632001 11-11-16

# CHANGE OF ACCOUNTING PERIOD

# **Return of Organization Exempt From Income Tax**

Form 990 (2016)

Department of the Treasury Internal Revenue Service

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. Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection

<u>A</u>	For th	e 2016 calendar year, or tax year beginning $JAN 1, 2017$	and endin	g J	UN 30, 2017	
В	Check if applicat	C Name of organization			D Employer identific	ation number
	Addr ehan	E SENIOR RESIDENCE AT RAPOLEI 2, INC.				
	Nami	ge			26-14	192845
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room	/suite	E Telephone number	
L	Final	888 IWILEI ROAD	200		(808)	
_	ated	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$	62,439.
Ļ	Amer returi	TONOTORO, HI 3001/			H(a) is this a group re	
L	tion pend	F Name and address of principal officer GWEIN TIKAGA			for subordinates	Yes X No
_		SAME AS C ABOVE			H(b) Are all subordinates ind	
		tempt status. X 501(c)(3) 501(c) ( )	(1) or L	527		ist (see instructions)
		ite: N/A  forganization: X Corporation Trust Association Other	—	<del></del>	H(c) Group exemption	
	art I	f organization: X Corporation Trust Association Other ► Summary		. Year	of formation: 2007 M	State of legal domicile; HI
<u></u>	1	Briefly describe the organization's mission or most significant activities TO	OWN	DE	VELOP, CONST	יפווכיי אאום
ë	1	OPERATE A LOW INCOME HOUSING PROJECT FO				NOCI PRID
, [	2	Check this box I if the organization discontinued its operations or dis				ete
Governance	3	Number of voting members of the governing body (Part VI, line 1a)	opodod or		3	8
		Number of independent voting members of the governing body (Part VI, line 1	b)		4	8
୍ଷ୍ୟ <b>ପ</b>		Total number of individuals employed in calendar year 2016 (Part V, line 2a)			5	0
Activities	6	Total number of volunteers (estimate if necessary)			6	0
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.
· _	Ь	Net unrelated business taxable income from Form 990-T, line 34			7b	0.
		RECEIVED		<u> </u>	Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	2	<u> </u>	0.	0.
	9	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 34, and 7d)  2 0 2017	3	<u> </u>	123,112.	61,719.
e e	10		2	<b> </b>	139.	82.
-	ייון	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	=	<b> </b>	1,838.	638.
	12	Total revenue - add lines 8 through 11 (must equal Pan (VII), column (A), line 1:	2)	┿	125,089.	62,439.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		-	0.	<u>0</u> .
	15	Benefits paid to or for members (Part IX, column (A), line 4)	.0\	-	0.	0.
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1 Professional fundraising fees (Part IX, column (A), line 11e)	10)	-	0.	0.
en Cen	h	Total fundraising expenses (Part IX, column (D), line 25)	0.	-		
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		·	250,357.	132,216.
	ı	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		$\vdash$	250,357.	132,216.
	19	Revenue less expenses Subtract line 18 from line 12			-125,268.	-69,777.
ъ	4			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)			4,226,651.	4,168,301.
		Total liabilities (Part X, line 26)		L	322,321.	333,748.
	22	Net assets or fund balances Subtract line 21 from line 20			3,904,330.	3,834,553.
_	art II					
		alties of perjury, I declare that I have examined this return, including accompanying sche				knowledge and belief, it is
true	, corre	ct, and complete Declaration of preparer (other than officer) is based on all information	of which pr	eparer	has any knowledge.	<del></del>
۵.		Signature of officer	-		Date	9-/-
Sig					Date	
He	re	MARVIN AWAYA, ASSISTANT SECRETARY Type or print name and title				
		<del> </del>		10	Date Check	PTIN
Pai	d	Print/Type preparer's name  BLAKE S. ISOBE  Preparer's signature		- 1	37 1 3 2017 If self-employ	
	parer	Firm's name N&K CPAS, INC.			Firm's EIN	99-0169131
	Only	Firm's address 1001 BISHOP ST., STE 1700			1 0 2	<del></del>
		HONOLULU, HI 96813-3696			Phone no. (8	08) 524-2255 _
Ma	v the I	RS discuss this return with the preparer shown above? (see instructions)				X Yes No

			For	m <b>990</b> (2016)
4e		5,045.		
4d	Other program services (Describe in Schedule O.)  (Expenses \$		)	
<u>.</u> .	01			
		<del></del>		
		<del></del>		
- <del></del> -	) (cxpenses a	including grants of \$ \ (Re	venue 3	·
4c	(Code ) (Expenses \$	including grants of \$ ) (Re	venue \$	1
4b	(Code) (Expenses \$	including grants of \$) (Ref	venue \$	)
<u></u>				
			·	
				<del></del>
		<del></del>		
	APPROXIMATELY 20 HOUSEHOLDS.	MIDD FROVIDE AFFORDA	THE MOUSING	
	TO OWN, DEVELOP, CONSTRUCT AN THE ELDERLY. THE APARTMENT CO	D OPERATE A LOW INCOME HOU MPLEX WILL PROVIDE AFFORDA		
4a	(Code) (Expenses \$ 126,045.			2,357.
	revenue, if any, for each program service reported.	Consport the amount of grants and allocations to other	iers, trie total expenses	, and
4	Describe the organization's program service accomplishm Section 501(c)(3) and 501(c)(4) organizations are required			
	If "Yes," describe these changes on Schedule O.			
3	Did the organization cease conducting, or make significan	t changes in how it conducts, any program services	? . 🗀 <b>Y</b>	es X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.		L\ <b>Y</b>	es X No
2	Did the organization undertake any significant program se	rvices during the year which were not listed on the		رجعا
	SECURITY, HAPPINESS, AND USEF		HE CHARGES F	OR
	FACILITIES AND SERVICES SPECI. SOCIAL, AND PSYCHOLOGICAL NEE	<u>ALLY DESIGNED TO MEET THEI</u> DS, AND TO PROMOTE THEIR H		
	TO PROVIDE ELDERLY PERSONS AN			NG
1	Check if Schedule O contains a response or note to Briefly describe the organization's mission.	any line in this Part III	<del></del>	
rai	rt III Statement of Program Service Accomp			X
	990 (2016) SENIOR RESIDENCE		26-1492845	Page 2

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	- 1	}	
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	l	[	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- {	ł	
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1	Ì	7.5
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		1	Х
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1	1	
	If "Yes," complete Schedule D, Part IV	9	$\mathbf{x}$	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	l	- 1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u> _
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.7
	assets reported in Part X, line 167 // "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	أدمها	x	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		x
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ile		
•	the organization's diability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4.5	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del>                                     </del>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	Х
18	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		X
		Form	990	(2016)

Form 990 (2016) SENIOR RESIDENCE AT KAPOLEI 2, INC.

