"E" : "TILTE JUL 1 5 2020

(Rev. January 2020)

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990for instructions and the latest information. Inspection Internal Revenue Service , 2019, and ending A For the 2019 calendar year, or tax year beginning . 20 D Employer identification number C Name of organization B Check If applicable JOHN T WATERHOUSE T/E CO-TR PUNAHOU 99-6048709 Doing business as Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number /O FHB; PO BOX 3708 808 525-8119 initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ HONOLULU, HI 96811 G Gross receipts \$ .373.818 H(a) is this a group return for subordinates? F Name and address of principal officer ALEXANDER C WATERHOUSE JR 96811 H(b) Are all subordingtes Inclu C/O FHB; PO BOX 3708 HONOLULU X | 501(c)(3) If "No," attach a list. (see instructions) Tax-exempt status 501(c) ( (insert no ) 4947(a)(1) or Website ► N/A H(c) Group exemption number X Trust L Year of formation 1984 M State of legal domicile HI Form of organization Corporation Association Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE FINANCIAL SUPPORT FOR PUNAHOU SCHOOL Governance 2 Check this box 🕨 💹 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 NONE Total number of individuals employed in calendar year 2019 (Port 5 6 Total number of volunteers (estimate if necessary) . J. . . RECEIVED NONE 6 NONE 7a Total unrelated business revenue from Part VIII, column (Q, line b Net unrelated business taxable income from Form 990 to ine 391 NONE **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . . . Program service revenue (Part VIII, line 2g) . . . . . ...OGDEN, U 590,275 743.457 Investment income (Part VIII, column (A), lines 3, 4, and 70). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . 590,275 743,457 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 811,176 806,322 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 227,868 225,479 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10). . . . . . . 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 12,016 12,218. 1,<u>051,060</u> 1,044,019 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . -460,785 -300,562 Revenue less expenses Subtract line 18 from line 12 . . . . . . ة ة ة **Beginning of Current Year End of Year** 18,793,173 18,503,985 20 Total assets (Part X, line 16) . . . . . . . . . . . . . 21 NON NONE Total liabilities (Part X, line 26) . . . . . . . . 22 Net assets or fund balances Subtract line 21 from line 20. 18.793. 173 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 05/08/2020 Sign Signature of officer Here JOHNNEL NAKAMURA, Vice President Type or print name and title Print/Type preparer's name signature Check Paid self-employed ERIC W. COURSEY 05/08/2020 P00387963 Preparer Firm's name ERNST & YOUNG U.S. Firm's EIN 34-6565596 Use Only PA 15222 Firm's address ▶ 2100 ONE PPG PLACE: PITTSBURGH Phone no 412-644-5302

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2019)

X Yes

No

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For	m 990 (2019) P	age 2
P	Statement of Program Service Accomplishments	
-	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
•	PROVIDE FINANCIAL SUPPORT FOR PUNAHOU SCHOOL	
	THE TEMPORE OF THE TOTAL POLICE OF THE TEMPORAL PROPERTY OF THE TEMPORA	
_		
2		No
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program	
3		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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot the total expenses, and revenue, if any, for each program service reported.	
	(Code: ) (Expenses \$ 865,745. including grants of \$ 806,322.) (Revenue \$ )	
	GENERAL SUPPORT PUNAHOU SCHOOL	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)	
		<del></del> -
	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses \$ 9.65, 745	

_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		١.,	
_	complete Schedule A	1	X	<u> </u>
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	ļ	γ
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ł	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>  }</u>
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		١,
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<b>├</b> ─	2
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	1_	ľ	Ι,
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	<b> </b>	
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1		Ι,
	"Yes," complete Schedule D, Part I	6		7
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	ł	١.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<u>_7</u>	<u> </u>	_2
	tid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			] _
	complete Schedule D, Part III	8	<u> </u>	<u></u> >
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		ŀ	١.
	ebt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	_2
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	/II, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	omplete Schedule D, Part VI	11a		1 2
	old the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			١.
	f its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	2
	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		<u> </u>
	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 167 If "Yes," complete Schedule D, Part IX	11d		2
	the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	11e		2
	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></u> 2
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.	[	[ _
	Schedule D, Parts XI and XII	12a		<u> </u>
	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	<u> </u>	Σ.
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_}
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_}
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ł		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		}
i	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_}
I	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		_2
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
			990	

Part	V 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 27 If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ĺ	ĺ
	employees? If "Yes," complete Schedule J	23		Х
24-		23		
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
C	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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ ,	Х
_		234		
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ŀ		l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	, ,	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	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% controlled entity (including an employee thereof) or family member of any of these			
				v
	persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
50	conservation contributions? If "Yes," complete Schedule M	30		X
		_	-	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	$\longrightarrow$	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	· · · · · · · · · · · · · · · · · · ·	-54	$\longrightarrow$	
U	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254	İ	v
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ľ	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			X
	1.		Yes	No
			165	1
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		ŀ	1
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ļ	1	1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
JSA 9E1030		Form	990 (	2019)
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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Euro Buream	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1.70	1	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	257	- 1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		ocarissas, vieu
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	7	<u> </u>	343
3a	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		
	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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	*	2/1	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
	gifts were not tax deductible?	6b	40.00	3009-000570
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
	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		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	,		х
	required to file Form 8282?	7c		^_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	2020	X
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		<del></del>
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
_	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
8	sponsoring organizations maintaining donor advised rands. Bid a donor advised rand maintaining by the sponsoring organization have excess business holdings at any time during the year?	8	DAMASS NO.	**********
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	1	4	
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		ď.	
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		200	لتنا
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Zigeren.	ZXXXXXX
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	3	<b>3</b> 00	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	3/2	- C.
	Note: See the instructions for additional information the organization must report on Schedule O.			-
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		<u> </u>	
	the organization is necessary as many plane			
	Litter the amount of reserves on mand I I I I I I I I I I I I I I I I I I I	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O · · · · · ·			_
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		Х
		2		6
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	43451111116	X
16	Is the organization an educational institution subject to the section 4968 excise tax on het investment income?  If "Yes," complete Form 4720, Schedule O.	1500	Š	
	n res, complete i orin 4720, conculie o.		000	(0040

