121101 Hawaiian Islands Land Trust

# Public Inspection Copy

Form (Rev. January 2020) Department of the Treasury

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) u Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

For the 2019 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change HAWAIIAN ISLANDS LAND TRUST 99-0353223 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 808-791-0729 Initial return 126 QUEEN STREET, SUITE 306 City or town, state or province, country, and ZIP or foreign postal code Final return/ HONOLULU HI 96813 5,772,373 **G** Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending LAURA KAAKUA 126 QUEEN STREET, SUITE 306 H(b) Are all subordinates included? If "No," attach a list. (see instructions) HONOLULU HI 96813 **X** 501(c)(3) 4947(a)(1) or t (insert no.) Tax-exempt status: WWW.HILT.ORG Website: U H(c) Group exemption number  ${f u}$ Year of formation: 2001 X Corporation Form of organization: Other  ${f u}$ M State of legal domicile: Association Part I Summarv 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box u if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 16 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 16 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 8 6 Total number of volunteers (estimate if necessary) ..... 1500 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 39 Current Year 8 Contributions and grants (Part VIII, line 1h) 1,629,380 5,524,489 9 Program service revenue (Part VIII, line 2g) 11,518 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 140 12,720 150,793 137,566 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,791,831 5,674,775 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 552,311 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)  ${\bf b}$  Total fundraising expenses (Part IX, column (D), line 25)  ${\bf u}$  ..... 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 435,512 380,228 987,823 857,565 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 804,008 4,817,210 19 Revenue less expenses. Subtract line 18 from line 12. Beginning of Current Year End of Year 200 15,468,932 10,675,589 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 139,697 163,564 22 Net assets or fund balances. Subtract line 21 from line 20 10,512,025 15,329,235 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sian Signature of officer Here LAURA KAAKUA CEO AND PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check Paid KRYSTAL CHING KRYSTAL CHING 11/17/20 self-employed P01258469 **Preparer** OYADOMARI & KOSAKI AKAMINE **CPAS** 99-0272757 Firm's name Firm's EIN } **Use Only** 1440 KAPIOLANI BLVD STE 900 96814-3612 808-941-0500 HONOLULU, HI X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pa		n Service Accomplishments	E's Boat III	X
		ontains a response or note to any line in t	nis Part III	<u>A</u> _
1 S	Briefly describe the organization's mis	sion:	·····	
	Public	o Inspecti	on Co	OV
2	Did the organization undertake any sig	nificant program services during the year which we	re not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services			···· <u> </u>
3	Did the organization cease conducting	, or make significant changes in how it conducts, a	ny program	
	services?			Yes X No
	If "Yes," describe these changes on S			···· <u> </u>
4	Describe the organization's program s	ervice accomplishments for each of its three larges	t program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)	c)(4) organizations are required to report the amour	nt of grants and allocations to others,	
	the total expenses, and revenue, if an	y, for each program service reported.		
	•			
	EE COUEDITE O	620,419 including grants of \$		
	***************************************			
4b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	,
	r / <b>7</b> A	including grants of \$		
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N	I/A			
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4c N	(Code: ) (Expenses \$	including grants of \$		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			3.7
_	complete Schedule D, Part III	8		Х
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			х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			3.5
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4.5		х
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
10		16		х
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		X

Form 990 (2019) HAWAIIAN ISLANDS LAND TRUST 99-0353223 Page **4** Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X employees? If "Yes," complete Schedule J 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 X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 X 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 X 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Х 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 or IV, and Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 18 **1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

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

reportable gaming (gambling) winnings to prize winners?

X

Form 990 (2019) HAWAIIAN ISLANDS LAND TRUST
Part V Statements Regarding Other IRS Filings and Statements Regarding Other IRS Filings and Tax Compliance (continued)

га	Statements Regarding Other INS Fillings and Tax Compliance (Continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	V		37
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E		Ea		х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization policit any contributions that were not toy deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<u> </u>		
	gifts were not tay deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and comings provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 14		
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	46		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	425		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	·			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	The the amount of records as head			
14a	Did the appropriation provides any provides for indeed tension and include the tension of the te	14a		x
b b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) HAWAIIAN ISLANDS LAND TRUST 99-0353223 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ..... 16 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . . . . X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 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? 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. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **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 Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 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

#### Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed  ${f u}$  HI 17

organization's exempt status with respect to such arrangements?

- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - Own website X Another's website X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records  ${f u}$

THE ORGANIZATION

HONOLULU

126 QUEEN STREET, SUITE 306 HI 96813

808-791-0729

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

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

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

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

Check this bo	ox if neither the organization	nor any related organization	compensated any current	officer, director, or trustee.
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(A) Name and title	(B) Average hours per week (list any	box	k, unle	ss pe	ition more rson i	than one s both ar or/trustee)	n	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JONATHAN SCHEUER										
	1.00									
CHAIR	0.00	Х		X				0	0	0
(2) MARY CHARLES										
<u> </u>	1.00									
VICE CHAIR	0.00	Х		Х				0	0	0
(3) KEITH OGATA	1 00									
	1.00			37				_	_	
TREASURER	0.00	Х		X		$\vdash$		0	0	0
(4) JENNIFER LUCK	1.00									
CECDETADY	0.00	$ \mathbf{x} $		х				o	0	0
SECRETARY (5) MATTHEW BEALL	0.00	<del>  ^  </del>						0	0	0
(5) MATTHEW BEALL	1.00									
PAST CHAIR	0.00	x		x				0	0	0
(6) CLYDE SAKAMOTO	0.00	1					$\dashv$	·		
(3) 311111313	1.00									
DIRECTOR	0.00	$ \mathbf{x} $						o	0	0
(7) DOUGLAS MCD PHI										
(, ====	1.00									
DIRECTOR	0.00	x						0	0	0
(8) LARRY STEVENS										
	1.00									
DIRECTOR	0.00	x						0	0	0
(9) LEAHI HALL										
	1.00									
DIRECTOR	0.00	X						0	0	0
(10) LISA GROVE										
	1.00									
DIRECTOR	0.00	Х					_	0	0	0
(11) NEIL HANNAHS										
	1.00							_	_	_
DIRECTOR	0.00	X						0	0	Eorm 990 (2010)

Part VII Section A. Officers	, Directors, Tru	ıstee	s, K	ey E	mpl	oyees,	and Highest Compensated	Employees (continued)	,
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	more rson i	than one s both ar or/trustee)	from the	(E)  Reportable  compensation  from related  organizations	(F) Estimated amount of other compensation from the
Pub	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		(W-2/1099-MISC)	organization and related organizations
(12) SARAH BAKEWEI	1								
DIRECTOR	1.00	x					0	0	0
(13) ANTHONY TAKI	TANI								
DIRECTOR	1.00	x					0	0	o
(14) WILLIAM SWANE									
DIDECTION	1.00								_
DIRECTOR (15) MARISSA HARMA	0.00	X					0	0	0
	1.00								
DIRECTOR (16) JODY KAULUKUI	0.00	X					0	0	0
(10) OODI KAOHOKOI	1.00								
DIRECTOR	0.00	X					0	0	0
(17) KAWIKA BURGES	40.00								
FORMER CEO AND PRES	0.00			х			66,403	0	0
(18) LAURA KAAKUA	40.00								
CEO AND PRESIDENT	0.00			x			80,938	o	0
		-							
1b Subtotal							147,341		
c Total from continuation shed d Total (add lines 1b and 1c)	•						147 241		
Total number of individuals (in reportable compensation from	cluding but not I	imite	d to				-	\$100,000 of	L
									Yes No
3 Did the organization list any for employee on line 1a? If "Yes,"									3 X
4 For any individual listed on line organization and related organization	e 1a, is the sum	of r	eport	table	con	npensa	tion and other compensation	from the	
individual	- 								4 X
5 Did any person listed on line of for services rendered to the o									5 X
Section B. Independent Contracto	ors								
Complete this table for your fire compensation from the organization.									ear.
Name and	(A) I business address						Descript	(B) tion of services	(C) Compensation
						$\dashv$			
2 Total number of independent received more than \$100,000								0	