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u> _
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		_X_
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 employees? If "Yes," complete			
	Schedule J	23		<u> </u>
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	i i		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			   •
	Schedule L, Part I	25b		<u>x</u> _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	<u> </u>		<b> </b>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
	complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		<del>  ^</del> -
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	i	x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	_	<del></del> -
Ü	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
-	If "Yes," complete Schedule N, Part I	31	1	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	<u></u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ļ	ļ	l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		l	
	If "Yes," complete Schedule R, Part V, line 2	36	Ь_	<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?	1	,,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(2016

Einer the number reported in Box 3 of Form 1006. Einter 40 if not applicable  Einter the number of Forms W-20 included in Iner 1a. Enter-0 if not applicable  Einter the number of Forms W-20 included in Iner 1a. Enter-0 if not applicable  Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gamming (gambling) with monitors of the property of the organization organization organization organization organization organization with saking with backup witholding rules for reportable payments to vendors and reportable gamming (gambling) with saking with organization file all required foderal employment tax externa?  28 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  Bied for the calendar year anding with or within the year covered by this institut.  It is least one is exported on file 2a, did the organization file all required federal employment tax externa?  Alter 11 (19 a. 19 a.	. ui	Check if Schedule O contains a response or note to any line in this Part V			
1s Enter the number reported in Box 3 of Form 1996. Enter -0 if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnings?  C Enter the number of employees exported on Form W3, Transmittal of Wage and Tax Statements.  If all calls on the service of the call of the calendar year ending with or within the year covered by this return  If all talest one is reported on line 22, did the organization file all frequired federal employment tax returns?  Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-julg less instruction)  3 bif the organization have unitestable business gross oncome of \$1,000 or more duming the year?  3 bif the Yes, "the stiff lines 1s and 2s is greater than 250, you may be required to e-julg less instruction)  3 bif the organization have unitestable business gross oncome of \$1,000 or more duming the year?  3 bif the Yes, "the stiff lines 1s and 2s is greater than 250, you may be required to e-julg less instructions)  4 bif Yes, "has it filled a Form 980°T for this year? If Yes, "to line 5s or 5s, do the organization have an interest in, or a significance or other authority over, a financial account in a foreign country (year). If Yes, "to line 5s or 5s, do the organization file Form 8868°T?  5 bif Yes, "to line 5s or 5s, do the organization file Form 8868°T?  6 bif Yes, "to line 5s or 5s, do the organization file Form 8868°T?  6 c) If Yes, "to line 5s or 5s, do the organization file Form 8868°T?  7 by If Yes, "to line 5s or 5s, do the organization file Form 8868°T?  8 by If Yes, "to line 5s or 5s, do the organization file Form 8868°T?  9 c) If Yes, "to line 5s or 5s, do the organization file Form 8868°T?  10 c) If yes, "to line 5s or 5s, do the organization file form 8868°T?  11 file organization receive a contribution or organization file form 8868°T?  12 for Organization staff in with experiments of the year organization received a contribution or organ		CHOCK IT CONTOURS OF TOSPONOE OF HOLE TO MAY HITE HIT WITS FAIL V		V 1	
b Enter the number of Forms W2G included in the 1a. Enter o-1 not applicable Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of fines 1 and 42 as grader than 250, you may be required to e-file (see instructions)  3. Did the organization have unrelated business gross income of \$1,000 or more during the year?  4. A tary time during the calendar year, did the organization file all required federal employment tax returns?  5. Was 1 filed a Form 500 of the thirty of the 70, for for 80, portion are application in Schedule O  4. A tary 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, but the signature of the financial Accounts (FBAR).  5. Was 1 filed a Form 500 of the organization of the organization and any time during the tax year?  5. Was the organization a party to a prohibited fax shelfer transaction at any time during the tax year?  5. Was the organization aparty to a prohibited fax shelfer transaction at any time during the tax year?  5. Was 1 filed by the organization that it was or is a party to a prohibited tax shelfer transaction?  5. Was 1 filed by the organization in that it was or is a party to a prohibited tax shelfer transaction?  6. Was 1 filed by the organization in stream and gross eccepts that are normally greater than \$100,000, and did the organization solution any contributions that were not tax deductibles of arthratile contributions.  6. Was 1 filed by the organization in stream and gross eccepts that are normally greater than \$100,000, and did the organization solution and party to	1-	Enter the number reported in Pay 2 of Form 1006 Enter 0 of act applicable		res	NO
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (graphing) without prize wi	_		.	ļ	
dispulsional winnings to prize winners?  a First the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least on us reported on time 2a, did the organization file all required feedral employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a A ray time during the calendar year, did the organization if 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 accounts (FBAR).  5b If "Yes," enter the name of the foreign country, limits as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization by the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," other son 5c, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," other son 5c, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," other organization have annual gross receipts that are normally greater than \$100,000, and did the organization short any contributions that were not tax eductables a charitable contributions?  5c If "Yes," other organization include with every solicitation an express statement that such contributions or grits were not tax deductables a charitable contribution and partly for goods and services provided to the payor?  5c Did the organization shall may receive deductable contributions under section 170(c).  6d If "Yes," indicate the number of Forms 8282?  6d If "Yes," indicate the number of Forms 8282? Ifted during the year  7d If the organization received a contribution of cars, boats, arplaines, or other vehicles, did the organization file a Form 1098 C?  8 Spen		and the field of the first and the first and the first applicable	. 1		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  1 at least one is reported on line 2a, aid the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 b If the voganization have unrelated business gross increme of \$1,000 or more dumpt the year?  3 at X  5 b If "Yes," has it filed a Form 990-T for the year? If "No," to file 3b, provide an explanation in Schedule O  4 at any time duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country, [e. A. A. any time duming the state year?  5 b If "Yes," enter the name of the foreign country, [e. A.	·		10	ł	
field for the callendar year ending with or within the year covered by this ratum  b if all least one is reported on the 22, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a-file (see instructions)  3a D differed from the callendar year, did the organization have an interest in, or a signature or other authority over, a financial account or south of the callendar 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)?  b if "Yes," enter the name of the foreign country.  See instructions for filing requirements for finc@N Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or its a party to a prohibited tax shelter transaction?  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 deductibles a charnable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charnable contribution and party for poods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 2822 filed during the year  9d Did the organization receive a payment in excess of \$5.7 findle payment on a parsonal benefit contract?  7e X  7f If the organization received a contribution of organization supports of the organization file a Form 1038-C?  8 Spensoring organizations maintaining donor advised funds, Did a chore	2a		<u> </u>		
b if a least one is reported on time 2a, dut the organization file all required federal employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to _nile (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b if "Yes," has it filed a Form 990-Ti or this year? # r/w, 'to line 3b, provide an explanation in Schedule O  3b			<u> </u>	1	
Note. If the sum of fines 1a and 2a is greater than 250, you may be required to _e-file (see instructions) 3	ь		2h	- [	
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b If "Yes." has it field a Form 980T for this year? // Yoy, * to line 3b, provide an explanation in Schedule O  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)?  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 (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any stable party notify the organization file Form 886F.?  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 deducible as charitable contributions?  5c If "Yes." to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible?  6b If "Yes." did the organization include with every solicitation an express statement that such contributions or gifts were not tax deducible?  7c Organizations that may receive deductible contributions under section 170(c).  a lid like organization shall exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282?  7d If "Yes." indicate the number of Forms 8282 filed during the year and the organization neceived a contribution of qualified intellectual property, did the organization file Form 1996.C?  7s Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the N/A psponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization have excess further thoraction, donor advised funds.	За		3a	- 1	X
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SENIOR RESIDENCE AT KAPOLEI 2, INC. 26-1492845 Form 990 (2016) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to fine 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Y<u>es</u> No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 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? a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19

Form **990** (2016)

statements available to the public during the tax year.