Part	VI • Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Soot	ion A. Governing Body and Management	• • •	• • •	<u> </u>
Ject	ION A. Governing body and management		Yes	No
•-	Enter the number of voting members of the governing body at the end of the tax year.	<b>\$</b>	4.25	200
18	Enter the number of voting members of the governing body at the end of the tax year			
	if the governing body delegated broad authority to an executive committee or similar			6.3
	committee, explain on Schedule 0  Enter the number of voting members included on line 1a, above who are independent			13.3
_	Litter the number of voting members included on line 12, 200ve, who are independent 1.1.1.			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
_	any other officer, director, trustee, or key employee?	<del></del> -		_ <u>~</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		х
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4	t	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		_ <del>^</del>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		x
	one or more members of the governing body?	7a		
Þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
_	stockholders, or persons other than the governing body?	<b>100</b>	23.55	TO NO.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		é ross	
	the year by the following:	8.	X	
a	The governing body?	8a 8b	X	<del>                                     </del>
ь	Each committee with authority to act on behalf of the governing body?	85	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sant	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue		<u>.                                     </u>	
Ject	on b. Poncies (This Section & requests information about poncies not required by the internal nevenue	CODE	Yes	No
40-	Did the secondary has a level of a start through a section of the secondary of the secondar	10a		Х
	Did the organization have local chapters, branches, or affiliates?	100		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10Ь		ł
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	- W. C.	34.188	Terry
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	الطناك مسم	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			<del>                                     </del>
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С		12c		1
40	describe in Schedule O how this was done	13		X
13	Did the organization have a written whistleblower policy?	14		X
14	Did the organization have a written document retention and destruction policy?	\$ 1.5 4.5	B. 1684.	1000
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	200
a	The organization's CEO, Executive Director, or top management official	15b	X	_
þ	Other officers or key employees of the organization		A. 35%	<u> </u>
40-	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	16a	<u> </u>	X
	with a taxable entity during the year?	<b>188</b>	¥ •©	W.
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	200	
Secti	on C. Disclosure	100		—
17 18	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	1900	ion F	01/01
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Seci	1011 0	01(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
10		ina.	oot -	بجنام
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	ıntei	est p	опсу,
20	and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records FIRST HAWAIIAN BANK TEL: (808) 525-8119	<b>&gt;</b>		
JSA	999 BISHOP STREET; HONOLULU, HI 96813	Form	990	(2019)
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PΩ	n	Δ	

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

### 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.

(A) Name and title  (1) ALEXANDER C WATERHOUSE JR CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE (4)		l		((	2)					
(1) ALEXANDER C WATERHOUSE JR CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	(B)			Pos	tion			(D)	(E)	(F)
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	Average	(do n	ot ch	eck	more	than o	ne	Reportable	Reportable	Estimated amount
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	hours	box,	unles	ss pe	person is both an			compensation	compensation	of other
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	per week	office	r and	and a director		r/trustee)		from the	from related	compensation
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	(list any hours for	유표	Ins	Officer	Ke)	en aF	ਰੂ	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	related	Individual or director	Ē	IC9r	191	p hes	Former	(44-2) 1035-14113C)	(44-27 1033-141130)	related organizations
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	organizations	or all	ion		Key employee	69/				
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	below	Individual trustee or director	aj tri		уөө	, m				
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	dotted line)	66	Institutional trustee			Highest compensated employee				
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE						ited				
CO-TRUSTEE (2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE										
(2) ETHAN ABBOTT CO-TRUSTEE (3) FIRST HAWAIIAN BANK CRUSTEE	<u> </u>	Х						56,328.	NONE	NON
CO-TRUSTEE (3) FIRST HAWAIIAN BANK RUSTEE										
RUSTEE		Х						NONE	NONE	NON
(4)			X					NONE	NONE	NONNON
								,		
(5)								-		
(6)										
(7)										· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·										
(8)										
(9)										
0)	<u> </u>									
1)	I		$\dashv$							
2)				$\dashv$						
3)				-						
4)										

Part VII Section A. Officers, Directors, Tru	stees, Key	Em	olq	yee	s, a	nd H	igh	est Compensate	d Employ	ees (co	ontinued)	
(A) Name and title	(B) Average hours	box,	unle	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation	(E) Reporte compens	ation	(F) Estimated amou	
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		compensation from the organization ar related organizat	nd
(15)					-							
(16)												
(17)												
(18)					_		_					
(19)					_							
(20)												
(21)												
(22)												
(23)			_						<del></del>			
(24)												
(25)							Н					
1b Subtotal	ection A .					• • •	<b>, ∀ ∀</b>	56,328.		NONE	N.	ION
Total number of individuals (including but no reportable compensation from the organization)	ot limited to	thos					who				<u> </u>	<u>/ / / / / / / / / / / / / / / / / / / </u>
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sched	fficer, dire	ctor,	tru						t compen	sated		No X
4 For any individual listed on line 1a, is the organization and related organizations grandvidual	sum of re eater than	portal 1 \$15	ole 50,0	con 1007	npei	nsatio f "Ye	n a	nd other compens			4	X
5 Did any person listed on line 1a receive or for services rendered to the organization? If ")								_			5	X
Section B. Independent Contractors  1 Complete this table for your five higher												
compensation from the organization. Report  (A)	compensa	tion 1	or 1	the	cale	endar	yea	er ending with or (B)	within the	organi	(C)	:аг.
Name and business addre	ess							Description of serv	rices		Compensation	_
							<u> </u>					
2 Total number of independent contractors						_		those listed abov	/e) who			
received more than \$100,000 of compensations ISA 951050 2 000	n from the	orga	niza	tion	_	0	1				Form <b>990</b> (20	019)