Forn	n 990	) (2019) <b>HAWA</b>	AIIA	N ISLAND	S I	LAND	TRUST	99.	-0353223		Page !
Pa	rt V		ent o	f Revenue	_						
		Check if	Sche	edule O conta	ains a	respor	nse or note	to any line in this	s Part VIII		
								(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service   Contributions, Gifts, Grants   Revenue   and Other Similar Amounts	2a b c d		ents ents cations ontribution gifts, gra ot included included	ns) ints, d above in lines 1a-1f		5, \$ 4,	Business Code	5,524,489	on	Cop	
	g	Total. Add lines	2a-2f				u				
	3 4 5	Investment incomposition other similar am Income from investigation Royalties	nounts) restme	nt of tax-exempt	bond	proceeds	u	12,720			12,720
		•		(i) Real			Personal				
	6a	Gross rents	6a	24,	875						
	b	Less: rental expenses	6b	8,	751						
	С	Rental inc. or (loss)	6с	16,	124						
	_d	Net rental incom	ne or (l	oss)			u	16,124			16,124
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities		(ii	) Other				
Revenue		Less: cost or other basis and sales exps.	7b								
		Gain or (loss)	7c								
Other		Net gain or (loss					u				
δ	8а	Gross income from (not including \$ of contributions rep See Part IV, line 18	oorted o	<b>117,027</b> n line 1c).	90		212,320				
	h	Less: direct exp			8a 8b		88,847				
		Net income or (						123,473			123,473
	9a	Gross income from See Part IV, line 19	n gamin 9	g activities.	9a		······ <b>4</b>				
		Less: direct exp			9b						
		Net income or (			/ities		u				
		Gross sales of i	wances	S	10a		-2,031				
		Less: cost of go Net income or (l			10b		u	-2,031			-2,031
		14Ct IIICOITIE OI (I	ioooj il	om sales of life	niory .		Business Code	2,031			2,031
Miscellaneous Revenue	11a										
ane	b										
eve	С										
Mis	d	All other revenue									

u

5,674,775

0

0

e Total. Add lines 11a-11d

12 Total revenue. See instructions

	990 (2019) HAWAIIAN ISLANDS		99-035	53223	Page <b>10</b>
	rt IX Statement of Functional Ex				
Sect	ion 501(c)(3) and 501(c)(4) organizations must c			nplete column (A).	
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
	3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	INSDE	ecnor		
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 45 241	100 550	11 505	05.005
	trustees, and key employees	147,341	107,559	11,787	27,995
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	246,907	100 242	10 752	46 012
7	Other salaries and wages	240,907	180,242	19,753	46,912
8	Pension plan accruals and contributions (include	2 160	1 502	174	410
•	section 401(k) and 403(b) employer contributions)	2,169 26,256	1,583 19,166	2,101	412 4,989
9	Other employee benefits  Payroll taxes	54,664	39,905	4,373	10,386
10 11	Fees for services (nonemployees):	31,001	39,903	1,5/5	10,300
	, ,				
a b	Management Legal				
C		21,247	15,510	1,700	4,037
d	Accounting Lobbying	21/21/	13,310	2,700	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
Ū	(A) amount, list line 11g expenses on Schedule O.)	44,263	32,312	3,541	8,410
12	Advertising and promotion	10,400	7,591	833	8,410 1,976
13	Office expenses	40,180	13,186	1,446	25,548
14	Information technology	85	62	7	16
15	Royalties				
16	Occupancy	35,151	25,661	2,811	6,679
17	Travel	28,827	21,044	2,305	5,478
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,642	9,229	1,011	2,402
20	Interest				
21	Payments to affiliates	0.050	E 055	500	1 004
22	Depreciation, depletion, and amortization	9,969	7,277	798	1,894
23	Insurance	9,528	6,956	761	1,811
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O.)  LAND MAINTENANCE	87,776	87,776		
a	OTHER EXPENSES	31,062	19,561	2,144	9,357
b c	CONSTRUCT/FIELD MATERIALS	25,799	25,799	2,111	7,551
d	DONOR & MEMBER EXPENSES	23,799	20,100		23,299
	All other expenses	20,200			20,200
25	Total functional expenses. Add lines 1 through 24e	857,565	620,419	55,545	181,601
26	Joint costs. Complete this line only if the	22.723	,	23,223	,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here <b>u</b> if				
_	following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2010)

#### Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1,136,014 897,739 Cash—non-interest-bearing 590,771 Savings and temporary cash investments 68,472 2 Pledges and grants receivable, net 175,900 180,700 3 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 62,018 7 8 Inventories for sale or use 1,195 Prepaid expenses and deferred charges 7,995 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 13,296,478 10a b Less: accumulated depreciation 10b 77,102 9,179,345 13,219,376 10c 552,282 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 26,869 15 Other assets. See Part IV, line 11 45,845 15 15,468,932 10,675,589 Total assets. Add lines 1 through 15 (must equal line 33) ..... 101,444 72,630 Accounts payable and accrued expenses 17 17 Grants payable 18 18 62,120 67,067 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 163,564 139,697 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here u X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. -5,709 1,251,284 27 Net assets without donor restrictions 10,517,734 14,077,951 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 10,512,025 Total net assets or fund balances 15,329,235 32 10,675,589 15,468,932 Total liabilities and net assets/fund balances .....

Form **990** (2019)

Pa	art XI Reconciliation of Net Assets				•	
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2			57,5	
3		3		4,81		
4	Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	0,51	L2,0	25
5	Net unrealized gains (losses) on investments	5		V		
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 on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1:	5,32	29,2	235
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

u Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number HAWAIIAN ISLANDS LAND TRUST 99-0353223 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

<b>g</b> Provide the f	following information about the	ne supported organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

Enter the number of supported organizations

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	tion A. Public Support				•		
	ndar year (or fiscal year beginning in) <b>u</b>	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,360,354	1,110,708	CTIO 869,923	1,629,380	1,474,489	6,444,854
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	_,	= =,===,	333,123	_,,,,,,,	2,212	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,360,354	1,110,708	869,923	1,629,380	1,474,489	6,444,854
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						1,204,533
6	Public support. Subtract line 5 from line 4						5,240,321
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) <b>u</b>	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4	1,360,354	1,110,708	869,923	1,629,380	1,474,489	6,444,854
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	665	2,280	16,310	17,715	37,595	74,565
9	Net income from unrelated business activities, whether or not the business is regularly carried on					120,442	120,442
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	119,881	241,670	195,666	227,389		784,606
11	<b>Total support.</b> Add lines 7 through 10						7,424,467
12	Gross receipts from related activities, etc.	(see instructions)				12	11,518
13	First five years. If the Form 990 is for the	organization's first	t, second, third, for	urth, or fifth tax yea	ar as a section 501	I(c)(3)	
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2019 (line 6	column (f) divided	by line 11, colum	ın (f))		14	70.58%
15	Public support percentage from 2018 Sche	edule A, Part II, line	e 14 <sub></sub>			15	68.42 %
16a	33 1/3% support test—2019. If the organ				33 1/3% or more, o	check this	. =
	box and <b>stop here</b> . The organization quali						<b>&gt;</b> X
b	33 1/3% support test—2018. If the organ						. $\square$
	this box and <b>stop here.</b> The organization						▶ ∐
17a	10%-facts-and-circumstances test—201	_					
	10% or more, and if the organization mee				-		
	Part VI how the organization meets the "fa organization						▶ 🗌
b	10%-facts-and-circumstances test—201	•					
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	test, check this b	ox and stop here.		
	Explain in Part VI how the organization me			-		•	. □
40	supported organization						▶ ⊔
18	<b>Private foundation.</b> If the organization did						▶ □
	instructions						▶ ∐

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

(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.)