MARVIN AWAYA - (808) 523-5681

888 IWILEI ROAD, SUITE 200, HONOLULU, HI

96817

State the name, address, and telephone number of the person who possesses the organization's books and records

Form 9		

### SENIOR RESIDENCE AT KAPOLEI 2, INC.

26-1492845

Page 7

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

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

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

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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

X Check this box if neither the organization	nor any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.		
(A)	(B)	{		_ ((	C)			(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated amount of				
	hours per				compensation	compensation					
	week (list any	⊢	<u> </u>	Ī			<u> </u>	from the	from related organizations	other compensation	
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	below	Individual trustee or director	Institutional trustee	į	e e	loyee	盲			organizations	
	line)	힐	Inst	Officer	Key	Highest compensated employee	휸				
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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)						
· (A)	(B)			(0	(ز		_	(D)	(E)	1	(F)				
Name and title	Average	(do	not cl	Pos			one enc	Reportable	Reportable		Estin	nated			
•	hours per	box	, unle:	ss per	rson ı	s both	an	compensation	compensation			unt of			
	Week	$\vdash$	cer an	Jaa	u ecto	,, uus	ee)	from	from related			her			
	(list any hours for	on Individual trustee or director Institutional trustee			1	١ ١		the	organizations		compensation from the				
	related	õ	tee		ŀ	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	'		n tne ization			
	organizations	ruste	Institutional trustee		gg.	nger		(11-2) 1033-111130)		-		elated			
	below	dualt	utiona	_	l ge	st cor	<b>5</b>			organizations					
	line)	횰	Instit	Officer	Key employee	Highest compensated employee	Former				•				
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1b Sub-total	<b>-</b>	L		<u> </u>	<u> </u>	<u> </u>		0.		5.1		0.			
	l Castian A							0.		5.1		0.			
c Total from continuation sheets to Part VI	I, Section A							0.		5:1		- 0			
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n	04 lungited 4- 4h		liata	ط ما			_	<u> </u>	<u> </u>	<u>, •                                    </u>					
	or imilied to th	ose	uste	o at	ove	e) wn	o re	eceived more than \$100,	out or reportable			(			
compensation from the organization											T	es No			
2 Did the agreement of list and formation	4	4 -	. 1							٦	<del></del>	63 140			
3 Did the organization list any former officer		ıste	е, ке	y en	npio	yee,	or i	highest compensated er	npioyee on			x			
line 1a? If "Yes," complete Schedule J for s										⊢	3	<b>→</b> ^			
4 For any individual listed on line 1a, is the su									he organization			x			
and related organizations greater than \$150										⊢	4	∤-^-			
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or indivi	dual for services	- 1		<sub>v</sub>			
rendered to the organization? If "Yes." con	plete Schedul	e <i>J f</i>	or si	ıch ,	oers	on	_	<del> </del>			5	<u> </u>			
Section B. Independent Contractors															
1 Complete this table for your five highest co										nsatı	on from	1			
the organization. Report compensation for	tne calendar y	ear e	endir	ig w	/ith c	or w	<u>tnin</u> T		rear.		,				
(A) Name and business	address	NT/	ጉእ፣፣	7				( <b>B)</b> Description of s	services	Co	(C) ompens				
rame and business		TA	INC	<u> </u>				- Coonploit of s	33.71000						
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2 Total number of independent contractors (		ot lıı	mite	d to		_	sted	above) who received m	ore than						
\$100,000 of compensation from the organi	zation 🕨				- (	0	_								
											Earm 9	<b>90</b> (201			

		<ul> <li>Check if Schedule O cont.</li> </ul>	ains a response	or note to any line				
	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
इ इ	1 a	Federated campaigns	1a		-			
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1ь					
وَق	c	Fundraising events	1c					}
ar its	d	Related organizations	1d					
S, iii	е	Government grants (contributi	ions) 1e					
Signal Signal		All other contributions, gifts, gran						Ì
E E		similar amounts not included above	1 1			1		
Ēά	9	Noncash contributions included in lines	1a-1f \$					1
<u>S H</u>	h	Total. Add lines 1a-1f		<b></b>				
		-		Business Code				
ايو	2 a	RENTAL INCOME		532000	61,719.	61,719.		<u> </u>
ا کے	ь							
Program Service Revenue	С							
am exe	d							
Pe	е							<u> </u>
مّ	f	All other program service reve	nue					
$\perp$	9	Total. Add lines 2a-2f		<b>&gt;</b>	61,719.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶ .	82.			82.
}	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties		<b>.</b>				
1			(i) Real	(II) Personal				
	6 a	Gross rents			•			
	b	Less rental expenses		ļ				
- 1	С	Rental income or (loss)						
ı	d	Net rental income or (loss)		▶				
ļ	7 a	Gross amount from sales of	(i) Securities	(II) Other				
i		assets other than inventory		<u> </u>				
- 1	b	Less. cost or other basis	1					
		and sales expenses						
l	С	Gain or (loss)	L	l				
1		Net gain or (loss)						
ne Ine	8 a	Gross income from fundraisin	•	1				
		including \$				1		
<u></u>		contributions reported on line	1c) See	1				
Other Rever		Part IV, line 18	a	`				
夏		Less. direct expenses	t	`		1		ł
		Net income or (loss) from fund	-	<b>P</b>	<del></del>			+
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a					
		Less: direct expenses		` <u> </u>				
		Net income or (loss) from gan	-		<del></del>			
	и а	Gross sales of inventory, less						ĺ
		and allowances						
		Less cost of goods sold	t	` <del></del>		1	•	
ŀ	<u>c</u>	Net income or (loss) from sale		Dunings Code	<del></del>			<del></del>
-	11 -	Miscellaneous Revenu		Business Code 900099	638.	638.		
ļ				700033	030.	030.		+
	b		<del></del>	<del>                                     </del>	<u></u>	<del>                                     </del>		<del></del>
	d		<del></del>			<del> </del>		
	_	Total. Add lines 11a-11d			638.			
	12	Total revenue See instructions.			62,439.		0	82.
	<u></u> _	TOTAL TOTALIST COC INCUCUONS.				<del></del>	<u> </u>	

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			ļ.	
	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			l	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			ļ	
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	6,391.	6,391.		
b	Legal				
С	Accounting				
d	, 0				
	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	12 162	13,162.		
	column (A) amount, list line 11g expenses on Sch 0.)	13,162.	13,102.		
12	Advertising and promotion	1,387.		1,387.	
13	Office expenses	1,30/.		1,367.	
14	Information technology Royalties	<del></del>		<del> </del>	
15 16	Occupancy	20,793.	20,793.	·	
17	Travel	20,755.	20,133.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	1,541.	1,541.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,010.	62,010.		
23	Insurance	1,330.	1,330.		
24	Other expenses. Itemize expenses not covered		<del></del>		
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	OPERATING & MAINTENANCE	16,370.	16,370.		
b	MGR & ADMIN EXPENSES	8,084.	3,300.	4,784.	
c	TAXES	1,148.	1,148.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	132,216.	126,045.	6,171.	0.
26	$\mbox{\sc Joint costs.}$ Complete this line only if the organization				
	reported in column (B) joint costs from a combined			]	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>	l	l