Part VIII<sup>2</sup> Statement of Revenue

		Check if Schedul	e O c	ontains a resp	onse or note to a	ny line in this Part	VIII <u></u> .	<u></u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
स र	1a	Federated campaigns		18			La Silvania		
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues		11					
عَ ق	c	Fundraising events -		10			2 - 15 miles		
ifts	d	Related organizations		10	1			* * *	
ج الح	e	Government grants (co	ontribu	itions) 1e			2.8.5.2		
Sign	f	All other contributions	, gıfts,	grants,			5 Sec. 65	1.0	
e të		and similar amounts not	ınclude	ed above . 1f					
들	g	Noncash contributions	inclu	ded in	1		Table File 4		9
a a	İ	lines 1a-1f		15	\$		The second second second	monadements (* 1930)	
<u>ي</u> ق	h	Total. Add lines 1a-1f	<u></u>	<u> </u>	<u> ▶</u>	Colonia Colonia del Colonia del Colonia Coloni		3 A S	3
-					Business Code		5 3 3 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
Service nue	2a				_	<del></del>			· · · · · · · · · · · · · · · · · · ·
e e	b				-		ļ. <u> </u>		
am Ser evenue	c	·			-	<del> </del>	<del></del>		
<u> </u>	d	<del></del>			-	<del> </del>	<del> </del>		
Program Rever	е				-		<del></del>	<del></del> -	
α.	f	All other program serv				<u> </u>	28		7.4.3.174
_	<u>g</u> 3	Total Add lines 2a-2f		-		<del>                                     </del>	99-177-200-00-00-00-00-00-00-00-00-00-00-00-00	500 444 0 73 44 23 444 0 V	26/16/47/2000
		Investment income other similar amounts)		•		636,163.			636,163
	4	Income from investme			_	00072001			<u> </u>
	5	Royalties							
		•		(ı) Real	(ii) Personal	5.0	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.0
	6a	Gross rents	6a						
	ь	Less: rental expenses	6b						
	c	Rental income or (loss)	6c			F Territoria			
	d	Net rental income or (I	oss) -	<u>,</u>	<u> ▶</u>				
	7a	Gross amount from		(i) Securities	(ii) Other		100		
		sales of assets			_		a section		
	1	other than inventory	<u>7a</u>	1,737,65	55	4			
9	Ь	Less cost or other basis							9.00
Revenue	]	and sales expenses • •	J —	1,630,36		4			
<b>B</b> e	C	Gain or (loss)		107,29		107 204	107 204	ST PHYSICAL SACRETS	<u> </u>
Other	ď	Net gain or (loss)			<u> ▶</u>	107,294.	107,294.	200	
횽	8a			fundraising					
		events (not including \$		<del></del>		Page 15 (20)			
	1	of contributions rep		1 -					
		1c) See Part IV, line 1st Less: direct expenses			1				
	b	Net income or (loss) for				Manual Mills A teach of the		OTT CONTRACT OF THE CONTRACT O	# - D. course, and an account of the contract of
	9a		from	gaming		\$450 E 17#21			Y 2 Y 7 W
	**	activities See Part IV, I			a				
	ь	Less direct expenses		9	b				31/12
	С	Net income or (loss) to			s <b>&gt;</b>				
	10a	Gross sales of	invent	ory, less					12.00
		returns and allowances		· .	)a				
	b	Less cost of goods sol							
	С	Net income or (loss) from	om sal	es of inventory		\$-46-5000, \$1.500, \$50, \$1.5000, \$1.500	BENEVAL STREET OF NOVAMBLE PROJUBLISH	ONE WAR IN THE WAY OF THE PARTY	A CAMPAGE / / NAME AND ARREST OF THE PARTY O
S					Business Code				
Miscellaneous Revenue	11a				_				
llan /en	b	<del></del>			-	<del>                                     </del>	<del> </del>		<del></del>
Rev	c				-		<del> </del>		<del></del>
Ž	d	All other revenue						**************************************	
	<u>е</u> 12	Total Add lines 11a-1				743,457.	107,294.	**************************************	\$742.70, ADDITIONAL 4 55/4, PURE CONT. PRIS
15.4	14	Total revenue. See ins	LIUCUO	113	· · · · · · · •	143,43/.	101,474.		<u>636,16</u> 3

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must

Sec	ction 501(c)(3) and 501(c)(4) organizations mu				
	Check if Schedule O contains a resp			· · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, 7b, 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	806,322	806,322.		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign			<b>可以为为人</b>	
	organizations, foreign governments, and foreign	<b>\</b>			
	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	225,479	<u>. 56,370.</u>	169,109.	
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 safaries and wages		<del>                                     </del>		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				<del></del>
	Other employee benefits				
10	Payroll taxes		<del> </del>		
	Fees for services (nonemployees)				
	Management				<del></del>
	Accounting	1,651	413.	1,238.	<del></del>
	Lobbying	1,031	115.	1,230.	
	Professional fundraising services See Part IV, line 17.		18 (3) (4) (4) (4) (4) (4) (4) (4)	Y-15 Company	
	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25, column				
Ī	(A) amount, list line 11g expenses on Schedule O)	10,567	2,642.	7,925.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	ļ_ <b>_</b>			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<del></del>
	Conferences, conventions, and meetings	ļ <del>.</del>			
	Interest		<u> </u>		
21	Payments to affiliates	·		<u> </u>	<del></del>
	Insurance		-		
	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 O)				
а					
b					
C					
ď					
0	All other expenses				
	Total functional expenses Add lines 1 through 24e	1,044,019.	865,747.	178,272.	NONE NONE
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				,
	following SOP 98-2 (ASC 958-720)				

# Form 990 (2019) Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X . . . . . . . . . (B) (A) End of year Beginning of year

	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	555,720.	2	380,228.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,	\$9.73 (2.50 E.C. 10.50	2952	100-100 (CO. 100 (CO.
	7	•			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	EVENDO A PRODUCTION OF THE PRO	5	TO STATE OF THE PARTY OF THE PA
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	L
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other	7.7		
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	18,237,453.	11	18,123,757.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	<del></del>	13	<del> </del>
	14	Intangible assets		14	<del></del>
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,793,173.	16	18,503,985.
	17	Accounts payable and accrued expenses	10,775,175.	17	10,303,303.
	18			18	
		Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		_	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	740000 COMMON OF THE COMMON CO	<b>21</b>	
Liabilities	22	Loans and other payables to any current or former officer, director,			
養		trustee, key employee, creator or founder, substantial contributor, or 35%			
ia:		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	NONE	26	NONE NONE
S		Organizations that follow FASB ASC 958, check here ▶		<b>9</b>	
ဥ		and complete lines 27, 28, 32, and 33.			
<u> </u>	27	Net assets without donor restrictions		27_	
ã	28	Net assets with donor restrictions		28	
٤		Organizations that do not follow FASB ASC 958, check here ► X			
Ē		and complete lines 29 through 33.			
Ö	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
A ss	31	Retained earnings, endowment, accumulated income, or other funds	18,793,173.	31	18,503,985.
ਛ	32	Total net assets or fund balances	18,793,173.	32	18,503,985.
Ž	33	Total liabilities and net assets/fund balances	18,793,173.	33	18,503,985.
_					