Sec	tion A. Public Support	quamy arrasi s		olon, please s	<u> </u>	-/	
Caler	ndar year (or fiscal year beginning in) u	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	spe	CTIO	n L		V
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						<i>y</i>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support		•				•
Caler	ndar year (or fiscal year beginning in) <b>u</b>	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)  First five years. If the Form 990 is for the	organization's fire	at second third for	urth or fifth toy you	ar as a section For	1(c)(3)	L
14	organization, check this box and <b>stop her</b>						▶ □
Sec	tion C. Computation of Public Su	upport Percen	tage				··········· • <u> </u>
15	Public support percentage for 2019 (line 8			nn (f))		15	%
16	Public support percentage from 2018 Sche						%
Sec	tion D. Computation of Investme					<u> </u>	
17	Investment income percentage for 2019 (I			3, column (f))		17	%
18	Investment income percentage from 2018		III line 17			10	%
19a	33 1/3% support tests—2019. If the orga	nization did not ch					
	17 is not more than 33 1/3%, check this be	ox and stop here.	The organization of	qualifies as a publi	icly supported orga	anization	▶ ⊔
b	33 1/3% support tests—2018. If the orga	nization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more that	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the		=			-	. $\square$
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	ions	▶ ∐

#### Part IV **Supporting Organizations**

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) C purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 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.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - 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.)

r	71	Yes	No
	4		
	1		
	2		
	_		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	-10		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
(Fc	10b orm 99	0 or 990-	EZ) 2019

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b		11b		
<u>C</u>	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	<b>V</b>	
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
- 4	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II 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			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	the supported organization(s).	1		
Secti	ion 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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	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			
Socti	supported organizations played in this regard. ion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	tional		
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	uoris).		
2 /	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019 HAWALLAN ISLANDS LAND TRUST		99-0353	<b>223</b> Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No		` '	ee
instructions. All other Type III non-functionally integrated supporting organizations mus	t com	plete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	_	(/ 1) / 110.   100.	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		UV
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			
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			(5 )
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
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		
Section 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	†		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated		Il supporting organization (	see
instructions).	,,,,,,,		

Schedule A (Form 990 or 990-EZ) 2019

	le A (Form 990 or 990-EZ) 2019 <b>HAWAIIAN ISLANDS</b>		99-0353	223 Page 7
Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	T
Secti	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes organizations, in excess of income from activity	s of supported		DV/
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		UV
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)  Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
4	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
Ŭ	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide III, line 12; Part IV, Section A, lines B, lines 1 and 2; Part IV, Section C 3a, and 3b; Part V, line 1; Part V, Secti	de the explanations required by Part II, line 10 5 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 C, line 1; Part IV, Section D, lines 2 and 3; Part Section B, line 1e; Part V, Section D, lines 5, 6 is part for any additional information. (See inst	b, and 11c; IV, Section , and 8; and	e 17a or 17b; Part Part IV, Section E, lines 1c, 2a, 2b,
SUPPORTING SCHEDULE - UNUSUA			<i></i>
CONSERV LAND - KUKUAU 1ST, S	SOUTH HILO 1,645.823 ACRES	\$	2,900,000
CORAMACA DEVELOPMENT, 6 PARC	CELS OF LAND	\$	1,150,000
PART II, LINE 10 - OTHER INC	COME DETAIL		
FUNDRAISING EVENT GROSS INCO	OME \$ 781,300		
INVENTORY SALES	\$ 3,306		
·			
·			
·			
•			
•			
·			
·			
•			
·			

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

2019

Name of the organization

HAWAIIAN ISLANDS LAND TRUST

Employer identification number

99-0353223

Organization type (check one	one maperion copy					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
1 01111 000 1 1						
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
contributor, during the contributions totaled m during the year for an <b>General Rule</b> applies	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that 990-EZ, or 990-PF), but it mus	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

lame of organization		Employer identification number
HAWAIIAN ISLANDS LAN	ID TRUST	99-0353223

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	T done mapee	\$ 250,000	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$ 250,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution				
3		\$ 4,050,000	Person Payroll Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Name, address, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
	Traine, duditions, drid an TT	\$	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.)				

Page 3

Name of organization

HAWAIIAN ISLANDS LAND TRUST

Employer identification number 99-0353223

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional sp	ace is needed.
(a) No. from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	KUKUAU 1ST, SOUTH HILO 1,646 ACR		02/27/19
		\$ 2,900,000	02/27/19
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	CORAMACA DEV, 6 PARCELS OF LAND		
		\$ 1,150,000	02/27/19
(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 C (Form 990 or 990-EZ)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service •

u Complete if the organization is described below. u Attach to Form 990 or Form 990-EZ. u Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

Section F01(a)(4) (F) or (6) organizations: Complete Bort III

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• (	ection 301(c)(4), (3), or (6) organizations. Complete Fait in				
Nam	e of organization			Employer ident	ification number
	HAWAIIAN ISLANDS LA			99-03532	
Pai	t I-A Complete if the organization is exem	npt under section 501(c)	or is a section	n 527 organization	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV. (see ins	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			u\$	
3	Volunteer hours for political campaign activities (see instru	uctions)			
Pai	t I-B Complete if the organization is exen	npt under section 501(c	)(3).		
1	Enter the amount of any excise tax incurred by the organization	zation under section 4955		u\$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 495	5	u\$	<u></u> <u></u>
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	t I-C Complete if the organization is exen	npt under section 501(c	), except secti	on 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	tion		
	activities			u\$	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	ection		
	527 exempt function activities			u\$	
3	Total exempt function expenditures. Add lines 1 and 2. En	ter here and on Form 1120-PO	L,		
	line 17b			u\$	
4	Did the filing organization file Form 1120-POL for this year	r?			Yes No
5	Enter the names, addresses and employer identification no	umber (EIN) of all section 527	political organizatio	ns to which the filing	
	organization made payments. For each organization listed	, enter the amount paid from th	e filing organizatio	n's funds. Also enter	
	the amount of political contributions received that were pro-	omptly and directly delivered to	a separate politica	l organization, such	
	as a separate segregated fund or a political action commit	tee (PAC). If additional space is	s needed, provide	information in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization.
					If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
-					

