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2018

OMB No 1545-0052

Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

or Section 4947(a)(1) Trust Treated as Private Foundation ▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

| For | caler | ndar year 2018, or tax year beginning 01-01-20 |)18 , ar | nd en | ding 12-31- | 2018 | | | |
|-------------------------|----------|--|-----------------------|----------------|----------------------------------|--|---|--|--|
| | | ndation I COMMUNITY DEVELOPMENT | | | A Employer identification number | | | | |
| ВО | ARD | | Room/suite | | 31-1703054 | | | | |
| | | street (or PO box number if mail is not delivered to street address) HOP STREET SUITE 907 | | • | mber (see instructior | ns) | | | |
| City | or town | , state or province, country, and ZIP or foreign postal code | | | (808) 529-0404 | | | | |
| HON | OLULU, | HI 96813 | | | C If exemption | application is pending | g, check here | | |
| G Ch | eck al | l that apply 🔲 Initial return 🔲 Initial return of a | former public charity | | D 1. Foreign or | ganızatıons, check he | ere 🕨 🔲 | | |
| | | ☐ Final return ☐ Amended return | | | | ganizations meeting k here and attach cor | | | |
| ш сь | | Address change ☐ Name change pe of organization ☑ Section 501(c)(3) exempt private | £ | | | undation status was t | | | |
| | , | | e private foundation | | under sectio | n 507(b)(1)(A), chec | k here | | |
| | | | ☐ Cash ☑ Accru | ıal | F If the founda | ation is in a 60-month | n termination | | |
| | | rom Part II, col (c), ▶\$ 1,852,952 (Part I, column (d) must | be on cash basis) | | under section | n 507(b)(1)(B), checl | k here | | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | Ī | | | (d) Disbursements | | |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)) | expenses per books | (b) N | let investment income | (c) Adjusted net income | for charitable purposes (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | 2,025,000 | | | | | | |
| | 2 | Check ▶ ☐ If the foundation is not required to attach | | | | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | | | | | | | |
| | 4 | Dividends and interest from securities | | | | | | | |
| | 5a | Gross rents | 354,691 | | 354,691 | 354,691 | | | |
| a) | b | Net rental income or (loss) 169,791 | | | | | | | |
| Revenue | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | | | |
| | ь 7 | Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) | | | | | | | |
| | 8 | Net short-term capital gain | | | | | | | |
| | 9 | Income modifications | | | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | | | |
| | ь | Less Cost of goods sold | | | | | | | |
| | C | Gross profit or (loss) (attach schedule) | 22,681 | | | 22,681 | | | |
| | 11 12 | Other income (attach schedule) | 2,402,372 | | 354,691 | 377,372 | | | |
| | 13 | Compensation of officers, directors, trustees, etc | 124,500 | | 33.,031 | 377,372 | 124,500 | | |
| | 14 | Other employee salaries and wages | , | | | | , | | |
| 6S | 15 | Pension plans, employee benefits | | | | | | | |
| in St | 16a | Legal fees (attach schedule) | | | | | | | |
| ă | ь | Accounting fees (attach schedule) | 6,617 | ' | | | 6,617 | | |
| Administrative Expenses | С | Other professional fees (attach schedule) | | | | | | | |
| rati | 17 18 | Interest | 9 , 16,869 | | 16,269 | 16,269 | 600 | | |
| ıst | 19 | Taxes (attach schedule) (see instructions) | 7,421 | 1 | 1,000 | · · | 000 | | |
| <u>=</u> | 20 | Occupancy | 173,241 | | 143,265 | 143,265 | 29,976 | | |
| Ā | 21 | Travel, conferences, and meetings | 92 | | · · | | 92 | | |
| anc | 22 | Printing and publications | | | | | | | |
| Operating and | 23 | Other expenses (attach schedule) | 57,175 | | 24,366 | 24,366 | 32,809 | | |
| er at | 24 | Total operating and administrative expenses. | 205.045 | | 404.000 | 404.000 | 404 504 | | |
| ă | 25 | Add lines 13 through 23 | 385,915 350 | | 184,900 | 184,900 | 194,594 350 | | |
| | 26 | Total expenses and disbursements. Add lines 24 and | 330 | | | | 330 | | |
| | | 25 | 386,265 | ; | 184,900 | 184,900 | 194,944 | | |
| | 27 | Subtract line 26 from line 12 | | | | | | | |
| | а | Excess of revenue over expenses and disbursements | 2,016,107 | · | | | | | |
| | b | Net investment income (if negative, enter -0-) | | | 169,791 | | | | |
| Eor | C | Adjusted net income (If negative, enter -0-) | | | at No. 11289 | 192,472 | m 990-PF (2018) | | |