Part		Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	6,633.	1	3,078.
- [	2	Savings and temporary cash investments		2	
- 1	3	Pledges and grants receivable, net		3	
ļ	4	Accounts receivable, net	11.	4	592
- 1	5	Loans and other receivables from current and former officers, directors,			
- 1		trustees, key employees, and highest compensated employees. Complete		(	
		Part II of Schedule L		5	
- ]	6	Loans and other receivables from other disqualified persons (as defined under			
1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		ļ	
- [		employers and sponsoring organizations of section 501(c)(9) voluntary		Ì	
y,		employees' beneficiary organizations (see instr), Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
- [	9	Prepaid expenses and deferred charges	7,925.	9	3,076
- {	10a	Land, buildings, and equipment, cost or other			
-		basis. Complete Part VI of Schedule D 10a 4,785,506.		<u> </u>	
1	b	Less accumulated depreciation 10b 834,939.	4,011,543.	10c	3,950,567
ı	11	Investments - publicly traded secunties		11	
- {	12	Investments - other securities. See Part IV, line 11		12	
-	13	Investments - program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
- {	15	Other assets. See Part IV, line 11	200,539.	15_	210,988
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,226,651.	16	4,168,301
	17	Accounts payable and accrued expenses	5,099.	17	16,423
1	18	Grants payable		18	
- 1	19	Deferred revenue	550.	19_	624
-	20	Tax-exempt bond liabilities		20	
ļ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	8,443.	21	8,472
ا ي	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.		1	
Liabilities		Complete Part II of Schedule L		22	
<b>-</b>	23	Secured mortgages and notes payable to unrelated third parties	308,229.	23	308,229
	24	Unsecured notes and loans payable to unrelated third parties		24	
- [	25	Other liabilities (including federal income tax, payables to related third		[	1
- 1		parties, and other liabilities not included on lines 17-24). Complete Part X of		ł	1
		Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	322,321.	26	333,748
		Organizations that follow SFAS 117 (ASC 958), check here   X and			
g l		complete lines 27 through 29, and lines 33 and 34.			
١٤	27	Unrestricted net assets	3,904,330.	27	3,834,553
<u> </u>	28	Temporarily restricted net assets		28	<u> </u>
<u> </u>	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			}
SE	30	Capital stock or trust principal, or current funds		30	
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances	3,904,330.	33	3,834,553
	34_	Total liabilities and net assets/fund balances	4,226,651.	34	4,168,301

	990 (2016) SENIOR RESIDENCE AT KAPOLEI 2, INC.	26-	14928	345	Pag	<u>je 12</u>
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
		l 1				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62	2,4:	<u> 39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			2,2:	
3	Revenue less expenses. Subtract line 2 from line 1	3			7.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	, 904	1,3	<u>30.</u>
5	Net unrealized gains (losses) on investments	_5				
6	Donated services and use of facilities .	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	3	<u>, 834</u>	1,5	<u>53.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			,		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			l		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	- 1	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		ļ	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ŀ	1		
	separate basis, consolidated basis, or both		1	f		ĺ
	Separate basis Consolidated basis Both consolidated and separate basis		}	ł		
b	Were the organization's financial statements audited by an independent accountant?		į.	2b	Х	<b></b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,		ĺ		
	consolidated basis, or both			}		l
	X Separate basis Consolidated basis Both consolidated and separate basis		<b>!</b>	i		1
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		i		
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.	. [			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Auc	dit			1
	Act and OMB Circular A-133?		1	3a	_ <u>X</u> _	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	lit		_	]
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	X	L
				Form	990	(2016)

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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.

► Aftach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>

OMB No 1545-0047

**2016** 2017

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2016

va!	ie oi t	rie organization		30 3M W350757	- ^ -		{		C 1400045	
Da	<b>#</b>	SENT	DR RESIDENC	CE AT KAPOLE	2, 1	NC .			6-1492845	
	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
	he organization is not a private foundation because it is (For lines 1 through 12, check only one box.)									
1	닉	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	닉	A school described in secti								
3	닉	A hospital or a cooperative								
4	لــا	A medical research organiza	ation operated in cor	ijunction with a hospital	described	ın sectio	n 170(b)(1)(A)(	iii). Enter 1	the hospital's name,	
	_	city, and state:								
5	$\Box$	An organization operated for		lege or university owned	or operate	ed by a go	vernmental un	it describe	d in	
		section 170(b)(1)(A)(iv). (C								
6		A federal, state, or local gov								
7	X	An organization that normal	ly receives a substar	ntial part of its support fr	om a gove	rnmental ı	unit or from the	e general p	ublic described in	
		section 170(b)(1)(A)(vi). (Co								
8	$\vdash$	A community trust describe								
9	لــا	An agricultural research org								
		or university or a non-land-g	rant college of agrici	ulture (see instructions).	Enter the r	name, city,	, and state of t	he college	or	
		university								
10	لـــا	An organization that normal								
		activities related to its exem	•	•	• •			• •	J	
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	red by the orga	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	•							
11	片	An organization organized a	•	•	,					
12		An organization organized a			•			-		
		more publicly supported org lines 12a through 12d that of							neck the box in	
а	_	Type I. A supporting orga							alvino.	
u	L.,	the supported organization								
		organization. You must c			majority 0	i ti ie dii ec	tors or trustee	3 01 1116 30	pporting	
h		Type II. A supporting orga	•		ion with its	s sunnorte	d organization	(s) hy hay	ına	
_	L	control or management of	•				_	• • •	<del>-</del>	
		organization(s). You mus			porco	10 11101 001	in or or manag	o allo oupp		
С	Γ.	Type III functionally inte	= -		ın connect	ion with, a	and functionall	v integrate	d with.	
		its supported organization		- ·				,	,	
d		Type III non-functionally		•		•	•	ed organiz	ation(s)	
		that is not functionally into	•					-	• •	
		requirement (see instructi	-		-		•			
е		Check this box if the orga						I, Type III		
		functionally integrated, or								
f	Ente	r the number of supported o	rganizations							
_ 9		ride the following information								
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	ın your governi	nization listed ng document?	(v) Amount of support (see in		(vi) Amount of other	
		Organization -	·	above (see instructions))	Yes	No	support (see in	Structions	support (see instructions)	
		•				1	}			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 SENIOR RESIDENCE AT KAPOLEI 2, INC. 26-1492845 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	2013	2014	2015	2016	2017		
Cale	ndar year (or fiscal year beginning in)	(a) <del>2012</del>	(b) <del>2013</del>	(c) <del>2014</del>	(d) <del>2015</del>	(e) <del>2016-</del>	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	i		i			1	
	include any "unusual grants.")	514,689.	10,010.	0.	0.	0.	524,699.	
2	Tax revenues levied for the organ-						•	
	ızatıon's benefit and either paid to			l				
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to		i	Į.				
	the organization without charge							
4	Total. Add lines 1 through 3	514,689.	10,010.				524,699.	
5	The portion of total contributions						I	
	by each person (other than a		į	1				
	governmental unit or publicly			1				
	supported organization) included			1				
	on line 1 that exceeds 2% of the			ļ		l	ı	
	amount shown on line 11,			ŀ				
	column (f)							
	Public support. Subtract line 5 from line 4						524,699.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
7	Amounts from line 4	514,689.	10,010.				524,699.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	)						
	and income from similar sources	88.	164.	132.	139.	82.	605.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	1,070.	902.	1,118.	1,838.	638.	5,566.	
11	Total support. Add lines 7 through 10						530,870.	
12	Gross receipts from related activities,	etc (see instruction	ins)			12	551,857.	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth tax	k year as a section	501(c)(3)		
Sec	organization, check this box and storetion C. Computation of Publi	here	centage					
						La T	98.84 %	
	Public support percentage for 2016 (I		•	olumn (t))		14		
	Public support percentage from 2015				4 00 4 (00)	15		
Ioa	33 1/3% support test - 2016. If the contraction and the contraction are all the contractions are				4 is 33 1/3% or m	ore, cneck this bo	x and	
	stop here. The organization qualifies	. ,	•		L - 45 - 00 4 /00/			
D	33 1/3% support test - 2015. If the c				line 15 is 33 1/3%	or more, check th	is box	
170	and stop here. The organization qual				40.40 405		<b>P</b>	
1/a	7a 10% -facts-and-circumstances test - 2016. 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 Part VI how the organization							
						rt vi now the orgai		
L-	meets the "facts-and-circumstances"	_		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- · • · · · · · · · · · · · · · · · · ·	170 004 1:0- 45	10% 05	
D	10% -facts-and-circumstances test							
	more, and if the organization meets the				- ·		•	
10	organization meets the "facts-and-circ			•	,			
_16_	Private foundation. If the organization	лтаю поселеска	oux on line 13, 16a	a, IOU, I/A, OF I/D			or 990-EZ) 2016	
					Sch	eadle w (Louin 286	, vi 330-EZ) ZU 10	