18,503,985. 18,503,985. Form 990 (2019)

Part					[X]
	Check if Schedule O contains a response or note to any line in this Part XI	1	<del></del>		<u></u> , 457 .
1	Total revenue (must equal Part VIII, column (A), line 12)	2	<del>                                     </del>	$\frac{745}{1,044}$	
2	Total expenses (must equal Part IX, column (A), line 25)	3	<del>                                     </del>		,562.
3	Revenue less expenses. Subtract line 2 from line 1		1	8,793	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<del>├</del>	0,133	,113.
5	Net unrealized gains (losses) on investments	5_			
6	Donated services and use of facilities	6	<del></del>		
7	Investment expenses	7_	<del></del>		
8	Prior period adjustments	8	<b></b>		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u>11</u>	,374.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1	<u>8,503</u>	<u>, 985</u> .
Part	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				_ـــــــــــــــــــــــــــــــــــــ
			_	Ye	s No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		<del>?</del>		
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaii	n in		
	Schedule O.		į		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were com		13	35.3	
	reviewed on a separate basis, consolidated basis, or both:		30 m		
	Separate basis Consolidated basis Both consolidated and separate basis		, in the second		
			*	2b	X
D	Were the organization's financial statements audited by an independent accountant?		Þ		13 TOWN
	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	eu c	// a		<b>、 影響</b>
			ş	y high a little of	7 J. J.
					فنستفظ سن
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			2c	
	the audit, review, or compilation of its financial statements and selection of an independent accountai				8° 255
	If the organization changed either its oversight process or selection process during the tax year, ex	plair	ion j	**************************************	34 89 S
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for			_	
	Single Audit Act and OMB Circular A-133?			3a	<u> </u>
	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ergo	the	3b	

### **SCHEDULE A** (Form 990 or 990-EZ)

# **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/Form990for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization JOHN T WATERHOUSE T/E CO-TR PUNAHOU Employer identification number 99-6048709

00	1111	1 WAITIMIK	<u> </u>	O III I DIMIOO	<u>'                                      </u>				3040703
Pai	rt l	Reason f	or Public Cha	arity Status (All o	organizations must	complet	e this p	art.) See instruction	S.
The	orga	anization is n	ot a private fou	ndation because it	is: (For lines 1 through	jh 12, ch	eck only	one box.)	1
1		A church, co	onvention of ch	urches, or associa	tion of churches desc	ribed in s	section	I 70(b)(1)(A)(i).	16
2		A school de	scribed in secti	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 99	0-EZ).)	
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
		·	me, city, and s	•	<b>,</b>				, ,
5			•		a college or univers	ity owne	d or one	erated by a governme	ental unit described in
•		-		Complete Part II)	a comogo or amvoro	,	а с. ср.		
6		1		•	rnmental unit describe	d in sem	ion 170	(b)(1)(A)(v)	
7	$\vdash$	-	•	_					om the general public
•	ш	_		)(1)(A)(vi). (Compl	•	appoit ii	om a gc	verninental and or in	on the general public
۰		_		· · · · · · · · · · · · · · · · · · ·	b)(1)(A)(vi). (Complet	o Part II )			
8 9	$\vdash$		•					Lun noniumation with a	land areat college
J	ш	_		_				I in conjunction with a	
			or a non-land-	grant college of ag	riculture (see instruct	ions). En	ter the n	ame, city, and state of	the college or
		university:				<del></del>			<u> </u>
10		receipts from support from	n activities rela n gross investn	ited to its exempt f nent income and u	unctions - subject to (	certain ex able inco	ceptions me (less	ntributions, membersh s, and (2) no more tha section 511 tax) from e Part III)	n 331/3% of its
11		An organizat	tion organized	and operated exclu	usively to test for pub	lic safety	See sec	tion 509(a)(4).	
12	X	An organiza	tion organized	and operated excl	usively for the benefi	t of, to p	erform th	ne functions of, or to	carry out the purposes
		of one or m	ore publicly su	ipported organizati	ions described in sec	tion 509	(a)(1) o	r section 509(a)(2). S	See section 509(a)(3).
		Check the bo	ox in lines 12a	through 12d that d	lescribes the type of s	upportin	g organi:	zation and complete li	nes 12c, 12f, and 12g.
а		Type I. A	supporting org	anization operated	supervised, or cont	rolled by	its supp	orted organization(s).	typically by giving
	-	<b>-</b>				•		the directors or truste	,, , , , ,
					e Part IV, Sections A		,,		
ь	Г	~		•			with its	supported organizati	on(s) by having
-	_	<del>-</del>						ns that control or mar	· -
			•	٠. •	, Sections A and C.	1110 0011	o persor	is that control of that	age the supported
	Г	ר ר		•		ated in a	onnectio	n with, and functiona	lly intograted with
٠	L		•		ns). <b>You must comple</b>				ily integrated with,
d			-		-			ection with its suppor	ted organization(c)
					-			ution requirement and	-
			•		omplete Part IV, Sect	•		•	an attentiveness
_		¬ ·			•			at it is a Type I, Type I	I Tuno III
C			-		ionally integrated sur				i, Type iii
•	Ent			, ,			•		
			• •	•	orted organization(s).			•	•••••
<u> </u>		ame of supported		(ii) EIN	(iii) Type of organization			(v) Amount of monetary	(vi) Amount of
	(1)	anie or supported	o organización	(ii) Elia	(described on lines 1-10	listed in yo	ur governing		other support (see
					above (see instructions))		ment?	instructions)	instructions)
					<del></del>	Yes	No_	<u> </u>	ļ <del></del>
A)	,		***	1		}	ļ		
		SEE PART				<del> </del>			
B)									
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2019