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Schedule C (Form 990 or 990-EZ) 2019 HAWA				99-0353223	Page 2
Part II-A Complete if the organis section 501(h)).	zation is exemp	t under section 5	01(c)(3) and file	a Form 5768 (elec	tion under
A Check <b>u</b> if the filing organization	belongs to an affi	liated group (and lis	t in Part IV each a	ffiliated group membe	er's name
address, EIN, expense	•	•		a.ca g.capc.	,, , , , , , , , , , , , , , , , , , , ,
B Check u if the filing organization			•		
	obying Expendit		tion	(a) Filing	(b) Affiliated
(The term "expenditures"				organization's totals	group totals
1a Total lobbying expenditures to influence p	ublic opinion (grassro	oots lobbying)			
<b>b</b> Total lobbying expenditures to influence a	legislative body (dire	ect lobbying)			
c Total lobbying expenditures (add lines 1a	and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures (add li	nes 1c and 1d)				
f Lobbying nontaxable amount. Enter the ar					
columns.					
If the amount on line 1e, column (a) or (b) is	: The lobbying nor	ntaxable amount is:			
Not over \$500,000	20% of the amoun	nt on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 159	% of the excess over \$50	0,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 109	% of the excess over \$1,0	000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	00,000.		
Over \$17,000,000	\$1,000,000.				
g Grassroots nontaxable amount (enter 25%	of line 1f)				
h Subtract line 1g from line 1a. If zero or les	s, enter -0-				
i Subtract line 1f from line 1c. If zero or less	antar O				
j If there is an amount other than zero on ei	ther line 1h or line 1i	, did the organization f	ile Form 4720		
reporting section 4911 tax for this year? .					Yes No
	4-Year Averagi	ng Period Under S	ection 501(h)		
(Some organizations that made	•	_	• •	II of the five column	ns below.
	-	nstructions for line	-		
Lo	bbying Expenditu	ures During 4-Year	Averaging Period	<u>d</u>	1
Calendar year (or fiscal year	(-) 0040	(1.) 0047	(-) 0040	(-1) 0040	(-) T-(-)
beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	( <b>d)</b> 2019	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column (e))					
c Total lobbying expanditures					

**c** Total lobbying expenditures **d** Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(election under section 501(h)).			
		(8	a)	(b)
	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed			
iesci	iption of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			ру
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
е	Publications, or published or broadcast statements?		X	
	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
	Other activities?		X	
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5),	or s	ection
	501(c)(6).			

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

# Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

#### SCHEDULE C, PART II-B, LINE 1

HILT IS NOT AN ADVOCACY ORGANIZATION BUT DOES COMMUNICATE WITH GOVERNMENT
OFFICIALS AND LEGISLATORS REGARDING CONSERVATION PROJECTS IN THEIR
PARTICULAR DISTRICTS. HILT'S LOBBYING ACTIVITIES ARE SENDING LETTERS OR
PUBLICATIONS TO GOVERNMENT OFFICIALS OR LEGISLATORS, MEETING WITH OR
CALLING GOVERNMENT OFFICIALS OR LEGISLATORS, AND PROVIDING WRITTEN OR ORAL

Part IV Supplemental Information (continued)
TESTIMONY ON CONSERVATION PROJECTS AND ISSUES RELATED TO HILT'S NONPROFIT
Public Inspection Copy

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection Name of the organization Employer identification number HAWAIIAN ISLANDS LAND TRUST 99-0353223 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). |X| Preservation of land for public use (for example, recreation or education) |X| Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure X Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 17,976.00 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 0 historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located **u** 1 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u\$ 15,000 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X .....

									_	9 -
Pa	rt III Organizations Maintaining	Collections of	Art, Historical Tre	easures, or Othe	<u>er Simila</u>	r Assets	(cor	<u>ntinue</u>	ed)	
3	Using the organization's acquisition, accession collection items (check all that apply):	n, and other records	, check any of the follo	wing that make signi	ficant use	of its				
а	Public exhibition	d $\square$ I	Loan or exchange prog	ram						
b	Scholarly research		Other							
С	Preservation for future generations	Incl	noct	IOD		Or	11			
4	Provide a description of the organization's col	lections and explain	how they further the o	rganization's exempt	purpose in	Part	ハ			
	XIII.									
5	During the year, did the organization solicit or	r receive donations of	of art, historical treasure	es, or other similar						
	assets to be sold to raise funds rather than to	be maintained as p	part of the organization'	s collection?			. П	Yes		No
Pa	rt IV Escrow and Custodial Arra	angements.								
	Complete if the organization	_	on Form 990, Par	t IV, line 9, or rep	orted an	amount	on F	orm		
	990, Part X, line 21.		,							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contributions or	other assets not						
	included on Form 990, Part X?		-					Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:				. Ш		_	
		•	· ·				Amo	ount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cust	odial account liability?	?	•		Yes	П	No
	If "Yes," explain the arrangement in Part XIII.								П	
Pa	rt V Endowment Funds.									
	Complete if the organization	answered "Yes"	on Form 990, Par	t IV, line 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	e years back	(e)	Four ye	ars ba	ack
1a	Beginning of year balance	198,310	198,310	391,923		415,861		29	1,5	509
	Contributions	550,827				24,774	:	12	4,7	761
С	Net investment earnings, gains, and									
	losses		21	-1,151		1,288	3			-34
d	Grants or scholarships									
	Other expenditures for facilities and									
	programs		-74	192,267		50,000				
f	Administrative expenses		95	195					:	375
	End of year balance	749,137	198,310	198,310		391,923		41	5,8	361
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)) h	neld as:						
а	Board designated or quasi-endowment ${f u}$	%								
	Permanent endowment u %									
С	Term endowment u 100.00 %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held and a	administered for the				_		
	organization by:						_	Ye	es	No
	(i) Unrelated organizations						32	a(i)		X
	(ii) Related organizations						3a	(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R?				3	3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pa	rt VI Land, Buildings, and Equi									
	Complete if the organization	answered "Yes"	on Form 990, Part	<u>: IV, line 11a. See</u>	e Form 9	90, Part	X, lin	<u>e 10.</u>		
	Description of property	(a) Cost or other b	, ,	1 ''	Accumulated		(d) E	Book valu	ıe	
		(investment)	(other		epreciation					
	Land		13,19	3,787			13,	193	,7	87
b	Buildings									
С	Leasehold improvements									
	Equipment		10	2,691	77,	102		25	, 5	89
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 10	c.)	<u></u>	u	13,	219	,3	<u>76</u>

egory Insp	(b) Book value	(c) Method of Cost or end-of-ye	
	ectic	n Cc	ру
	ectic	n Ge	ру
	GULIC		ΥУ
Related.			
	Form 990, Part IV, lii	ne 11c. See Form 990, F	Part X, line 13.
	(b) Book value		
		Cost or end-of-ye	ear market value
col. (B) line 13.) <b>u</b>			
n answered "Yes" on F	Form 990, Part IV, lii	ne 11d. See Form 990, I	Part X, line 15.
(a) Description			(b) Book value
col. (B) line 15.)		u	
n answered "Yes" on F	Form 990, Part IV, li	ne 11e or 11f. See Form	990, Part X,
			(b) Book value
		u	
	Related. On answered "Yes" on Fint  January Cool. (B) line 13.)	Related. On answered "Yes" on Form 990, Part IV, lint (b) Book value  c, col. (B) line 13.)  On answered "Yes" on Form 990, Part IV, lint (a) Description  C, col. (B) line 15.)  On answered "Yes" on Form 990, Part IV, lint (a) Description  To answered "Yes" on Form 990, Part IV, lint (b) Book value	Related. on answered "Yes" on Form 990, Part IV, line 11c. See Form 990, I  (b) Book value (c) Method of Cost or end-of-ye  (c) Method of Cost or end-of-ye  (d) Description (a) Description (a) Description (b) Iine 15.)  u  u  u  u  u  on answered "Yes" on Form 990, Part IV, line 11d. See Form 990, I  (a) Description (b) Iine 15.)  u  on answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form