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

Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	· · · · · · · · · · · · · · · · · · ·					
	membership fees received. (Do not	1	ļ			ļ	
	ınclude any "unusual grants.")		ļ			į į	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		I				
	are not an unrelated trade or bus-		]				
	iness under section 513					1	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		1			1	
	or expended on its behalf		ļ			1	
5	The value of services or facilities				<u> </u>		
	furnished by a governmental unit to		ļ				
	the organization without charge				Į		
6	Total. Add lines 1 through 5					<u> </u>	
	Amounts included on lines 1, 2, and	<del></del>			<del> </del>	<del>                                     </del>	
, ,	3 received from disqualified persons	!			}		
b	Amounts included on lines 2 and 3 received		<u> </u>				
	from other than disqualified persons that					İ	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		<b>}</b>		1		
_	Add lines 7a and 7b		<del> </del>		<del> </del>	<del></del>	
	Public support (Subtract line 7c from line 6)		<del></del>	<del></del>	<del> </del>	<del> </del>	
	etion B. Total Support	L	L	L	<u></u>	نــــــن	
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	147 25 12	15/2010	(O) ESTIT	10,2010	10/2010	1) 1010.
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income				Ţ		
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975						_
d	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
	Total support. (Add lines 9, 10c, 11 and 12)	L <u></u>	<del></del>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	<del></del>	L
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organiza	ation,
Sa.	check this box and stop here	a Command Day					
	ction C. Computation of Publi			<del></del>			
	Public support percentage for 2016 (I			olumn (f))		15	
	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20	<b>016</b> (line 10c, colui	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from	<b>2015</b> Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
b	33 1/3% support tests - 2015. If the	organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and	top here. The org	anızatıon qualifies	as a publicly supp	oorted organization	▶□
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

### 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	<b>Organizations</b>
------------	-------	------------	----------------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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	9a		<u> </u>
	9b		
	9c	<u> </u>	<del> </del>
	10a		<u> </u>
		]	
	_10b		

Sche Par	dule A (Form 990 or 990-EZ) 2016 SENIOR RESIDENCE AT KAPOLET 2, INC. 26-14	9284	) Pa	age 5
rai	t IV   Supporting Organizations (continued)	<del></del> -	V 1	
11	Has the organization accepted a gift or contribution from any of the following persons?	-	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	į	ļ	!
_	below, the governing body of a supported organization?	11a	- 1	
b	A family member of a person described in (a) above?	11b		
	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		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		i	İ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ł
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	1
	controlled the organization's activities. If the organization had more than one supported organization,			l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			l
	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			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,			1
202	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		Ь
SEC	tion of Type it Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).	1	i i	1
Sec	tion D. All Type III Supporting Organizations			
			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	į.		ĺ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ŀ		l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	İ		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	ļ	<del> </del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		1
	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		1	1
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3_	L	<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
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 insti	a cotronol		
2	Activities Test. Answer (a) and (b) below	ucuonsi	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	$\overline{}$		1
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ł		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	}	1	}
	how the organization was responsive to those supported organizations, and how the organization determined	1	ĺ	1
	that these activities constituted substantially all of its activities	2a	Ĺ	
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	1		
	reasons for the organization's position that its supported organization(s) would have engaged in these		]	
	activities but for the organization's involvement	2b	<u>L</u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below			1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	1
	trustees of each of the supported organizations? Provide details in Part VI	3a	<b>└</b> ─	—
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		1	1
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	
32025	Schedule A (Form 9	990 or 9	90-F7	1 2016

	dule A (Form 990 or 990-EZ) 2016 SENIOR RESIDENCE AT KAPO			26-1492845 Page 6
Pa	Type in itel. I diletterially integrated des(a)(e) cupperting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	Nov. 20, 1970 (explain	in Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
_2_	Recovenes of pnor-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			· I
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7_		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current 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)	_1		
а	Average monthly value of securities	1a_		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3_		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4_		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
	emergency temporary reduction (see instructions)	6		ļ
7	Check here if the current year is the organization's first as a non-functionall		ited Type III supporting o	organization (see
	instructions).	, 3	71	•

Schedule A (Form 990 or 990-EZ) 2016

Sche Par	t V Type III Non-Functionally Integrated 509			6-1492845 Page 7
Secti	on D - Distributions	chelon cabbarring craar	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		<u> Ourrent real</u>
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets	o o o oapportou organizationo		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			<del></del>
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
Ū	(provide details in Part VI). See instructions	ic organization is responsive		ı
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10	the o amount divided by this 3 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016			
a				
ь				
_с	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
L	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7 <sup>.</sup> \$			
_a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3			
	and 4c			
8	Breakdown of line 7			
a				<u> </u>
	Excess from 2013			
	Excess from 2014	<del>                                     </del>		
	Excess from 2015			
	Excess from 2016	<del> </del>		<u> </u>
		<del></del>	L	

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 SENIOR RESIDENCE AT KAPOLEI 2, INC. 26-1492845 Page 8  [Part VI   Supplemental Information. Provide the explanations required by Part II line 10: Part II line 17a or 17b: Part III line 12
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 II, LINE 10, EXPLANATION FOR OTHER INCOME:
LAUNDRY AND OTHER INCOME
2012 AMOUNT: \$ 1,070.
2013 AMOUNT: \$ 902.
2014 AMOUNT: \$ 1,118.
2015 AMOUNT: \$ 1,838.
2016 AMOUNT: \$ 638.
SCHEUDULE A, PART II:
5-YEAR COMPUTATION PERIOD INCLUDES A SHORT TAX YEAR. THE ORGANIZATION
IS FILING A SHORT YEAR TAX RETURN FOR THE PERIOD JANUARY 1, 2017
THROUGH JUNE 30, 2017, DUE TO CHANGE OF ACCOUNTING PERIOD.
·

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SENIOR RESIDENCE AT KAPOLEI 2, INC.