Sche	dule A (Form 990 or 990-EZ) 2019						Page <b>2</b>	
Par	(Complete only if you checke Part III. If the organization fa	d the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua		
Sac	tion A. Public Support	iis to quainy u	nder the tests	iisted below, p	blease comple	te rait iii.)	N/A	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	,,,						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3					2024 40-100 40-50-00 100-00		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4				A	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	tion B. Total Support Indar year (or fiscal year beginning in)	(=) 201E	(5) 2016	(c) 2017	(4) 2010	(=) 2010	(f) Total	
7 8	Amounts from line 4	(a) 2015	<b>(b)</b> 2016	(6) 2017	(d) 2018	(e) 2019	(i) Total	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				<u></u>			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
11	Total support Add lines 7 through 10							
12	Gross receipts from related activities, etc. (s	ee instructions) .				12		
13	First five years. If the Form 990 is f	of the organizati	ion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)	
Sac	organization, check this box and stop here tion C. Computation of Public Sup			· · · · · · · · · · · · · · · · · · ·		<u></u> .	· · · • • · · ·	
	Public support percentage for 2919 (li			11 column (f))		14		
15	Public support percentage from 2018							
_								
	16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in							
b	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	supported organization	did not check a	box on line 13		or 17b, check	this box and see	· · · · · ·	
(	/instructions	· · · · · · · · · · ·	<u></u>	<u> </u>				
	•				S	chedule A (Form 99	iv or 990-EZ) 2019	

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you check	d the box on line 10 of Part I or if the organization failed to qualify under Part	Ш.
If the organization fails to gr	alify under the tests listed below, please complete Part II.)	

	tion A. Public Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	N/A/
_	ndar year (or fiscal year beginning in)	(a) 2015	(B) 2016	(6) 2017	(0) 2018	(6) 2019	(f) Potai
1	Gifts, grants, contributions, and membership fees		ł	ł	ł		
2	received (Do not include any "unusual grants")			<u> </u>	<del>-</del> -	<del>  /</del>	<del> </del>
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			1			
	furnished in any activity that is related to the		İ	1	1		
_	organization's tax-exempt purpose			<del> </del>	<del></del>	<del>  /</del>	<del> </del>
3	Gross receipts from activities that are not an			ļ		X	
_	unrelated trade or business under section 513		<del> </del>	<del> </del>	<b></b>	<del></del>	<del></del>
4	Tax revenues levied for the		[				ĺ
	organization's benefit and either paid to						
_	or expended on its behalf			<del></del>		<del></del>	<del> </del>
5	The value of services or facilities		J	J	/	1	J
	furnished by a governmental unit to the			/	ľ	1	
	organization without charge			<del>                                     </del>		-	
6	Total Add lines 1 through 5	- <del>-</del>		<b> /-</b> -		<del> </del>	
7a	Amounts included on lines 1, 2, and 3		•		ļ	1	
	received from disqualified persons			<del></del>		<del></del>	ļ
þ	Amounts included on lines 2 and 3 received from other than disqualified					1	
	persons that exceed the greater of \$5,000		1	/			
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b	and a state of the Section of	7 200 200 2 200 27 20 20	T. Comment and J. C.	ALL YORK ON SHOOM F. COS. S.	A - 81-9807, N.A. 32 Bast 000000	
8	Public support. (Subtract line 7c from						
	line 6.)	# # # # 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		7.3.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2			L
ect	tion B. Total Support				r	1	
alen	ıdar year (or fiscal year beginning in) 🕨	(a) 2015	/(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		/				
0a	Gross income from interest, dividends, payments received on securities loans,	/					
	rents, royalties, and income from similar						
	sources			ļ			
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	<i></i>				ļ	
C	Add lines 10a and 10b						
1	Net income from unrelated business					1	
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
2	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
3	Total support (Add lines 9, 10c, 11,						
	and 12.)					<u> </u>	
	F . F . V . / F	or the organizat	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
4	First five years. If the Form 990 is for						
4	organization, check this box and stop here.			<u> </u>			<u>, , , , , , , , , , , , , , , , , , , </u>
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ect	organization, check this box and stop here .	oort Percenta	ge			15	%
ect 5	organization, check this box and stop here .ion C. Computation of Public Supp	column (f), divide	ge ed by line 13, colu	mn (f))			
ect 5	organization, check this box and stop here . ion C. Computation of Public Supp Public support percentage for 2019 (line 8,	column (f), divide	ge d by line 13, colu ie 15	mn (f))		15	
ect 5 6 ect	organization, check this box and stop here .ion C. Computation of Public Supp Public support percentage for 2019 (line 8, Public support percentage from 2018 Schedion D. Computation of Investment	column (f), divide dule A, Part III, lin	ge d by line 13, colu e 15 entage	mn (f))		15	%
ect 5 6 ect 7	organization, check this box and stop here .ion C. Computation of Public Supp. Public support percentage for 2019 (line 8, Public support percentage from 2018 Schedion D. Computation of Investment Investment income percentage for 2019 (line)	column (f), divide dule A, Part III, lin Income Perc ne 10c, column (f	ge Id by line 13, colu ie 15 · · · · · entage ), divided by line 1	mn (f))		15 16	%
ect 5 6 ect 7	organization, check this box and stop here ion C. Computation of Public Supp. Public support percentage for 2019 (line 8, Public support percentage from 2018 Schedion D. Computation of Investment Investment income percentage from 2019 (line linestment income percentage from 2018 Schedion 2019)	column (f), divide dule A, Part III, lin Income Perc ne 10c, column (f Schedule A, Part I	ge d by line 13, colu le 15 · · · · entage ), divided by line Ill, line 17 · · ·	mn (f))		15   16   17   18	% %
ect 5 6 ect 7 8	organization, check this box and stop here ion C. Computation of Public Support Public support percentage for 2019 (line 8, Public support percentage from 2018 Schedion D. Computation of Investment Investment Income percentage from 2018 (In Investment Income percentage from 2018 S 331/3% support tests - 2019 If the or	column (f), dividedule A, Part III, lining Income Perche 10c, column (f) Schedule A, Part I ganization did in	ge d by line 13, colu le 15 entage ), divided by line 1 III, line 17 lot check the bo	mn (f))	nd line 15 is m	15   16   17   18   ore than 331/3%	% % , and line
ect 5 6 ect 7 8	organization, check this box and stop here. ion C. Computation of Public Supp Public support percentage for 2019 (line 8, Public support percentage from 2018 Schedion D. Computation of Investment Investment income percentage for 2019 (line linestment income percentage from 2018 Schedion 2018 Sch	column (f), dividedule A, Part III, lining Perche 10c, column (f) Schedule A, Part III ganization did no sook and stop	ge d by line 13, colume 15 entage ), divided by line 1 III, line 17 tot check the bookers. The organization	mn (f))	nd line 15 is m	15 16 17 18 ore than 331/3% supported organi	% % % and line zation . ▶
ect 5 6 ect 7 8 9a	organization, check this box and stop here ion C. Computation of Public Support Public support percentage for 2019 (line 8, Public support percentage from 2018 Schedion D. Computation of Investment Investment Income percentage from 2018 (line line structure income percentage from 2018 (line structure) income percentage from 2018 (line structure) is not more than 331/3%, check thi 331/3% support tests - 2018. If the organization of Public Support tests - 2018. If the organization of Public Support tests - 2018. If the organization of Public Support Support tests - 2018.	column (f), dividedule A, Part III, lin Income Perche 10c, column (f) Schedule A, Part I ganization did not anization did not anization did not	ge d by line 13, colume 15 entage ), divided by line 1 III, line 17 tot check the book here. The organicheck a box on	mn (f))	nd line 15 is m s as a publicly 9a, and line 16	15 16 17 18 ore than 331/3% supported organi is more than 33	% % % , and line zation . ▶  1/3%, and
ect 5 6 ect 7 8 9a	organization, check this box and stop here ion C. Computation of Public Support Public support percentage for 2019 (line 8, Public support percentage from 2018 Schedion D. Computation of Investment Investment Income percentage for 2019 (line 1) Investment Income percentage from 2018 (1) Investment Income percentage from 2018 (1) Is not more than 331/3%, check this 331/3% support tests - 2018. If the organized line 18 is not more than 331/3%, check	column (f), divided dule A, Part III, lin Income Perche 10c, column (f) Schedule A, Part I ganization did not this box and stop anization did not this box and stop anization and stop anization did not this box anization did not this box	ge Id by line 13, colume 15  entage I), divided by line 11, line 17 Into check the boom here. The organic check a box on top here The organic phare.	mn (f))	nd line 15 is m s as a publicly 19a, and line 16 es as a publicly	15 16 17 18 ore than 331/3% supported organi is more than 33 supported organi	% % % , and line zation · ►  1/3%, and zation ►
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### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (iii) 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?
- 6 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 77 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
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	10b		X