14,613

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2,514,534

1,428,811

30,888

80,916

227,716

1.789.117

1,428,811

1,429,092

360,025

360,025

1,789,117

281

1,428,811

3.468

29,887

104,904

2 476 330

4,055,169

1.678.811

1,679,122

2.376.047

2,376,047

4,055,169

2

3

4

5

6

360,025

2,016,107

2,376,132

2,376,047 Form 990-PF (2018)

85

311

1.428.811

3,468

44,500

104,904

259,500

1,852,952

| | 5 |
|--------|-----|
| | 6 |
| | _ |
| | 7 |
| ts | 8 |
| Assets | 9 |
| As | 10a |
| | |

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11

12

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16

17

18

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20

21

22

23

24

25

26

28

29 Net

30

31

Part III

2

3

Liabilities

Balances

Fund

ŏ

Assets 27 Less allowance for doubtful accounts

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) -

Enter amount from Part I, line 27a

Temporarily restricted

Grants payable

Investments—U S and state government obligations (attach schedule) Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶ ✓

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds

Capital stock, trust principal, or current funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

.

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ ___

Investments—other (attach schedule)

Less accumulated depreciation (attach schedule) ▶ 38,204

Total assets (to be completed by all filers—see the

Less accumulated depreciation (attach schedule) ▶ _____

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

2

3

4

5

6

7

0

1,698

1,698 194,944

Form 990-PF (2018)

2 Total of line 1, column (d)

5 Multiply line 4 by line 3

instructions

3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the

.

number of years the foundation has been in existence if less than 5 years

4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5

6 Enter 1% of net investment income (1% of Part I, line 27b) .

8 Enter qualifying distributions from Part XII, line 4

Page **6**

| 1201 | Statements Regard | uing | Activities for which | FORM 4720 May Be | Required (Continue | u) | | | |
|------------|---|---------|------------------------------|-----------------------------|-------------------------------------|----------------|----------|---------------------|-------|
| 5a | During the year did the foundation | pay o | r incur any amount to | | | | | Yes | No |
| | (1) Carry on propaganda, or other | wise a | ttempt to influence legisl | ation (section 4945(e))? | ☐ Yes | ✓ 1 | No | | |
| | (2) Influence the outcome of any s | pecifi | c public election (see sect | tion 4955), or to carry | | | | | |
| | on, directly or indirectly, any vo | oter re | egistration drive? | | · · · Pes | ✓ 1 | No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No | | | | | | | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | | | | | | | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, or | | | | | | | | |
| | educational purposes, or for the | e prev | ention of cruelty to childi | ren or animals? | | ✓ , | . | | |
| b | If any answer is "Yes" to 5a(1)-(5) | , dıd a | any of the transactions fa | all to qualify under the ex | cceptions described in | Y | No | | |
| | Regulations section 53 4945 or in a | | = | | | | 5b | | |
| | Organizations relying on a current i | | | | | | | | |
| c | If the answer is "Yes" to question 5 | a(4), | does the foundation clain | n exemption from the | | ш | | | |
| | tax because it maintained expendit | | | • | · · □ | П. | . | | |
| | If "Yes," attach the statement requi | | · · · · · · | | · · L Yes | ш | No | | |
| 6 a | Did the foundation, during the year | , rece | ive any funds, directly or | indirectly, to pay premi | ums on | | | | |
| | a personal benefit contract? | | | | · 🗆 🗆 vas | ✓ 1 | Na | | |
| b | Did the foundation, during the year | , pay | premiums, directly or inc | lirectly, on a personal be | nefit contract? | | МО 6Ь | | No |
| | If "Yes" to 6b, file Form 8870 | | | | | | | | |
| 7a | At any time during the tax year, wa | s the | foundation a party to a p | prohibited tax shelter tra | nsaction? | | . | | |
| b | If yes, did the foundation receive a | | | | ∟ Yes | V | NO 7b | | |
| 8 | • • | | • | | | | | | |
| | excess parachute payment during the year? | | | | | | | | |
| | Information About | | | | Yes | | No — | | |
| Pa | and Contractors | OIIIC | ers, Directors, Trust | ices, roundation ma | illagers, nighty Far | u EIII | pioyees | γ, | |
| 1 | List all officers, directors, truste | es fo | oundation managers ar | nd their compensation | See instructions | | | | |
| | List all officers, all cetors, traste | | b) Title, and average | (c) Compensation (If | | . Т | | | |
| | (a) Name and address | ` | hours per week | not paid, enter | employee benefit plans | and | (e) Expe | ense acc allowan | |
| | | | devoted to position | -0-) | deferred compensation | on | | | |
| See | Additional Data Table | _ | | | | | | | |
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| | | - | | | | | | | |
| 2 | Compensation of five highest-pa | id en | nployees (other than t | hose included on line | 1—see instructions). I | f non | e, enter | "NONE | . " |
| , , | N | | (b) Title, and average | | (d) Contributions t | | | | |
| (a) | Name and address of each employee more than \$50,000 | paid | hours per week | (c) Compensation | employee benefit plans and deferred | | (e) Expe | nse acci Ilowanc | |
| | more than \$50,000 | | devoted to position | | compensation | • | Ochici e | o | .03 |
| NON | E | | | | | | | | |
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| | I mumahan af athan arradana a | | 0.000 | | | | | | |
| TOTA | I number of other employees paid ov | /er \$5 | 0,000 | | · · · · · • | | F 01 | 10 55 | /2012 |
| | | | | | | | Form 99 | 7U-PF | (∠018 |