Scriedule D (Form 990) 2019 HAWATIAN ISLANDS LAND INOSI		99-033344	<b>J</b>	Page •			
Part XI Reconciliation of Revenue per Audited Financial Statem		•	turn.				
Complete if the organization answered "Yes" on Form 990, F	art IV, line	12a.		5,708,529			
<ul><li>1 Total revenue, gains, and other support per audited financial statements</li><li>2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li></ul>			1	5,700,523			
<ul><li>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li><li>a Net unrealized gains (losses) on investments</li></ul>	2a						
b Donated services and use of facilities	2b	25,003					
c Recoveries of prior year grants	2c	23,000					
d Other (Describe in Part XIII.)	2d						
e Add lines 2a through 2d			2e	25,003			
3 Subtract line 2e from line 1			3	5,683,526			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
a Investment expenses not included on Form 990, Part VIII, line 7b	4a						
<b>b</b> Other (Describe in Part XIII.)	4b	-8,751					
c Add lines 4a and 4b		-	4c	-8,751			
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,674,775			
Part XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returi	٦.			
Complete if the organization answered "Yes" on Form 990, F	Part IV, line	12a.					
1 Total expenses and losses per audited financial statements			1	891,319			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:							
a Donated services and use of facilities		25,003					
<b>b</b> Prior year adjustments	2b						
c Other losses							
d Other (Describe in Part XIII.)		8,751					
e Add lines 2a through 2d			2e	33,754			
3 Subtract line 2e from line 1			3	857,565			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:							
a Investment expenses not included on Form 990, Part VIII, line 7b							
<b>b</b> Other (Describe in Part XIII.)	4b						
c Add lines 4a and 4b			4c	057 56			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	857,565			
Part XIII Supplemental Information.	/ Page 416 and	LOb. David V. Para A. D	( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			art X, II	ne			
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide PART II, LINE 5 - MONITORING AND ENFORCEMEN	•						
FART II, DINE 5 - MONITORING AND ENFORCEMEN	I POLIC	• #					
THE ORGANIZATION HAS A WRITTEN POLICY REGAR	יסדאכ ידני	E DEDIONIC	¹ M∩	NTTOPING			
THE ONGANIZATION NAS A WATTIEN FOLLOW	ביו פאודער	E PERIODIC		NIIORING,			
INSPECTION, HANDLING OF VIOLATIONS, AND ENF	ORCEMEN	т ов тив с	ONS	ERVATTON			
INDIBCTION, IMADELING OF VIOLATIONS, AND ENT	OICHINIII.		.0110	ERVALION			
EASEMENTS IT HOLDS.							
PART II, LINE 9 - ACCOUNTING FOR CONSERVATI	ON EASE	EMENTS					
THE ORGANIZATION HAS ACQUIRED A NUMBER OF C	ONSERVA	TION EASEM	ENT	S, EACH			
REPRESENTING A LEGAL INTEREST IN LAND OWNED	BY ANC	THER PERSO	N O	R ENTITY,			
BUT REPRESENTING THE ORGANIZATION'S RIGHT T	O USE,	CONTROL, A	ND/	OR PROTECT			
THE LAND FOR CONSERVATION PURPOSES. DUE TO	THE UNI	QUE NATURE	OF	THESE			
ASSETS, THE IMPRACTICABILITY OF OBTAINING O	ONSISTE	NT AND REI	IAB	LE ESTIMATES			
OF THE VALUES ASCRIBED TO THESE INTERESTS, AND CONSISTENT WITH THE							

Part XIII Supplemental Information (continued)

PRACTICES FOLLOWED BY MANY ENVIRONMENTAL LAND TRUSTS, THE FINANCIAL STATEMENTS DO NOT INCLUDE ANY AMOUNTS FOR THESE VALUABLE CONSERVATION EASEMENTS ON THE STATEMENT OF FINANCIAL POSITION. HOWEVER, COSTS RELATED TO MAINTAINING AND MONITORING THOSE NONRECORDED ASSETS ARE RECORDED UNDER THE ORGANIZATION'S PROGRAM EXPENSES ON THE STATEMENT OF ACTIVITIES AND STATEMENT OF FUNCTIONAL EXPENSES. ON JANUARY 1, 2011, THE OAHU LAND TRUST, KAUAI PUBLIC LAND TRUST, AND HAWAII ISLAND LAND TRUST MERGED WITH MAUI COASTAL LAND TRUST, INC. SUBSEQUENTLY, MAUI COASTAL LAND TRUST CHANGED ITS NAME TO HAWAIIAN ISLANDS LAND TRUST (THE ORGANIZATION). THUS, THE EASEMENTS HELD WERE ALSO CONSOLIDATED UNDER HAWAIIAN ISLANDS LAND TRUST. PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS THE STEWARDSHIP ENDOWMENT FUND IS TO FINANCIALLY SUPPORT, IN PERPETUITY,

THE ORGANIZATION'S STEWARDSHIP OBLIGATIONS.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER RENTAL EXPENSES **-8,751** 

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER RENTAL EXPENSES

# SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number HAWAIIAN ISLANDS LAND TRUST 99-0353223 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 6 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts g	reater than \$5,000.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	
Φ		Pub	BUY BACK THE BE (event type)	E MALAMA AINA (event type)	3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	161,959	111,787	55,601	329,347
		Less: Contributions	64,740	52,287		117,027
	3	Gross income (line 1 minus line 2)	97,219	59,500	55,601	212,320
	4	Cash prizes				
	5	Noncash prizes			2,000	2,000
sesu	6	Rent/facility costs		12,565	3,141	15,706
Direct Expenses	7	Food and beverages		158	8,062	8,220
Direc	8	Entertainment	2,013	5,771	400	8,184
	9	Other direct expenses	12,161	40,384	2,192	54,737
	10 11	Net income summary. Sul	btract line 10 from line 3, column (	d)d)	· · · · · · · · · · · · · · · · · · ·	88,847 123,473
P	art			wered "Yes" on Form 990, P	art IV, line 19, or report	ted more than
		\$15,000 on Foi	rm 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total consists (add
une			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	_1	Gross revenue				
nses	2	Cash prizes				
ct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 in column (d	d)		
	8	Net gaming income summ	nary. Subtract line 7 from line 1, co	olumn (d)	<b>&gt;</b>	
а	ls t		e organization conducts gaming ac o conduct gaming activities in each	ctivities: of these states?		Yes No
			s gaming licenses revoked, susper	nded, or terminated during the tax	year?	Yes No

Sche	dule G (Form 990 or 990-EZ) 2019 HAWAIIAN ISLANDS LAND TRUST 9	9-0353223	Pa	age 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		_	_
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%_
b	The organization's facility An outside facility	13b		%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	, OP y		
	Name <b>u</b>			
	Address u			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Г	Yes	□No
h	If "Yes," enter the amount of gaming revenue received by the organization <b>u</b> \$ and the	L	l les [	NO
D	amount of gaming revenue retained by the third party <b>u</b> \$	;		
С	If "Yes," enter name and address of the third party:			
·	in res, enter name and address of the tilld party.			
	Name <b>u</b>			
	Address u			
16	Gaming manager information:			
	Name <b>u</b>			
	Gaming manager compensation <b>u</b> \$			
	Description of services provided <b>u</b>			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
ı, а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	9 91		Yes	No
h	retain the state gaming license?  Enter the amount of distributions required under state law to be distributed to other exempt organizations or		, 100 L	
-	spent in the organization's own exempt activities during the tax year <b>u</b> \$			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, column Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.		nd	