Part	Supporting Organizations (continued)	Ty Ta
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes No
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	
	below, the governing body of a supported organization?	11a X
b	A family member of a person described in (a) above?	11b X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c X
Section	n B. Type I Supporting Organizations N/A	<del></del>
		Yes No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1
2	Did the organization operate for the benefit of any supported organization other than the supported	S. 4 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	_ 2   _
Section	n C. Type II Supporting Organizations N/A	[No.   No.
		Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Section	n D. All Type III Supporting Organizations	<u> </u>
		Yes No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior	
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?	37
•	·	1 X
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2 X
3	By reason of the relationship described in (2), did the organization's supported organizations have a	35 62 83
	significant voice in the organization's investment policies and in directing the use of the organization's	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	
	supported organizations played in this regard	3 X
Section	n E. Type III Functionally Integrated Supporting Organizations N/A	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	istructions)
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructions)
		Yes No
2	Activities Test Answer (a) and (b) below.	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	
	the supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b
_	activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in <b>Part VI</b>.</i>	3a
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b

Part V 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 (A) Prior Year Section A - Adjusted Net Income (optional) 1 4.886. 325. 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 568,164. 636,163. 3 Other gross income (see instructions) 4 4 Add lines 1 through 3. 573,050. 636,488. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 179,913. 178,272. 7 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 393,137 458,216. (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): a Average monthly value of securities 1a 19,109,478. 19,500,259 281,004 b Average monthly cash balances 1b 512,300 c Fair market value of other non-exempt-use assets 1c 19,621,778 1d 19,781,263 d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI). 2 2 Acquisition indebtedness applicable to non-exempt-use assets 19,621,778 19,781,263 3 Subtract line 2 from line 1d 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 296,719. see instructions) 294,327. 19,484,544. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 19,327,451. 6 6 Multiply line 5 by .035. 676,461. 681,959. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 676,461 681,959. Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, Column A) 393.137. 2 Enter 85% of line 1 334,166. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 676,461. 4 Enter greater of line 2 or line 3 676,461. \*1.75 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 676,461. Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

	le A (Form 990 or 990-EZ) 2019	C	tions /soutioned	Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) on D - Distributions	Supporting Organiza	tions (continuea)	Current Year
	Amounts paid to supported organizations to accomplish ex			806,322.
2	Amounts paid to perform activity that directly furthers exer organizations, in excess of income from activity			
		and of automorted argonic		F0 425
	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	59,425.
	Amounts paid to acquire exempt-use assets		<del></del> -	
<u> </u>	Qualified set-aside amounts (prior IRS approval required)  Other distributions (describe in Part VI). See instructions.			
$-\frac{3}{7}$	Total annual distributions. Add lines 1 through 6			865,747.
<del></del>	Distributions to attentive supported organizations to which	the organization is resp	onsive	
·	(provide details in <b>Part VI</b> ). See instructions.	the organization is resp	0113140	
9	Distributable amount for 2019 from Section C, line 6		<del></del>	676,461.
10	Line 8 amount divided by line 9 amount	<del></del>	<del></del> -	0/0,401.
	Line o amount divided by line o amount	Ţ	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			676,461.
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2019			
8	From 2014 NONE			
b	From 2015 NONE	7.00	The second secon	
C	From 2016 NONE			14/4
<u>d</u>	From 2017		24.00	
е_	From 2018 871,147.			
f	Total of lines 3a through e	1,367,630.		
<u> </u>	Applied to underdistributions of prior years		ALTERCTORY CLUB CONSTRUCTORY CONCY	676 467
<u>h</u> _	Applied to 2019 distributable amount			676,461.
_	Carryover from 2014 not applied (see instructions)	601 160		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
<u>J</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from	691,169.		BOOK VEDERALES AND CONTRACTOR
•	Section D, line 7: \$ \$ 865,747.			
a	Applied to underdistributions of prior years			PE 1997
_ <u></u>	Applied to 2019 distributable amount	912 2 3 4 2 7 5		
	Remainder Subtract lines 4a and 4b from 4.	865,747.		NAMES AND MARK
5	Remaining underdistributions for years prior to 2019, if		HERMAN ASSURANCE OF THE VIOLENCE AND THE	
-	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			ACCOUNTS AND ACCOU
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j	and the second s		
	and 4c.	1,556,916.		
8	Breakdown of line 7:			<b>第4年的</b>
8	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018 691,169.	\$100 BEEN 1878		
е	Excess from 2019 865,747.	A COST AND A		