| Forr | m 990-PF (2018) | | Page 7 |
|------|--|---|---------------------------|
| Pa | Information About Officers, Directors, Trus and Contractors (continued) | tees, Foundation Managers, Highly Paid E | mployees, |
| 3 | Five highest-paid independent contractors for professional | services (see instructions). If none, enter "NO | NE". |
| | (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| KAL | I WATSON | EXEC DIRECTOR | 76,500 |
| | 88 BISHOP STREET SUITE 907 NOLULU, HI 96813 | | |
| | | | |
| Tot | al number of others receiving over \$50,000 for professional services | | |
| | art IX-A Summary of Direct Charitable Activities | | |
| List | the foundation's four largest direct charitable activities during the tax year Incl anizations and other beneficiaries served, conferences convened, research papel | | Expenses |
| 1 | TO PROMOTE THE DEVELOPMENT OF AFFORDABLE HOUSING, SERVITHE HAWAIIAN COMMUNITIES | TICE CENTERS, AND ELDERLY HOUSING NEEDS IN | 194,594 |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| Da | art IX-B Summary of Program-Related Investments | (see instructions) | |
| | Describe the two largest program-related investments made by the foundation of | • | Amount |
| | . N/A | | 7.11.15 4.115 |
| 2 | | | |
| | | | |
| 3 | All other program-related investments See instructions | | |
| Tot | al. Add lines 1 through 3 | | |
| | an man mes I shought 5 | · · · · · · · · · · · · · · · · · · · | Form 990-PF (2018) |

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

3a 3b

4

5

194.944

1.698

193,246

Form 990-PF (2018)

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

4

5

Form **990-PF** (2018)

Page 9

Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2017 2017 1 Distributable amount for 2018 from Part XI, line 7 2 Undistributed income if any as of the end of 2018.

| _ | onaistributed intentie, in arry, as or the end of 2010 | | |
|---|--|--|--|
| а | Enter amount for 2017 only | | |
| b | Total for prior years 20, 20, 20 | | |
| 3 | Excess distributions carryover, if any, to 2018 | | |
| а | From 2013 | | |
| b | From 2014 | | |
| С | From 2015 | | |
| | | | |

194.944

194,944

| • | EXCESS GISCIE | ·uci | 0115 | , ca | ,,,, | 0 (0 , 1 | in arry, to zoto | 1 |
|---|-----------------|------|------|------|------|-----------|------------------|---|
| а | From 2013. | | | | | | | |
| b | From 2014. | | | | | | | |
| C | From 2015. | | | | | | | |
| d | From 2016. | | | | | | | |
| е | From 2017. | | | | | | | |
| f | Total of lines | За | thi | oug | gh e | e | | |
| 4 | Qualifying dist | rıb | utio | ons | for | 2018 | from Part | |

XII, line 4 ▶ \$ 194,944 a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election **d** Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