# **SCHEDULE M** (Form 990)

**Noncash Contributions** 

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990. u Go to  $\textit{www.irs.gov/Form990}\$  for instructions and the latest information. OMB No. 1545-0047

Open To Public Inspection

	tment of the Treasury al Revenue Service	o to www.ii	rs.gov/Form990 for instru	ctions and the latest inform	ation.		Inspe		
Name	of the organization					Employer identi	ification number		
	HAWAIIAN	ISLAN	IDS LAND TRU	STOTIO	n	99-035	3223		
Pa	art I Types of Property			GUIU			$\cup$ $\vee$		
		(a)	(b)	(c) Noncash contribution		(d)			
		Check if	Number of contributions or	amounts reported on		Method of dete	ermining		
		applicable	items contributed	Form 990, Part VIII, line 1g		noncash contribution	on amounts		
1	Art — Works of art								
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household								
_	goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property		2	11 005					
9	Securities — Publicly traded	X	3	11,085	FAIR	MARKET V	ALUE		
10	Securities — Closely held stock								
11	Securities — Partnership, LLC, or trust interests								
12	Securities — Miscellaneous								
13	Qualified conservation								
	contribution — Historic								
	structures								
14	Qualified conservation								
	contribution — Other	x	1	2,900,000	FATR	MARKET V	AT.ITE		
15	Real estate — Residential		-	2/300/000	11111	IIIIIIII VI			
16	Real estate — Commercial								
17	Real estate — Other	х	1	1,150,000	FΔTR	MARKET V	ALUE		
18		- 21		1,130,000	TAIN	THACKEST VI	ппоп		
	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts	x	48	26 960	EATD	MARKET V	7 T T T T T T T T T T T T T T T T T T T		
25	Other u( AUCTION ITEMS )		40	20,009	FAIR	MARKEI V	ALUE		
26	Other <b>u</b> ()								
27	Other <b>u</b> ( )								
28	Other u( )	(l		a fan a antalla atlana fan					
29	Number of Forms 8283 received by	-	•						
	which the organization completed F	orm 8283,	Part IV, Donee Acknowl	eagement	29 0			Yes	Na
00-	Design the control of the control		(2)	de commente d'Es Daniel Comme	4. (			162	No
30a	During the year, did the organization			•	•				
	28, that it must hold for at least thre						00-		v
	to be used for exempt purposes for	tne entire	noiaing perioa?				30a		X
b	If "Yes," describe the arrangement in								
31	Does the organization have a gift ac	cceptance	policy that requires the re	eview of any nonstandard					v
00				to a Patronia and a market			31		X
32a	Does the organization hire or use the	ird parties	or related organizations	to solicit, process, or sell n	ioncash			3.7	
							32a	X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an a	mount in co	olumn (c) for a type of p	operty for which column (a	) is checked	1,			
	describe in Part II.								

Schedule M (Form 990) 2019 **HAWAIIAN ISLANDS LAND TRUST** 

Part II	the organizatio		I, column (b), the	number of contribution	es 30b, 32b, and 33, and when second items receition.	
PART I	, LINE 321	B - THIRD PAR	TY USED TO	PROCESS NONC	ASH CONTRIBUTIONS	
THE OR	RGANIZATION	N USES MORGAN	STANLEY TO	PROCESS AND	SELL NON-CASH	<b>.</b>
CONTRI	BUTIONS OF	F STOCK, NOT	TO SOLICIT.			
•						

99-0353223

Page 2

SCHEDULE O (Form 990 or 990-EZ) 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.

2019

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

HAWAIIAN ISLANDS LAND TRUST

Employer identification number 99-0353223

FORM 990 - ORGANIZATION'S MISSION

HAWAIIAN ISLANDS LAND TRUST (HILT) IS HAWAI'I'S ISLANDS-WIDE LAND TRUST THAT IS BOTH A HAWAI'I 501(C)3 NONPROFIT, AND A NATIONALLY ACCREDITED LAND TRUST. HILT'S MISSION IS TO PROTECT AND STEWARD THE LANDS THAT SUSTAIN HAWAI'I, AND TO PERPETUATE HAWAIIAN VALUES BY CONNECTING PEOPLE WITH 'AINA. 'AINA MEANS THE LANDS THAT FEED US. HILT FORMED IN 2011 FROM A MERGER OF FOUR ISLAND LAND TRUSTS ON MAUI, O'AHU, HAWAI'I ISLAND, AND KAUA'I. A DEDICATED BOARD OF DIRECTORS REPRESENTING ALL MAJOR ISLANDS GUIDES HILT, SUPPORTED BY A LEAN AND HARD WORKING STAFF. HILT HAS PROTECTED OVER 20,000 ACRES ACROSS HAWAI'I, THROUGH FEE PURCHASES THAT BECOME PUBLIC PRESERVES OWNED AND STEWARDED BY HILT, AND CONSERVATION EASEMENTS PROTECTING AGRICULTURAL, ECOLOGICAL, AND CULTURAL RESOURCES ON PRIVATE LANDS. WE WORK IN THREE PROGRAMMATIC AREAS: PROTECT, STEWARD, AND CONNECT. WE PROTECT LANDS THAT ARE INTEGRAL TO HAWAI'I'S WELL-BEING AND CHARACTER, UPHOLDING OUR KULEANA TO THESE LANDS, AND THE COMMUNITIES THEY ARE IN, THROUGH THOUGHTFUL STEWARDSHIP THAT DEEPENS COMMUNITY CONNECTION TO, AND BUILDS RECIPROCAL RELATIONSHIPS WITH, 'AINA. WE PRIORITIZE THE PROTECTION OF COASTLINES, WAHI KUPUNA (HAWAIIAN CULTURAL LANDSCAPES), AND LANDS THAT GROW HEALTHY FOOD FOR HAWAI'I'S PEOPLE, AND PARTNER TO CONSERVE MAUKA FORESTS AND RANCHES. WE WELCOME THOUSANDS OF RESIDENTS, VISITORS, AND STUDENTS EVERY YEAR TO LEARN ABOUT, ENJOY, AND HELP CARE FOR THESE LANDS, CREATING GENERATIONAL COMMITMENTS AND A SHARED VALUE SYSTEM AROUND LAND STEWARDSHIP.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

HAWAIIAN ISLANDS LAND TRUST (HILT) WORKS IN THREE PROGRAMMATIC AREAS:

Name of the organization

Employer identification number

HAWAIIAN ISLANDS LAND TRUST

99-0353223

PROTECT, STEWARD, AND CONNECT. HILT IS CONSTANTLY FURTHERING ITS EFFORTS

TO: 1) PROTECT LANDS IN LINE WITH ITS STRATEGIC LAND PROTECTION PRIORITIES

(COASTLINES, HAWAIIAN CULTURAL LANDSCAPES, AND LANDS THAT GROW FOOD FOR

HAWAI'I'S PEOPLE); 2) STEWARD ITS PUBLIC PRESERVES AND CONSERVATION

EASEMENTS WITH NUMEROUS CONSERVATION VALUES (STUNNING SCENIC VISTAS; PUBLIC OUTDOOR RECREATION AREAS; PLACES OF CULTURAL AND HISTORICAL SIGNIFICANCE;

RANCHES AND FARMS THAT PROVIDE FRESH LOCAL FOOD; WILDLIFE HABITATS THAT SECURE BIODIVERSITY; BEACHES FOR PEOPLE TO ENJOY; AND OTHER WATER RESOURCE AREAS); AND 3) CONNECT COMMUNITIES TO THEIR SPECIAL NATURAL PLACES.