Schedule A (Form 990 or 990-EZ) 2019

	ge <b>8</b>
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b	) ),
3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	,
SCHEDULE A, FORM 990, PART IV, SECTION D, LINE 3	
A CO-TRUSTEE WHO IS ALSO A MEMBER OF THE BOARD OF DIRECTORS OF THE SUP	
PORTED CHARITY, HAS SIGNIFICANT INFLUENCE IN THE TIMING AND AMOUNT OF	
DISTRIBUTIONS AS WELL AS THE GENERAL FUNCTIONS OF THE TRUST.	
SCHEDULE A, FORM 990, PART V, SECTION D, LINE 8	
THE AMOUNT OF SUPPORT DISTRIBUTED BY THE JOHN T WATERHOUSE T/E COTR PU	
NAHOU IS SUFFICIENT TO ENSURE PUNAHOU'S ATTENTIVENESS. THE TRUST HAS	
BEEN IN EXISTENCE FOR 30 YEARS, SINCE 1984, DISTRIBUTING SIGNIFICANT P	
ERCENTAGES TO PUNAHOU QUARTERLY. DURING THE LAST 10 YEARS, THE AMOUNT	
S HAVE RANGED FROM 4% TO 5% OF FAIR VALUE ANNUALLY.	
SCHEDULE A, FORM 990, PART V, SECTION D, LINE 8 (CONTINUED)	
THE TRUST RECEIVES REQUESTS FROM PUNAHOU WHICH INDICATE THE SCHOOL'S R	
ELIANCE ON THE TRUST'S DISTRIBUTIONS. THE CHAIRMAN OF THE BOARD OF PU	
NAHOU IS A NAMED CO-TRUSTEE OF THE TRUST, AND THROUGH THE YEARS THE PE	
RSON OCCUPYING THIS OFFICE HAS PARTICIPATED IN CRITICAL INVESTMENT AND	
DISTRIBUTION DECISIONS.	

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

SCHEDULE	A,	PART	I	(g)	-	INFOR	MATION	ABOUT	SUPPOR	TED	ORGA	NIZAT	IONS
=======	===	=====	===	====	==	:====:	z====	======	======	====	====	====	====

NAME OF SUPPORTED ORGANIZATION:

PUNAHOU SCHOOL EIN: 99-0073523

TYPE OF ORGANIZATION FROM PART I: 2

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

TOTAL SU	UPPORT:		NONE
	:	=====	 ====
		<b></b> ·	 

TOTAL OTHER SUPPORT: NONE 

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

20 19	Open to Public Inspection
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ş Employer identification number 99-6048709 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ► Go to www.irs.gov/Form990for the latest information. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. General Information on Grants and Assistance JOHN T WATERHOUSE T/E CO-TR PUNAHOU Department of the Treasury Internal Revenue Service Name of the organization Part I

Partill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	omestic Org at received r	janizations an nore than \$5,0	d Domestic Gov 100. Part II can b	ernments. Com e duplicated if a	olete if the organiza dditional space is n	ition answered "Ye ieeded.	s" on Form 990,
1 (a) Name and address of organization or government	(P) 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
(1) SEE STATEMENT 1							
(2)							
(3)							
(4)							
(5)							
(5)							
(6)							
(1)							
(8)						,	
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and governr	government o	rganizations list	ment organizations listed in the line 1 table	9			
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table					1

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

9E128B 1 000

Schedule I (Form 990) (2019)

Partill Grants and Other Assistance to Domestic		duals Complete	if the organization	od go "sey" berewere ac	Individuale Complete if the organization answered "Ves" on Form 000 Part IV line 32	Page Z
_		ded.			1111 550, 1 dit 19, 11116 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
1 N/A						
2						
3						
4						
S						
9						
7  Supplemental Information Provide the information required in Part 1 line 2: Part III column (h): and any other additional information	the informati	Permissed in P	art line 2. Part	column (h): and any of	her additional information	
EXPLANATION FOR FORM 990, SCHEDULE	I, PART 1,	1, LINE 2				
ALL GRANTS ARE FOR THE SUPPORT OF PUNAHOU SCHOOL.	PUNAHOU S		THE FOUNDATION HAS	AS		
DIRECT BOARD INVOLVEMENT IN THE MANAGEMENT OF THE RECIPIENT	AANAGEMENT	OF THE REC	IPIENT			
ORGANIZATION.						
		!				
, v					Schedule I (Form 990) (2019)	190) (2
JSA 9E1289 1 000						
•						

# SCHEDULE O

### 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990for the latest information.

Name of the organization Employer identification number JOHN T WATERHOUSE T/E CO-TR PUNAHOU 99-6048709 PART V - LINE 1c: No backup withholding was required for any payments to vendors. The organization is not involved in any gaming activities. PART V - LINE 7q: No contributions of intellectual property were received by the organization. No reporting forms required. PART V - LINE 7h: No contributions of cars, boats, planes or other vehicles were received by the organization. No reporting forms required. PART IV D LINE 1 As permitted by the regulations, the Trust provided its notification f or 2015 (containing all of the elements listed in question 1 and requi red by regulations) on May 5, 2015, more than one year earlier than wa s required by Treas. Req. 1.509(a)-4(i)(2)(iii), which gave the Trust until May 30, 2016 to satisfy its notification requirement for 2015. P ursuant to the regulations, the notification for 2016 was not due unti 1 May 30, 2017, but the Trust provided its notification for 2016 on PART IV D LINE 1 October 26, 2016, more than seven months earlier than the regulatory d eadline. The regulations clearly contemplate that a Type III supporting