6 Enter the net total of each column as

b Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

same amount must be shown in column (a))

| | I-A Analysis of Income-Producing | Activities | | | | rage III |
|------------------|---|----------------------|----------------------|-----------------------|-----------------------|--|
| Enter gros | s amounts unless otherwise indicated | Unrelated b | usiness income | Excluded by sectio | n 512, 513, or 514 | (e) Related or exempt |
| 1 Progran | m service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | and contracts from government agencies | | | | | |
| _ | ership dues and assessments | | | | | |
| 3 Interes | st on savings and temporary cash ments | | | | | |
| 5 Net re | nds and interest from securities nate into interest from real estate | | | | | |
| | -financed property | | | 16 | 169,791 | |
| | ntal income or (loss) from personal property | | | 10 | 109,791 | |
| | investment income | | | | | |
| 8 Gain o | r (loss) from sales of assets other than ory | | | | | |
| | come or (loss) from special events | | | | | |
| 10 Gross | profit or (loss) from sales of inventory | | | | | |
| | revenue aSee Additional Data Table | | | | | |
| | | | | | | |
| d | | | | | | |
| | | | | | | |
| | al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | | l | 192,472 . 3 | <u> </u> 192,472 |
| (See w | orksheet in line 13 instructions to verify calcu | lations) | | | | 172,172 |
| Part XV | I-B Relationship of Activities to th | | | | | |
| Line No. ▼ | Explain below how each activity for which the accomplishment of the foundation's exinstructions) | | | | | |
| 11B | TO PROMOTE THE DEVELOPMENT OF AFFOR COMMUNITIES | DABLE HOUSING | , SERVICE CENTE | RS, AND ELDERLY H | OUSING IN THE HA | WAIIAN |
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| | <u> </u> | | | | | |
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| | | | | | Fo | rm 990-PF (2018) |

| . , | 1 0) |
|------|--|
| | Information Regarding Transfers To and Transactions and Relationships With Noncharitable |
| 1111 | Exempt Organizations |

| FOIL | VATT | Exempt Organi: | zations | | | | | | | | |
|--|---------------------|--|---------------------|----------------------------|---------------------------------------|---|--|--|---------|------|--|
| 1 Did | the org | janization directly or inchange in the contract of the contrac | dırectly engage ı | | | | | 501 | Yes | No | |
| a Tra | nsfers f | rom the reporting foundation to a noncharitable exempt organization of | | | | | | | | | |
| (1) | Cash. | 1a(1) | | | | | | | | | |
| (2) | Other | assets | | . 1a(2) | | No | | | | | |
| b Oth | er trans | sactions | | | | | | | | | |
| (1) Sales of assets to a noncharitable exempt organization | | | | | | | | | | No | |
| | | ases of assets from a n | | | | | $\boldsymbol{\cdot} \boldsymbol{\cdot} $ | . 1b(2) | | No | |
| | | l of facilities, equipmen | • | | | | $\cdots \cdots \cdots$ | . 1b(3) | | No | |
| | | oursement arrangemen | | | | | | 1b(4) | | No | |
| ٠, | | or loan guarantees. | | | | | | . 1b(5) | | No | |
| ٠, | | nance of services or m | • | - | | | | 1b(6) | | No | |
| | - | facilities, equipment, n | - | | | | | 1c | | No | |
| of t | he good iny tran | er to any of the above is, other assets, or serv saction or sharing arra (b) Amount involved | vices given by th | e reporting n column (d | foundation If the d) the value of the | foundation receive goods, other asse | ed less than fair marke | t value d | ngemen | ts | |
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| 2a Ict | he foun | dation directly or indire | ctly affiliated wi | th or relate | d to one or more | tav-evemnt organ | ızatıons | | | | |
| | | n section 501(c) (other | | | | | _ | ✓ No | | | |
| | | mplete the following so | | 1(0)(3)) 01 | in section 327. | | ш ies | LEI NO | | | |
| D 11 | 165, 00 | (a) Name of organization | | 1 (| b) Type of organization | n I | (c) Description of | f relationship | | | |
| | | (2) Hame or organization | | , | - 7 .7pc or organization | | (c) Bassing all all | - Total on on p | | | |
| | | | | | | | | | | | |
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| | _ | | | | | | | | | | |
| - : | of my | r penalties of perjury, y knowledge and belief n preparer has any kno | , it is true, corre | | • | - , , | ~ | ed on all infoi | mation | n of | |
| Sign Here | . * | **** | | | 2019-11-14 | ***** | | May the IRS di return with the prepa | | | |
| | S | ignature of officer or to | rustee | | Date | Title | | below (see instr)? | Yes | □ No | |
| | | Print/Type preparer's | name Pre | parer's Sigi | nature | Date | Check if self- | | | | |
| Paid | | GALEN G L LUM | | | | 2019-11-14 | employed ▶ □ | P01063 | 94/ | | |
| _ | arer Only | Firm's name ▶ GALE | EN G L LUM C P A | INC | | I | Fir | m's EIN ▶99 | -03376 | 515 | |
| | , | Firm's address ▶ 11 | 88 BISHOP STRE | ET SUITE 2 | 2203 | | | | | | |
| Firm's address ► 1188 BISHOP STREET SUITE 2203 HONOLULU, HI 968133309 | | | | | | | Ph | one no (808 |) 531-8 | 8265 | |
| | | 1 | | | | | | | | | |