Employer identification number 26-1492845

Schedule D (Form 990) 2016

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	ints. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		_
		(a) Donor advised funds	(b) Fu	and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	₹	used only	
	for charitable purposes and not for the benefit of the donor o			
	impermissible private benefit?	, , ,	· ·	Yes No
Pa		ganization answered "Yes" on Form 990,	Part IV, line	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e		torically imp	ortant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space	· · · · · · · · · · · · · · · · · · ·		
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ucture included in (a)	20	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structi		
	listed in the National Register		20	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation ea	sements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserva	ition easeme	ents during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organiza	ation's accounting for
	conservation easements.			
Pai	t III Organizations Maintaining Collections of	•	ther Simi	lar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and ba	lance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of publ	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and baland	e sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	iblic service,	provide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	* \$
	(ii) Assets included in Form 990, Part X		•	· \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gaın, prov	de
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		•	<b>\$</b>
ь	Assets included in Form 990, Part X		•	<b>S</b>

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

		RESIDENCE A						<u> 26-14</u>		
Par	t III   Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that	are a sig	nificant u	ise of its c	ollection i	tems
	(check all that apply):		_							
а	Public exhibition	d			hange progra	ms				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co							se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	stoncal treas	sures, or othe	r sımılar a	assets	_	_	
_	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrange	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for o	contributions	s or other ass	ets not ir	ncluded	_	_	
	on Form 990, Part X?	***						∟	_ Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able <sup>.</sup>						
							ļ		Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ıstodıal accou	ınt liabilit	ty?	X	Yes	No
<u> </u>	If "Yes," explain the arrangement in Part XIII.									X
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) P	nor year	(c) Two year	s back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance				L					
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities							_		
	and programs									
f	Administrative expenses									
g	End of year balance					1				
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1d	column (a)	)) held as				<u> </u>	
	Board designated or quasi-endowment		% %	g, 001 <b>0</b> 11111 (a)	,, 11014 45					
	Permanent endowment	<u>~~~~</u>	_~~							
	Temporarily restricted endowment	<del></del>								
·	The percentages on lines 2a, 2b, and 2c sho									
32	Are there endowment funds not in the posse		ation tha	t are held ar	nd administer	ed for the	e organiz	ation		
Ju	by	obion of the organize	20011 0114	it are riole ar	ia administro	00 101 111	o organiz	u	٦	Yes No
	(i) unrelated organizations								3a(i)	103 110
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	atione listed as requir	ed on S	chadula D2					3b	
4	Describe in Part XIII the intended uses of the								[ 30 ]	
=	t VI Land, Buildings, and Equipm		winent	urius.						
	Complete if the organization answere		) Part IV	/ line 11a C	See Form 000	Part Y	line 10			
	Description of property	(a) Cost or o		T	t or other		ccumulat	ed T	(d) Bool	k value
	bescription of property	basis (investr		1 ''	(other)	\ - <i>,</i>	oreciation		(u) BUUI	· value
	Land	2230 (1110311		Dadis	(50101)	401		<del>`                                    </del>		
		<u> </u>		1 71	8,320.	9	301,0	68	3 94'	7,252.
D -	Buildings	<del>                                     </del>		3, 14	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<i>,</i> 0 ± <i>,</i> 0	<del>~~+</del>	J, J4	, , 2, 2, 2, 6
ن ب	Leasehold improvements	<del></del>		- 3	7,186.		33,8	71	<del></del> -	3,315.
	Equipment Other	<b>—</b>			, , , ± 0 0 •		33,0	<del>/ = •</del>		<i>.,</i>
	L Add lines 1a through 1e (Calumn (d) must a	aual Form 200 Part	Y ook	nn (D) (m = 1				<del></del>	3.95	0,567.

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 SENIOR RESIDENCE AT KAPOLEI			92845 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	62,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a		
þ	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	62,439.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
þ	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	62,439.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	132,216.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
đ	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	<u> </u>
3	Subtract line 2e from line 1		3	132,216.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	<u> </u>
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	132,216.
Pa	rt XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I	V, lines 1b and 2b,	Part V, line 4, Part X, li	ne 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional information		
	<del></del>			
PAI	RT IV, LINE 2B:			
THI	3 ORGANIZATION MAINTAINS TENANT SECURITY DE	POSITS IN	A SEPARATE	BANK
<u>ACC</u>	COUNT AND HELD IN TRUST FOR THE TENANTS UNT	IL THEY V	ACATE THE PR	ROPERTY
<u>OR</u>	ARE DUE TO THE ORGANIZATION DUE TO LEASE V	IOLATIONS	<u>•                                      </u>	
PAI	RT X,_LINE 2:			
THE	SENIOR RESIDENCE AT KAPOLEI 2, INC. (COMP	ANY) IS E	XEMPT FROM 1	NCOME
TAX	KATION UNDER SECTION 501(C)(3) OF THE INTER	NAL REVEN	UE CODE. THE	COMPANY_
		_		
REC	COGNIZES THE FINANCIAL STATEMENT BENEFIT OF	' A TAX PO	SITION ONLY	AFTER
<u>DE'</u>	FERMINING THAT THE RELEVANT TAX AUTHORITY W	OULD MORE	LIKELY THAN	NOT
				A
SUS	STAIN THE POSITION AFTER AN AUDIT BASED ON	THE TECHN	1CAL MERITS	OF THE
<b>D</b> •	TIMION MIN ACMINING WAS TRANSPORTED	IDIA=======	. may bootma	NG TY
<b>FO</b>	SITION. THE COMPANY HAS NOT IDENTIFIED ANY	UNCERTAIN		
63205	4 08-29-16		Schedul	le D (Form 990) 2016

Schedule D (Form 990) 2016 SENIOR RESIDENCE AT KAPOLEI 2, INC. 26-1492845 Page 5 Part XIII   Supplemental Information (continued)
FILED RETURNS THAT REQUIRE DISCLOSURE IN THE ACCOMPANYING FINANCIAL
STATEMENTS.
THE COMPANY IS NOT SUBJECT TO INCOME TAXES IN THE U.S. FEDERAL
JURISDICTION AND THE STATE. TAX REGULATIONS WITHIN EACH JURISDICTION ARE
SUBJECT TO INTERPRETATION OF THE RELATED TAX LAWS AND REGULATIONS AND
REQUIRE SIGNIFICANT JUDGMENT TO APPLY.
<del></del>
<del></del>
<del></del>
<del></del>
<del></del>