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization	Employer identification number	
JOHN T WATERHOUSE T/E CO-TR PUNAHOU	99-6048709	
g organization may satisfy the notification requirement for	a taxable	
year during the taxable year itself and then may satisfy the	ne notificat	
ion requirement for the subsequent taxable year after that	taxable yea	
r has ended. In particular, the parenthetical in Treas. Rec	7. 1.509(a)-	
4(i)(2)(i)(A) contemplates that a supporting organization m	may have to	
PART IV D LINE 1		
provide support information not only for the immediately pr	receding tax	
able year but also for other taxable years for which suppor	t informati	
on has not previously been provided. Similarly, the parenth	netical in T	
reas. Reg. 1.509(a)-4(i)(2)(i)(B) contemplates that a suppo	orting organ	
ization may have to provide not only the most recently file	ed Form 990	
but also the Form 990 for any other taxable year that has r	ot previous	
ly been provided. These parentheticals would not be necessary	ry if a	
PART IV D LINE 1		
Type III supporting organization were required to provide n	otification	
in every tax year.		
PART XI - LINE 9		
RETURN OF CAPITAL ADJUSTMENT AND ROUNDING ADJUSTMENT.		
FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR RE	VIEW	
Copies are provided to the organization for review and appr	oval after	
filing with the IRS.		
FORM 990, PAGE 6, PART VI, LINE 18		<del></del>
TOWN YOU THE TITTE TO		

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization  JOHN T WATERHOUSE T/E CO-TR PUNAHOU	Employer identification number 99-6048709	
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST		
FORM 990, PAGE 6, PART VI, LINE 19		
GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST		
EXPLANATION FOR FORM 990, PART XI, LINE 9		
MUTUAL FUND INCOME TIMING DIFFERENCE; PRIOR YEAR RETURN	OF CAPITAL	
ADJUSTMENT; ASSET BASIS ADJUSTMENTS; ACCRUED INTEREST	ADJUSTMENT;	
TOTAL ADJUSTMENT OF \$11,374.		
		-
<u> </u>		<del>.</del>
		<u>-</u>
	<del></del>	<del>,</del>
		<del>-</del>

# SCHEDULE R (Form 990)

JOHN T WATERHOUSE T/E CO-TR PUNAHOU

Part !

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Name of the organization 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.

▶ Go to www.irs.gov/Form990for instructions and the latest information. ► Attach to Form 990.

<b>1</b> 9	Public,	etion	
20	Open to	padsul	maide and an annual

OMB No 1545-0047

(f) Direct controlling entity Employer identification number 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. 99-6048709 (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2019 Š Yes (f)
Direct controlling
entity Public charity status (if section 501(c)(3)) ◉ (d) Exempt Code section (c) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization SEE PART VII SUPPLEMENT Part II Ξ 3 (4) 9 2 (2) 3

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Schedule R (Form 990) 2019			,							Page 2
Part III ldentification of Related Organizations Taxable as a Partnership. Complete if the organizations treated as a partnership during the tax year.	ted Organizations more related organical	s Taxable anizations	as a Partnersh treated as a pa	ble as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, on streated as a partnership during the tax year.	he organization the tax year.	า answered "Yes	" on Form	990, Part IV, lii 99-60	rt IV, line 34, 99-6048709	•
(a) Name, address, end EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total	(9) Share of end-of- year assets	(h) Dagrapordonate altocationa?	Code V - UBI code V - UBI code V - UBI code V - UBI code Code V - UBI code Code Code Code Code Code Code Code C	1	(k) Percentage ownership
(4)		conunty		(*) C - 7) C surings			Yes No	>	Yes No	
(1)										
(2)										
(3)										
(4)										
(5)										
(9)									+	
(7)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answers line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ted Organizations	Taxable ated orga	as a Corporati nizations treate	ble as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, ganizations treated as a corporation or trust during the tax year.	nplete if the or n or trust durir	ganization answig the tax year.	ered "Yes"	on Form 990,	Part IV,	
(a) Name, address, and EIN of related organization	) of related organization		(b) Primary activity	(c) tivity Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage sts ownership	(I) Section 512(b)(13)
				(Anutry)					_	9ntty?
(1)										
(2)									-	
(3)									+	-
(4)								-	-	+
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(9)									$\frac{1}{1}$	+
									_	_

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Schedule R (Form 990) 2019

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

- 1				
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			X X	2 ·
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?	ated organizations lis	ted in Parts II-IV?	200	. 3
<ul> <li>a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity</li></ul>			: :	×
			2	×
			2	×
			9_	×
				,,,
f Dividends from related organization(s)			11	X
			1g	X
	•		=	×
i Exchange of assets with related organization(s),			<b>:-</b>	×
i Lease of facilities, equipment, or other assets to related organization(s),			1j	X
				Ļļ
k Lease of facilities, equipment, or other assets from related organization(s)			1k	×
			11	×
m Performance of services or membership or fundraising solicitations by related organization(s)			1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	×
o Sharing of paid employees with related organization(s)			10	×
p Reimbursement paid to related organization(s) for expenses				×
				×
r Other transfer of cash or property to related organization(s)			<u>-</u> -	×
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.	line, including cover	ed relationships and transa	ction thresholds.	į
(8)	(b) Transcont	(3)	(d)	
ייסודים כן המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי אינויים ביי המופיכה המשווי המשו	type (a-s)		amount involved	P 0
(2)				
(3)				
. (4)				
(5)				
(9)				   
101 101		Sch	Schedule R (Form 990) 2019	) 2019

34

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

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.

Ves No	(a) Name, address, and EiN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant A income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionata allocettons?	$\overline{}$	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	alor Per ging ov	(k) Percentage ownership
				sections 512-514)	Yes			Yes	-	_	$\rightarrow$	S S	
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	(2)									-			
	(3)												
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Schedule R (Form 990) 2019	(16)											-	
Schedule R (Form 990) 2019													
					   					Scher	dule R	Form 99	2019

Schedule R (Fò	rm 990) 2019	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
		·
		-
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		•
		<u> </u>

Schedule R (Form 990) 2019

Page 5

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Supplement to Schedule R, Part II, Form 990 

Name of entity: PUNAHOU SCHOOL

Address of Entity: 1601 PUNAHOU STREET, HONOLULU, HI 96822

Employer ID Number: 99-0073523

Primary Activity: SCHOOL Legal domicile state:HI

Exempt code section: 501(c)(3)

Public charity status:170(b)(1)(A)(ii) Direct controlling entity:N/A

Sec. 512(b)(13) Controlled Entity: No