SOME 2019 HIGHLIGHTS ARE AS FOLLOWS: 1. PROTECTED THREE PROPERTIES. THROUGH A CONSERVATION EASEMENT, HILT PROTECTED WAI KOA LOOP TRAIL ON KAUA'I, FOREVER SECURING PUBLIC ACCESS ON A SCENIC WALKING TRAIL. THROUGH ACCEPTANCE OF A DONATED FEE SIMPLE PROPERTY, HILT PROTECTED KUKUAU FOREST ON HAWAI'I ISLAND, A NATIVE KOA AND 'OHI'A FOREST THAT IS AN IMPORTANT PART OF THE WATERSHED. THROUGH A CONSERVATION EASEMENT, HILT PROTECTED PALIKEA OWNED BY MA'O ORGANIC FARMS, A 21-ACRE ORGANIC FARM. 2. SIGNIFICANTLY ADVANCED THE PROTECTION OF 5 ADDITIONAL PLACES THAT SUSTAIN HAWAI'I. 3. CONDUCTED OUTREACH TO OVER 10 LANDOWNERS ACROSS HAWAI'I TO SHARE LAND CONSERVATION OPTIONS. 4. CONTINUED CULTIVATION OF OVER 50 RARE KALO SPECIES THROUGH A PARTNERSHIP WITH E KAPU KA 'AINA'S MAKA'AKA LO'I AT WAIHE'E COASTAL DUNES AND WETLANDS REFUGE. 5. PLANTED OVER 2,000 NATIVE PLANTS AT HILT'S PRESERVES. 6. LEAD OVER 20 TALK STORY ON THE LAND HIKES ACROSS THE ISLANDS. 7. ENGAGED 1,500 VOLUNTEERS IN RESTORATION EFFORTS ON HILT PRESERVES. 9. CELEBRATED LAND CONSERVATION EFFORTS WITH SUPPORTERS AT 4 MAJOR EVENTS ON HAWAI'I ISLAND, MAUI, O'AHU, AND KAUA'I. 10. PROVIDED PLACE-BASED LEARNING TO OVER 2,000 STUDENTS ON HILT'S PRESERVES. 11. HOSTED

Name of the organization

HAWAIIAN ISLANDS LAND TRUST

Employer identification number

99-0353223

AN AFTERSCHOOL PROGRAM AT HILT'S MAUNAWILA HEIAU COMPLEX. 12. PROVIDED THE LIMA HANA INTERNSHIP PROGRAM TEACHING CULTURAL RESOURCE MANAGEMENT TO HIGH SCHOOL AND COLLEGE STUDENTS AT MAUNAWILA HEIAU COMPLEX. 13. PROVIDED FREE PUBLIC CAMPING AT HILT'S WAIHE'E AND NU'U REFUGES. 14. SUPPORTED THE PERPETUATION OF HAWAIIAN CULTURAL PRACTICES THROUGH GROWING AND CARING FOR RESOURCES INTEGRAL TO CULTURAL PRACTICES AND BY WELCOMING HAWAIIAN CULTURAL PRACTITIONERS TO UTILIZE HILT'S PRESERVES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
TIME PERMITTING, FORM 990 IS REVIEWED IN DRAFT FORMAT BY THE FINANCE
COMMITTEE, THEN SUBMITTED TO THE FULL BOARD FOR APPROVAL AFTER THIS REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

IN ALL BOARD DECISIONS, BOARD MEMBERS ARE REMINDED ABOUT CONFLICT OF

INTEREST, AND ANY WITH POTENTIAL CONFLICTS RECUSE THEMSELVES FROM

DISCUSSION OR VOTING ON ISSUES WITH POTENTIAL CONFLICTS. ALL BOARD MEMBERS,

STAFF AND OTHER CENTRAL VOLUNTEERS SIGN THE ORGANIZATIONS' CONFLICT OF

INTEREST POLICY, CONFLICT OF INTEREST DISCLOSURE STATEMENT, AND

CONFIDENTIALITY & NON-DISCLOSURE AGREEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE NATIONAL LAND TRUST ALLIANCE PUBLISHES SALARY SURVEYS APPROXIMATELY

EVERY OTHER YEAR THAT SHOW COMPENSATION LEVELS OF SIMILAR LAND TRUST

PERSONNEL. THESE SURVEYS ARE REVIEWED AS PART OF THE COMPENSATION

EVALUATIONS BY: 1)THE BOARD OF DIRECTORS FOR THE CHIEF EXECUTIVE OFFICER

SALARY AND 2)THE CHIEF EXECUTIVE OFFICER FOR KEY EMPLOYEE SALARIES.

OMB No. 1545-0047 Form **990-T Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) , and ending For calendar year 2019 or other tax year beginning uGo to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for Internal Revenue Service 501(c)(3) Organizations Only u Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if address changed Check box if name changed and see instructions.) D Employer identification number (Employees' trust, see instructions.) Exempt under section X 501( **C**)( HAWAIIAN ISLANDS LAND TRUST Print 99-0353223 408(e) 220(e) or Number, street, and room or suite no. If a P.O. box, see instructions. Type 126 QUEEN STREET, SUITE 306 408A 530(a) E Unrelated business activity code (See instructions.) City or town, state or province, country, and ZIP or foreign postal code 529(a) HI 96813 HONOLULU Book value of all assets Group exemption number (See instructions.) u at end of vear **G** Check organization type **u** 401(a) trust 15,468,932 X 501(c) corporation 501(c) trust Other trust Enter the number of the organization's unrelated trades or businesses. **u** Describe the only (or first) unrelated trade or business here . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... u If "Yes," enter the name and identifying number of the parent corporation. THE ORGANIZATION 808-791-0729 The books are in care of **u** Telephone number **u** Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance ..... u 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b b Capital loss deduction for trusts С 5 Income (loss) from partnership and S corporation (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 8 8 Interest, annuities, royalties, and rents from controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 12 13 Total. Combine lines 3 through 12 13 0 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly Part II connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21a 21 21b 22 Depletion 22 Contributions to deferred compensation plans 23 23 Employee benefit programs 24 24 Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 26 Other deductions (attach schedule) 27 27

Total deductions. Add lines 14 through 27

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income. Subtract line 30 from line 29 .....