### **SCHEDULE O**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

SENIOR RESIDENCE AT KAPOLEI 2,

**Employer identification number** 26-1492845

FORM 990
THE RETURN FOR THE PERIOD JANUARY 1, 2017 TO JUNE 30, 2017 WAS PREPARED
ON 2016 TAX FORMS SINCE THE 2017 TAX FORMS WERE NOT READILY AVAILABLE.
ECRY COO DARK TIT TIVE 1 DECERTORISM OF CREATERING WIGGION
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SUCH FACILITIES AND SERVICES TO BE PREDICATED UPON THE PROVISION,
MAINTENANCE, AND OPERATION THEREOF ON A NONPROFIT BASIS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GOVERNING BODY REVIEWS AND APPROVES THE FORM 990 PRIOR TO FILING OF THE
FORM.
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION CONDUCTS PERIODIC REVIEWS TO DETERMINE WHETHER A CONFLICT
OF INTEREST EXISTS. A CONFLICT EXISTS WHERE A TRANSACTION OR ARRANGEMENT
BENEFITS THE PRIVATE INTEREST OF A DIRECTOR, OFFICER OR MEMBER OF A
COMMITTEE OF THE ORGANIZATION WITH DELEGATED POWERS. IF THE BOARD OF
DIRECTORS DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE INTERESTED
PERSON SHALL RECUSE THEMSELVES FROM PARTICIPATING IN DISCUSSION AND VOTING
ON THE TRANSACTION OR ARRANGEMENT.
FORM 990, PART VI, SECTION C, LINE 19:
THE ENTITY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) (2016)	
Name of the organization SENIOR RESIDENCE AT KAPOLEI 2, INC.	Employer identification number 26-1492845
FORM 990, PART VI, SECTION B, LINE 15A & 15B:	
DIRECTORS AND OFFICERS SERVE WITHOUT COMPENSATION.	
<del></del>	
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

2016 2017 Employer identification number Open to Public Inspection OMB No 1545-0047 26-1492845 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 Related Organizations and Unrelated Partnerships Attach to Form 990. INC. SENIOR RESIDENCE AT KAPOLEI 2, Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R

(Form 990)

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

(a)  Name, address, and EIN (if applicable)  of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
				:		1
Identification of Related Tax-Exempt Organizations. Complete organizations during the tax year.	ons. Complete if the organization ar	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	ırt IV, line 34 becaus	e it had one or mor	e related tax-ехеп	ıpt
(a)	(q)	(2)	ਉ	(e)	E	(6)

Schedule R (Form 990) 2016 Section 512(b)(13) Š × × × controlled entity? Yes Direct controlling PACIFIC HOUSING ACIFIC HOUSING ACIFIC HOUSING ORPORATION CORPORATION CORPORATION SSISTANCE SSISTANCE SSISTANCE **K**/ status (if section 501(c)(3)) Public charity LINE 10 INE 10 LINE 10 LINE 10 Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) HAWALI IAWAII IAWAII HAWAII NCOME PERSONS OR FAMILIES PROVIDE AFFORDABLE HOUSING HOUSING FOR VERY LOW & LOW PERSONS WITH DISABILITIES O PROVIDE AFFORDABLE HOUSING TO LOW INCOME TO PROVIDE AFFORDABLE O PROVIDE AFFORDABLE OR ELDERLY PERSONS/ Primary activity HOUSING ERSONS VILLAGE - 99-0334824, 888 IWILEI ROAD, SUITE PACIFIC HOUSING OAHU CORPORATION - ELDERLY PACIFIC HOUSING OAHU CORPORATION - TENNEY RESIDENCE - 94-3270529, 888 IWILEI ROAD, PACIFIC HOUSING ASSISTANCE CORPORATION 99-0199316, 888 IWILEI ROAD, SUITE 200, 95-3257400 888 IWILEI ROAD, SUITE 200, PACIFIC HOUSING OAHU CORPORATION Name, address, and EIN of related organization SUITE 200, HONOLULU, HI 96817 HONOLULU, HI 96817 HONOLULU HI 96817 96817 HONOLULU, HI

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

632161 09-06-16 LHA

26-1492845

SENIOR RESIDENCE AT KAPOLEI 2, INC.

Schedule R (Form 990) SENIOR RESIDENCE AT KAPOL.

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(Q)	<b>(</b> 2)	<u>©</u>	(e)	E	6)	_ ;
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	Section,512(b)(13)	(EL)(a)2
of related organization		foreign country)	section	status (if section	entity	organization?	tion?
				501(c)(3))		Yes	No
PHAC NO. 1, INC 99-0297069	TO PROVIDE AFFORDABLE				PACIFIC HOUSING		
888 IWILEI ROAD, SUITE 200	HOUSING FOR ELDERLY				ASSISTANCE		
HONOLULU, HI 96817	PERSONS	HAWAII	501(C)(3)	LINE 10	CORPORATION		×
PACIFIC HOUSING OAHU CORPORATION - KUPUNA	PROVIDE AFFORDABLE HOUSING				PACIFIC HOUSING		
AT WAIMANALO - 99-0348173, 888 IWILEI ROAD,	FOR ELDERLY PERSONS/				ASSISTANCE		
SUITE 200, HONOLULU, HI 96817	PERSONS WITH DISABILITIES	HAWAII	501(C)(3)	LINE 10	CORPORATION		×
PACIFIC HOUSING OAHU CORPORATION - IWILEI	PROVIDE AFFORDABLE HOUSING				PACIFIC HOUSING		
RESIDENCE - 30-0044764, 888 IWILEI ROAD,	FOR ELDERLY PERSONS/				ASSISTANCE	_	
SUITE 200, HONOLULU, HI 96817	PERSONS WITH DISABILITIES	HAWAII	501(C)(3)	LINE 7	CORPORATION		×
PACIFIC HOUSING OAHU CORPORATION - KAPOLEI	PROVIDE AFFORDABLE HOUSING				PACIFIC HOUSING		
RESIDENCE - 30-0145038, 888 IWILEI ROAD,	FOR ELDERLY PERSONS/			<u> </u>	ASSISTANCE		
SUITE 200, HONOLULU, HI 96817	PERSONS WITH DISABILITIES	HAWAII	501(C)(3)	LINE 10	CORPORATION		×
			,				
						_	