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances -0-) (b) devoted to position employee benefit plans and deferred compensation KALI WATSON EXEC DIRECT 76,500 Ω 40 00 3003 KALAKAUA AVENUE NO 4A HONOLULU, HI 96815 RICHARD HOKE O PRESIDENT 000 00 1117 LUNAHELU PLACE KAILUA, HI 96734 PATTI BARBEE VICE-PRES 48,000 0 40 00 46-328 KAMEHAMEHA HIGHWAY KANEOHE, HI 96744 JACKIE BURKE SEC/TREAS ٥ 000 00 1215 KAAUWAI PLACE HONOLULU, HI 96817 LINDA AHUF DIRECTOR O 0 000 00 1212 NUUANU AVENUE NO 3407 HONOLULU, HI 96817 PUNI KEKAUOHA DIRECTOR 0 0 000 00 745 IAUKEA STREET HONOLULU, HI 96813 HELEN O'CONNOR DIRECTOR 0 0 000 00 1506 KAUMUALII STREET NO 124 HONOLULU, HI 96817 RICHARD SOO DIRECTOR 0 000 00 2274 KAPAHU STREET

0

0

DIRECTOR

000 00

HONOLULU, HI 96813

91-1052 UALAKUPU STREET KAPOLEI, HI 96707

ALFRED WILLIG

Enter gross amounts unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514 (e) Related or exempt (a) (b) (c) (d) function income Business Amount Exclusion code Amount (See the 11 Other revenue code instructions) a PARTNERSHIP MANAGEMENT FEES 41 21,855 2,000 **b** EXPENSE REIMBURSEMENTS

| c FEDERAL TAX REFUNDS | | 14 | 291 | |
|------------------------------|--|----|-----|--|
| d NANAKULI KAUHALE DEV L P | | 41 | | |
| e HALAWA VIEW HOUSING PTRS L | | 41 | -5 | |

41

-1,455

| d NANAKULI KAUHALE DEV L P | | 41 | | |
|------------------------------|--|----|----|--|
| e HALAWA VIEW HOUSING PTRS L | | 41 | -5 | |
| | | | | |

| | | | | 1 |
|------------------------------|--|----|----|---|
| e HALAWA VIEW HOUSING PTRS L | | 41 | -5 | |
| | | | _ | |

| HALAWA VIEW HOUSING PIRS L | | 71 | -3 | |
|----------------------------|--|----|----|--|
| KEWALO HOUSING PTRS L P | | 41 | -5 | |

Form 990PF Part XVI-A Line 11 - Other revenue:

q LAULIMA DEVELOPMENT LLC

| efile GRAPHIC print - DO NOT PROCES | S As Filed D | ata - | D | LN: 93491318038419 | | |
|-------------------------------------|--------------|--------------------------|------------------------|---|--|--|
| TY 2018 Accounting Fees Schedule | | | | | | |
| | | | | | | |
| Nam | e: HAWAIIA | N COMMUNITY DEV | /ELOPMENT | | | |
| | BOARD | | | | | |
| | | | | | | |
| EIN: 31-1703054 | | | | | | |
| Category A | mount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | |
| TAX ACCOUNTING FEES | 6,617 | | | 6,617 | | |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2018 Depreciation Schedule

