAX CONSULTANTS
AND ADMINISTRATIVE OFFICERS. BANK OF HAWAII REQUIRES ALL EMPLOYEES TO
PARTICIPATE IN REGULARLY SCHEDULED TRAINING RELATED TO COMPLIANCE WITH
CONFLICT OF INTEREST AND OTHER RELATED POLICIES.
FORM 990, PART VI, SECTION B, LINE 15:
FORM 990, PART VI, SECTION B, LINE 15: THE TRUST DOCUMENT DESIGNATES THAT
THE TRUSTEE IS TO RECEIVE REASONABLE COMPENSATION IN ACCORDANCE WITH THE

TRUSTEE'S PUBLISHED FEE SCHEDULE. IN ESTABLISHING THE TRUSTEE'S FEE

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

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization KAWAIAHAO CHURCH TRUST	Employer identification number 99-6044333
SCHEDULE, CONSIDERATION WAS GIVEN TO THE DUTIES, LIABILIT	IES, AND EXPERTISE
OF THE CORPORATE TRUSTEE, AS WELL AS TO COMPARABLE FEES F	OR SIMILAR
SERVICES PROVIDED BY SIMILAR ORGANIZATIONS. THE PROCESS	OF ESTABLISHING AN
APPROPRIATE FEE AS "REASONABLE" WAS ALSO PRESENTED TO THE	HAWAII ATTORNEY
GENERAL, WHOSE OFFICE IS RESPONSIBLE FOR THE OVERSIGHT OF	'HAWAII'S
CHARITABLE TRUSTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE TRUST DOCUMENT AND ACCOUNT STATEMENTS ARE PROVIDED TO	THE BENEFICIARY
ORGANIZATION IDENTIFIED IN THE TRUST DOCUMENT (KAWAIAHAO	CHURCH). BANK OF
HAWAII, CORPORATE TRUSTEE, HAS A CONFLICT OF INTEREST POL	ICY, WHICH IS
AVAILABLE TO THE BENEFICIARY ORGANIZATION UPON REQUEST.	AUDITED FINANCIAL
STATEMENTS ARE NOT PREPARED FOR THE TRUST.	
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECT	CORS, ETC:
BANK OF HAWAII - 130 MERCHANT ST, HONOLULU, HI 96813	
	
	*

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

2019

OMB No 1545-0047

Open to Public Inspection Employer identification number 99-6044333 Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year End-of-year assets e Total income ਉ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) Primary activity KAWAIAHAO CHURCH TRUST Name, address, and EIN (if applicable) of disregarded entity Name of the organization Parti Part II

(g) Section 512(b)(13) ž × controlled entity? Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 170(B)(1)(A) Legal domicile (state or foreign country) HAWAII Primary activity CHURCH Name, address, and EIN of related organization KAWAIAHAO CHURCH - 99-0075241 957 PUNCHBOWL STREET HONOLULU, HI 96813

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

Schedule R (Form 990) 2019

99-6044333

Page 2

Schedule R (Form 990) 2019 KAWAIAHAO CHURCH TRUST

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

General or Percentage managing ownership Per No				ve related	Section 512(b)(13) controlled entity?			 	Schedule R (Form 990) 2019
General or managing partner? Yes No				one or mo	(h) Percentage ownership				e R (Form
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				, because it had	(g) Share of Peend-of-year or assets				Schedu
ortionate tions?				, line 34,			-	 	 -
			 	Part IV	(f) Share of total income				
(g) Share of end-of-year assets				m 990,	Share				
				es" on For	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income				ered "Y	Type o C corp				
	i			on answ				 -	
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		-		ganızatı	(d) Direct controlling entity				
(e) minant i ted, unre d from to ons 512				if the or					 27
Predc (rela exclude secti			 	mplete	(c) Legal domicile (state or foreign country)				2
(d) Direct controlling entity	:			ion or Trust. Co	ctivity	-			
			 	orporat tax yea	(b) rımary a	ļ			
(C) Legal domicile (state or foreign			 	as a Co	u.				
(b) Primary activity				janizations Taxable	Zc				
(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	(a) Name, address, and EIN of related organization				932162 09-10-19
		1 1		•					932

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	•				Yes	Š
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons with one or more re	lated organizations listed	ın Parts II:IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	ıty			1		×
b Gift, grant, or capital contribution to related organization(s)				4	×	
c Gift, grant, or capital contribution from related organization(s)	•			10		×
d Loans or loan guarantees to or for related organization(s)				1d		×
e Loans or loan guarantees by related organization(s)				1		×
 Dividends from related organization(s) 				=		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				th		×
i Exchange of assets with related organization(s)				Ę		×
j Lease of facilities, equipment, or other assets to related organization(s)				÷		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related org	related organization(s)			=		×
m Performance of services or membership or fundraising solicitations by related org	related organization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			1n		×
 Sharing of paid employees with related organization(s) 				10		×
p Reimbursement paid to related organization(s) for expenses				đ		×
q Reimbursement paid by related organization(s) for expenses				19		×
 Other transfer of cash or property to related organization(s) 				=	1	×
s Other transfer of cash or property from related organization(s)				1s		×
2 if the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	us line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	voived		
(1)						
(2)						
(6)						
(4)						
(9)				:		
(9)				i		
832163 08-10-19	28		Schedule R (Form 990) 2019	R (Form	(066	2019

Page 4

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

					[1]	1	5	27	3
(a) Name address and FIN	(b) Primary activity	(c)	Predominant income partners sec	Share of	(9) Share of	Olspropor-	Code V-UB!	General or	رم) Percentage
of entity		(state or foreign country)	(related, unrelated, 501(c)(3) excluded from tax under orgs?		end-of-year assets	allocations?	thorst amount in box 20 managing ownership of Schedule K-1 partner?	managing partner?	ownership
						3			
		,							
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Schedule R (Form 990) 2019

Schedule R	1 (Form 990) 2019	<u>KAWAIAHAO</u>	CHURCH TRUST	99-6044333 Page 5
Part VII	(Form 990) 2019 Supplemental Info	ormation		
L	Provide additional inform	mation for responded to	o questions on Schedule R See instructions	
	Provide additional mion	mation for responses to	o questions on schedule in See instructions	
		_ 		
		-		
	-	· _		
				
				
				
		 _		
				