Page 2 26-1492845

INC. SENIOR RESIDENCE AT KAPOLEI 2, Schedule R (Form 990) 2016

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

(a)	(q)	(၁)	(p)	(e)	Œ	(6)	ε	9	<b>S</b>	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate affocations?	Code V-UBI amount in box		General or Percentage managing ownership	ege di
		country)		sections 512-514)		assets	Yes	No K-1 (Form 1065)	065) Yes No	No	١
PACIFIC HOUSING MILILANI LLC			PACIFIC								
61-1495993, 888 IWILEI	TO PROVIDE		HOUSING	-						_	
ROAD, SUITE 200, HONOLULU, HI	AFFORDABLE		ASSISTANCE				-		_		
96817	HOUSING	HI	CORPORATION	RELATED	0.	0.	×	N/A	4	00.	800
PACIFIC HOUSING LANAI LLC -			PACIFIC					! 			
61-1495994, 888 IWILEI ROAD,	TO PROVIDE		HOUSING	-							
SUITE 200, HONOLULU, HI	AFFORDABLE		ASSISTANCE		-		_				
96817	HOUSING	HI	CORPORATION	RELATED	0	0.	×	N/A		8. X	*00
										_	
THE COURTS LLC - 32-0164373	TO PROVIDE								_		
888 IWILEI ROAD, SUITE 200	AFFORDABLE						_		_		
HONOLULU, HI 96817	HOUSING	HI	N/A	N/A	0.	0.	×	N/A		\$00°	*
WAIMANALO KUPUNA HOUSING LP -							_		_		
33-1019702, 888 IWILEI ROAD,	TO PROVIDE							_			
SUITE 200, HONOLULU, HI	AFFORDABLE										•
96817	HOUSING	HI	N/A	N/A	0.	0.	×	N/A	7	\$00°	#
									!		

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

(b) (c) (d)
Primary activity
TO PROVIDE AFFORDABLE
HOUSING
TO PROVIDE AFFORDABLE
HOUSING

Schedule R (Form 990) 2016

26-1492845

SENIOR RESIDENCE AT KAPOLEI 2, INC.

Schedule R (Form 990)	SENIOR RESIDENCE AT KAPOLEI	E AT	KAPOLEI 2	,	I
Part III Continuation of Ide	art III Continuation of Identification of Related Organizations Taxable as a Partnershi	ations Tax	able as a Partno	ership	
				r	ı

(6)	(g)	(3)	(5)	(e)	9	(6)	ε	-	8	s	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	trolling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership pariner?
ELDERLY HOUSING										_	
99-0341551, 888	TO PROVIDE										
SUITE 200,	AFFORDABLE	111	4	4 / h	<u> </u>	c	>		N/2	<u>×</u>	9
	DOUGLING	1			;	;     	4	1	#/#		
ON ATRECTS SEE	ad Titoda Om										
ZU-4/U35/0, 660	TO FROATUR							_		_	
AD, SUITE 200,	AFFORDABLE				•	•	i		-		ć
HONOLULU, HI 96817	HOUSING	HI		N/A	0.	0.	×	1	N/A	×	\$00.
SENIOR RESIDENCE AT IWILEI LP			PACIFIC		_				_		
- 81-0581111, 888 IWILEI	TO PROVIDE		HOUSING							_	
ROAD, SUITE 200, HONOLULU, HI	AFFORDABLE		ASSISTANCE								
	HOUSING	HI	CORPORATION	RELATED	0.	0.	×		N/A	×	\$00°
KAPOLEI PACIFIC LP -			PACIFIC							_	
26-0595245, 888 IWILEI ROAD, I	ro PROVIDE		HOUSING	-	_		_				
SUITE 200, HONOLULU, HI	AFFORDABLE		ASSISTANCE		_						
96817	HOUSING	HI	CORPORATION	RELATED	0.	0.	×	-	N/A	×	\$00°
PALEHUA TERRACE 2 LP -			PACIFIC		_		_			_	
72-1555926, 888 IWILEI ROAD, I	TO PROVIDE		HOUSING								
SUITE 200, HONOLULU, HI	AFFORDABLE		ASSISTANCE		_						
96817	HOUSING	HI	CORPORATION	RELATED	0.	0.	×		N/A	×	<b>\$</b> 00.
MALU'OHAI PACIFIC LP -			PACIFIC					_		_	
26-2751697, 888 IWILEI ROAD, T	TO PROVIDE		HOUSING						_	_	
SUITE 200, HONOLULU, HI	AFFORDABLE		ASSISTANCE								
96817	HOUSING	HI	CORPORATION	RELATED	0.	0.	×	4	N/A	×	<b>\$</b> 00.
					<u> </u>	-				-	
										_	
									-	_	
							1	1		+	
							_				
									-		
								+		7	
									_	_	
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		-									
								-		7	

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Page 3

# INC SENIOR RESIDENCE AT KAPOLEI Schedule R (Form 990) 2016

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- 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?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
    - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
  - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
  - Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
  - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

Z II 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.	no must complete thi	s line, including covered re	elationships and transaction thresholds.
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(6)			
(4)			
(5)			
(9)			
632163 09-06-16			Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 SENIOR RESIDENCE AT KAPOLEI 2, INC

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

bisproper Code V-UBI General or Percentage binate amount in box 20 menoging ownership of Schedule K-1 partner? ownership (Form 1065) ves No 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) end-of-year Share of assets Share of total income Are all partners sec 501 (c)(3) orgs 7 Predominant income (related, unrelated, excluded from tax under sections 512-514) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. € (state or foreign Legal domicile country) ত Primary activity Name, address, and EIN of entity

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Part VII Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:
NAME OF RELATED ORGANIZATION:
PACIFIC HOUSING MILILANI LLC
DIRECT CONTROLLING ENTITY: PACIFIC HOUSING ASSISTANCE CORPORATION
NAME OF RELATED ORGANIZATION:
PACIFIC HOUSING LANAI LLC
DIRECT CONTROLLING ENTITY: PACIFIC HOUSING ASSISTANCE CORPORATION
NAME OF RELATED ORGANIZATION:
SENIOR RESIDENCE AT IWILEI LP
DIRECT CONTROLLING ENTITY: PACIFIC HOUSING ASSISTANCE CORPORATION
NAME OF RELATED ORGANIZATION:
KAPOLEI PACIFIC LP
DIRECT CONTROLLING ENTITY: PACIFIC HOUSING ASSISTANCE CORPORATION
NAME OF RELATED ORGANIZATION:
PALEHUA TERRACE 2 LP
DIRECT CONTROLLING ENTITY: PACIFIC HOUSING ASSISTANCE CORPORATION
NAME OF RELATED ORGANIZATION:
MALU'OHAI PACIFIC LP
DIRECT CONTROLLING ENTITY: PACIFIC HOUSING ASSISTANCE CORPORATION
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

Schedule R (Form 990) 2016 SENIOR RESIDENCE AT KAPOLEI 2, INC.	26-1492845 Page 5
Part VII   Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	
•	
NAME OF RELATED ORGANIZATION:	~ <del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>
PACIFIC KAPOLEI GP LLC	
DIRDON COMPACTIVO SUPERIO DI GERGA COMOZINA AGGEGRANGE CO	
DIRECT CONTROLLING ENTITY: PACIFIC HOUSING ASSISTANCE CO	JRPORATION
NAME OF RELATED ORGANIZATION:	
MAIL OF REDAILED ORGANIZATION.	
IWILEI GP, LLC	
DIRECT CONTROLLING ENTITY: PACIFIC HOUSING ASSISTANCE CO	ORPORATION

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