Name: HAWAIIAN COMMUNITY DEVELOPMENT

BOARD

EIN: 31-1703054

Depreciation Schedule

Description of Prior Years' Computation Method Rate / **Adjusted Net** Cost of Goods Date Cost or Other Current Year's **Net Investment** Sold Not Property Life (# of years) Acquired Basis Depreciation Depreciation Income Income Included Expense LEASEHOLD 2009-01-01 40,000 9,112 S/L 39 0000 1,000 1,000 1,000 **IMPROVEMENTS** CONTAINER OFFICE 2010-11-16 4,500 4,500 S/L 5 0000 FEE INTEREST 2018-03-01 2,250,000 TITLE & RECORDING 5,034 2018-03-01 **FEES** NEC PROJECTOR 4,578 4,578 200DB 2001-08-31 7 0000 DIGITAL CAMERA 2001-08-31 421 421 200DB 7 0000 2,587 COMPUTER EQUIPMENT 2003-09-17 2,587 200DB 5 0000 200DB COMPUTER EQUIPMENT 2004-01-20 1,666 1,666 5 0000 475 475 200DB DISPLAY SCREEN 2009-03-09 5 0000 14,933 S/L 3,695 CENTURY SQUARE, STE 2013-12-31 144,100 39 0000 908 APPLE COMPUTER 2015-10-01 973 806 200DB 5 0000 67 2015-12-29 5,318 S/L CENTURY SQUARE STE 103,700 39 0000 2,659 **EQUIPMENT** 1,000 200DB 2017-11-02 1,000 10 0000

CONTAINER OFFICE

Name: HAWAIIAN COMMUNITY DEVELOPMENT

DLN: 93491318038419

4,500

4,500

| | BOARD | | |
|------|------------|---|--|
| EIN: | 31-1703054 | _ | |
| | | | |

| EIII. 21-1/03034 | | | | | |
|------------------------|---------------------|--------------------------|------------|----------------------------------|--|
| Category/ Item | Cost/Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value | |
| LEASEHOLD IMPROVEMENTS | 40,000 | 10,113 | 29,887 | 40,000 | |

4,500

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN | N: 93491318038419 |
|--------------------------------------|--------------------------|---------------|----------------------------------|
| TY 2018 Investments - Other So | chedule | | |
| В | AWAIIAN COMMUNIT OARD | Y DEVELOPMENT | |
| EIN: 3: | 1-1703054 | | |
| nvestments Other Schedule 2 | | | |
| Category/ Item | Listed at FM | | End of Year Fair Market Value |
| LAULIMA DEVELOPMENT LLC | AT COST | 104,904 | 104,904 |
| MAILE PROJECT | AT COST | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318038419 |
|--------------------------------------|-----------------|---------------------|
| TY 2018 Land, Etc. | | |
| i i zulo Lanu, Etc. | | |
| Schedule | | |

103,700

95,723

Name: HAWAIIAN COMMUNITY DEVELOPMENT

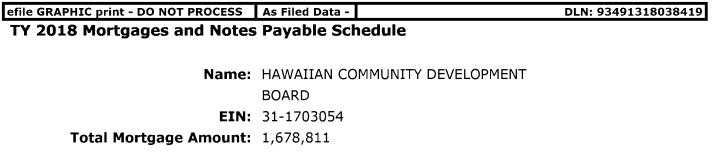
BOARD

CENTURY SQUARE, SUITE 907

| EIN: 31-1703054 | | | | | |
|---------------------------|-----------------------|--------------------------|------------|----------------------------------|--|
| Category / Item | Cost / Other Basis | Accumulated Depreciation | Book Value | End of Year Fair Market Value | |
| OFFICE EQUIPMENT | 11,700 | 11,599 | 101 | 11,700 | |
| CENTURY SQUARE, SUITE 908 | 144,100 | 18,628 | 125,472 | 144,100 | |

7,977

103,700



| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 9349131803 | 8419 | | |
|--------------------------------------|-----------------|---------------------|-----------------|------|--|--|
| TY 2018 Other Decreases Schedule | | | | | | |
| | | | | | | |
| Name: | HAWAIIAN CO | MMUNITY DEVELOPMENT | | | | |
| | BOARD | | | | | |
| EIN: | 31-1703054 | | | | | |
| De | escription | | Amount | | | |
| FEDERAL EXCISE TAX | | | | 85 | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93491318038419 | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2018 Other Expenses Schedule | | | | | |
| ı | | | | | |
| Name: | HAWAIIAN COM | MUNITY DEVELO | PMENT | | |
| | BOARD | | | | |
| EIN: | 31-1703054 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| COMMERC LEASES KALEOLOA HI | | | | | |
| CONTRACT SERVICES | 14,420 | 14,420 | 14,420 | | |
| LAUNDRY OPERATING EXPENSES | 9,946 | 9,946 | 9,946 | | |
| EXPENSES | | | | | |
| BANK FEES | 105 | | | 105 | |

3,954

733

207

7,460

1,238

COMMUNICATIONS

INSURANCE

MEALS

DUES AND SUBSCRIPTIONS

EDUCATION & TRAINING

3,954

733

207

7,460

1,238

Description
Revenue and Expenses per Books
REPAIRS - RENT INCOME
Revenue and Expenses per Books
Revenue and Expenses per Income Income Purposes

Net Investment Income Income Purposes

Adjusted Net Disbursements for Charitable Purposes

16,192

2,466

16,192

| REPAIRS - RENT INCOME | 454 | | |
|------------------------|-------|--|--|
| SUPPLIES - RENT INCOME | 2,466 | | |

Other Expenses Schedule

UTILITIES - RENT INCOME

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318038419 |
|--------------------------------------|-----------------|---------------------|
| | | |

TY 2018 Other Income Schedule

Name: HAWAIIAN COMMUNITY DEVELOPMENT

BOARD

EIN: 31-1703054

| Other Income Schedule | | | |
|------------------------------|-----------------------------------|--------------------------|---------------------|
| Description | Revenue And Expenses Per Books | Net Investment Income | Adjusted Net Income |
| PARTNERSHIP MANAGEMENT FEES | 21,855 | | 21,855 |
| EXPENSE REIMBURSEMENTS | 2,000 | | 2,000 |
| FEDERAL TAX REFUNDS | 291 | | 291 |
| HALAWA VIEW HOUSING PTRS L P | -5 | | -5 |
| KEWALO HOUSING PTRS L P | -5 | | -5 |
| LAULIMA DEVELOPMENT LLC | -1,455 | | -1,455 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | D | LN: 93491318038419 | | | |
|--------------------------------------|------------------------------------|------------|-----------------------------------|-----------------------------|--|--|--|
| TY 2018 Other Liabilities Sche | TY 2018 Other Liabilities Schedule | | | | | | |
| | | | | | | | |
| Name: | HAWAIIAN CO | MMUNITY DE | EVELOPMENT | | | | |
| | BOARD | | | | | | |
| EIN: | 31-1703054 | | | | | | |
| Description | n | | Beginning of Year - Book Value | End of Year - Book Value | | | |
| NANAKULI KAUHALE DEV. L. P. | | | 59 | 59 | | | |
| HALAWA VIEW HOUSING PTRS L. P. | | | 125 | 147 | | | |
| KEWALO HOUSING PARTNERS L.P. | | | 97 | 105 | | | |

| efile GRAPHIC pr | int - DO NOT I | PROCESS | As Filed D | ata - | | | | | | | DLN: 9349 | 91318038419 |
|--|----------------------------|-------------------------------|----------------|-----------------|------------------|--------------------|---------------|-----|-------------------------------------|----------------------|---|----------------------|
| Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2018 Other Notes/Loans Receivable Long Schedule | | | | | | | | | | | | |
| Name: HAWAIIAN COMMUNITY DEVELOPMENT BOARD EIN: 31-1703054 | | | | | | | | | | | | |
| Borrower's Name | Relationship to Insider | Original Amount of Loan | Balance Due | Date of Note | Maturity Date | Repayment Terms | Interest Rate | | Security Provided by Borrower | Purpose of Loan | Description of Lender Consideration | Consideration FMV |
| NANAKULI KAUHALE DEVELOPMENT LP | | 1,428,811 | 1,428,811 | | | | | 0 % | | MORTGAGE SECURITY | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DLN | N: 93491318038419 | |
|--------------------------------------|------------------------|--------------------------|------------------------|---|--|
| TY 2018 Taxes Schedule | | | | | |
| | | | | | |
| Name: | HAWAIIAN C | COMMUNITY DEVE | LOPMENT | | |
| | BOARD | | | | |
| EIN: | EIN: 31-1703054 | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| REAL PROPERTY TAXES | 600 | | | 600 | |
| COMMERC LEASES KALEOLOA HI | 16,269 | 16,269 | 16,269 | | |

| efile GRAPHIC print - D | O NOT PROCESS As | Filed Data - | | | | DLN: 93491318038419 |
|---|---|---|--|---|--|---|
| Schedule B | | Schedul | e of Contributo | rs | - | OMB No 1545-0047 |
| (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service | ▶ Go | | ach to Form 990, 990-EZ, or 990-PF ours gov/Form990 for the latest information 201 | | | |
| Name of the organization | | | | | Employer ide | entification number |
| BOARD Organization type (chec | ok ono) | | | | 31-1703054 | |
| Organization type (chec | or one) | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | | | | | | |
| | ☐ 4947(a)(1) nor | nexempt charita | able trust not treated as | a private foundat | ion | |
| | ☐ 527 political or | ganızatıon | | | | |
| Form 990-PF | ✓ 501(c)(3) exen | npt private four | ndation | | | |
| 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | ☐ 501(c)(3) taxal | ble private four | ndation | | | |
| | tion filing Form 990, 990 property) from any one c | | | | | |
| Special Rules | | | | | | |
| under sections 50 received from an | on described in section 5 09(a)(1) and 170(b)(1)(A) y one contributor, during e 1h, or (ii) Form 990-EZ |)(vı), that check the year, total | ked Schedule A (Form 9 contributions of the great | 990 or 990-EZ), Pa | art II, line 13, 1 | 16a, or 16b, and that |
| during the year, t | on described in section 5 otal contributions of more he prevention of cruelty t | e than \$1,000 e | exclusively for religious, | charitable, scient | | |
| during the year, of If this box is check purpose Don't co | on described in section 5 contributions exclusively ked, enter here the total amplete any of the parts ble, etc., contributions tot | for religious, ch contributions t unless the Ger | naritable, etc , purposes hat were received durin neral Rule applies to thi | , but no such configethe year for an ϵ s organization be | tributions totale ex <i>clusively</i> reli cause it receiv | ed more than \$1,000 glous, charitable, etc , red <i>nonexclusively</i> |
| Caution. An organization 990-EZ, or 990-PF), but Form 990-EZ or on its Fo 990-EZ, or 990-PF) | it must answer "No" on F | Part IV, line 2, o | of its Form 990, or chec | k the box on line I | H of its | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 990 | | ns | Cat No 30613X | Schedu | le B (Form 990, | 990-EZ, or 990-PF) (2018) |

| Name of organiz HAWAIIAN COMMI BOARD | zation UNITY DEVELOPMENT | Employer identification 31-1703054 | number |
|---|--|---------------------------------------|--|
| Part I | Contributors (See instructions) Use duplicate copies of Part I if ac | iditional space is needed | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JUDITH ANN PAVEY 1188 BISHOP STREET SUITE 909 HONOLULU, HI 96813 | \$ 25,000 | Person Payroll Noncash |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (Complete Part II for noncash contributions) (d) Type of contribution |
| - | | \$ | Person |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | s | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution Person |
| - | | | Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II for noncash contributions) |

| Schedule B (Form 99 | 0, 990-EZ, or 990-PF) (2018) | | Page 3 | |
|---|---|--|--------------------------------|--|
| Name of organization HAWAIIAN COMMUNIT | | Employer identification number | | |
| BOARD | Name and Description | 31-17 | 03054 | |
| Part II | Noncash Property (See instructions) Use duplicate copies of Part II if additional space is needed | | | |
| (a) No. from Part I | (see instructions) use duplicate copies of Part II if additional space is needed (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received | |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See Instructions) | (d) Date received | |
| | | \$ | | |
| | - | Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2018) | |

| Schedule B (Form | 990, 990-EZ, or 990-PF) (2018) | | Page 4 |
|---|---|--|--|
| Name of organizat HAWAIIAN COMMUN BOARD | | | Employer identification number 31-1703054 |
| than \$1, organiza the year | 000 for the year from any one contributor | r. Complete columns (a) throu of exclusively religious, charit ctions.) ▶ \$ | d in section 501(c)(7), (8), or (10) that total more ugh (e) and the following line entry. For table, etc., contributions of \$1,000 or less for |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 F | Relationship of transferor to transferee |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, and | ` ' | Relationship of transferor to transferee |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, and | | Relationship of transferor to transferee |
| | | | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | - | |
| | | | |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 F | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | S | chedule B (Form 990, 990-EZ, or 990-PF) (2018) |