28

29

30

31

28

29

30 31

OIIII	1990-1 (2019) IMMILLIAN ISBURIOS IBUIS	<u> </u>			i age <b>z</b>
<u> Pa</u>	rt III Total Unrelated Business Taxable income				
32	Total of unrelated business taxable income computed from all unrelated trades or bus	inesses (see			
	instructions)				
33	Amounts paid for disallowed fringes			33	
34	Charitable contributions (see instructions for limitation rules)			34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction	ns. Subtract line			
	34 from the sum of lines 32 and 33			35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 201	8 (see			$\mathcal{V}$
				36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36	from line 35		37	0
38	****			38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greated	,			•
_	enter the smaller of zero or line 37			39	0
	rt IV Tax Computation				
40 41	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)  Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on			40	
41	the amount on line 39 from: Tax rate schedule or Schedule D (Form	10/11)		41	
42				42	
43	Proxy tax. See instructions  Alternative minimum tax (trusts only)				
44	Alternative minimum tax (trusts only)  Tax on Noncompliant Facility Income. See instructions			44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0
	irt V Tax and Payments			1 40	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
b	Other credits (see instructions)				
С	General business credit. Attach Form 3800 (see instructions)	46c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
е	Total credits. Add lines 46a through 46d			46e	
47	Subtract line 46e from line 45			47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (att.	sch.)		48	
49	Total tax. Add lines 47 and 48 (see instructions)	,		49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line	3		50	
51a	Payments: A 2018 overpayment credited to 2019		43	5	
b	2019 estimated tax payments		1,080	ס	
С	Tax deposited with Form 8868	51c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d			
е	Backup withholding (see instructions)	51e			
f	Credit for small employer health insurance premiums (attach Form 8941)	51f			
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total <b>u</b>	51g			
52	Total payments. Add lines 51a through 51g			52	1,515
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		u _	53	_
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		u	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount of				1,515
<u>56</u>	Enter the amount of line 55 you want: Credited to 2020 estimated tax <b>u</b>		funded u	56	1,515
	rt VI Statements Regarding Certain Activities and Other Inform	•	•		
57	At any time during the 2019 calendar year, did the organization have an interest in or over a financial account (bank, securities, or other) in a foreign country? If "YES," the	a signature or other a organization may hay	authority e to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the				
	here u				X
58	During the tax year, did the organization receive a distribution from, or was it the grant	or of, or transferor to	, a foreign t	rust?	Х
59	If "YES," see instructions for other forms the organization may have to file.  Enter the amount of tax-exempt interest received or accrued during the tax year u \$	•			
	Under penalties of periury I declare that I have examined this return, including accompanying schedules and stateme	ents, and to the best of my kno	owledge and be	ief, it is	May the IDC discuss this return
Sig		, ,			May the IRS discuss this return with the preparer shown below (see instructions)?
Her		SIDENT			- (see instructions)?
	Signature of officer Date Title				
	Print/Type preparer's name Preparer's signature		Date	Check	if PTIN
Paid		C TNC	11/17/2		
Prep		S INC	Firm	s EIN }	99-0272757
use	Only 1440 KAPIOLANI BLVD STE 900				909_041.0500
	Firm's address } HONOLULU, HI 96814-3612		Pho	ne no.	808-941-0500

FOIII	1990-1 (2019) HAWAI	TWI TOTWIN	75 116	דו מועד	202	4	99-0	333223			Page 3
Sch	edule A - Cost of Go	ods Sold. Enter	r metho	od of inve	ento	ry valuation <b>u</b>					
1	Inventory at beginning of y	/ear <b>1</b>			6	Inventory at end of	year		6		
2	Purchases	2				Cost of goods sol					
3	Cost of labor	1 - 1				line 6 from line 5. E	nter here	e and			
4a	Additional sec. 263A costs		1			in Part I, line 2			7		
	(attach schedule)	4a		10	8	Do the rules of sec	tion 263/	A (with respect to			Yes No
b	Other costs (attach schedule)	4b	-					ed for resale) apply			
5	<b>Total.</b> Add lines 1 through					to the organization					
Sch	edule C - Rent Incor		Proper	tv and F	ers			With Real Prop	ertv)		- I
	ee instructions)	(		-,					,,		
	scription of property										
(1)	N/A										
(2)	•										
(3)											
(4)											
<del>(+)</del>		2. Rent receiv	ed or accri	ued							
	(a) From possessel property (if the		100 01 0001			navanal numeric (if the		2(a) Dadwatiana	مانده مدار		
	(a) From personal property (if the for personal property is more th					personal property (if the r personal property exceed	ds	1 '''		onnected with the ir 2(b) (attach schedule	
	more than 50%)					based on profit or income			()	_(=) (==================================	-,
(1)	·										
(1)											
(2)											
(3)											
(4) Total	1		Total					4)			
								(b) Total deduction			
	otal income. Add totals of and on page 1, Part I, line 6							Enter here and on pa Part I, line 6, column			
	edule E – Unrelated							T dit i, into o, coldini	(5) 61		
<u>JCI</u>	edule L - Officialed	Debt-i illanceu	<u>IIICOIII</u>		Struc	110113)	Т	2 Dadustiana disastina		dth ar allacable t	
				2.	. Gross	income from or		<ol><li>Deductions directly of debt-fine</li></ol>			J
	1. Description of debt-	financed property		alle		to debt-financed	(-)		Τ.		-4:
					F	property	(a) (	Straight line depreciation (attach schedule)		(b) Other dedu (attach sched	
(4)	N/A							()	+	(-1111111111111111111111111111111111111	,
(1)	N/A								+		
(2)							1		+		
(3)							1		+		
(4)	4. Amount of average	5. Average adjusted	basis						+		
	acquisition debt on or	of or allocable to				. Column - divided	7.0	Gross income reportable		<ol><li>Allocable ded (column 6 x total of</li></ol>	
	allocable to debt-financed property (attach schedule)	debt-financed prop (attach schedule				column 5		column 2 x column 6)		3(a) and 3(b)	
	property (attack concasts)	(dilasi) solisadi.	,			9	/		+		
(1)									+		
(2)							6		+		
(3)							6		+		
(4)						9,	1	hana and t	+-		
								here and on page 1, line 7, column (A).		nter here and o Part I, line 7, co	
<b>T</b> . 1	1_						' "	1,o 7, column (A).	'	a.c.i, iiilo 7, 00	(D).
Tota									+		
Tota	I dividends-received dedu	<b>ictions</b> included in c	olumn 8					u	l		

<u> Schedule F – Interest, Annu</u>	<u>iities, Royaltie</u>	es, and Rent	s Fror	n Controll	<u>ed O</u>	rganiz	ations	(see instruc	tions)	
			Exemp	t Controlled	l Orga	ınizatio	ns			
Name of controlled organization	2. Employer identification number			related income e instructions)		<b>4.</b> Total of specified payments made		5. Part of column included in the corganization's gross	ontrolling	Deductions directly connected with income in column 5
(1) <b>N/A</b>					4 1					
(2)		Inc			11/				7r	
(3)						$\mathbf{J}I$				JV
(4)										7
Nonexempt Controlled Organiza	tions	<u>'</u>					<b>I</b>			
7. Taxable Income	alo Incomo		Net unrelated income ss) (see instructions)		9. Total of specified payments made		10. Part of column sincluded in the cororganization's gross		ı	Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
						En	dd columns ter here and art I, line 8, o	on page 1,	Ente	d columns 6 and 11. r here and on page 1, i I, line 8, column (B).
Totals	······		······································		u	<u> </u>				
Schedule G - Investment In	come of a Se	ction 501(c)	7), (9)			zation	(see in	istructions)		
1. Description of income		2. Amount of income		3. Deductions directly connected (attach schedule)		1		. Set-asides ach schedule)		5. Total deductions and set-asides (col. 3 plus col.4)
(1) <b>N/A</b>										
(2)										
(3)										
(4)										
Totals Schedule I – Exploited Exer		Enter here and on Part I, line 9, colu	mn (A).	Advertisi	na In	come	(see in	etructions)		er here and on page 1, rt I, line 9, column (B).
1. Description of exploited activity	2. Gross unrelated     business income from trade or business		3. Expenses directly connected with production of unrelated business income		loss) trade lumn n 3). bute n 7.	s)  de 5. Gross incom from activity the is not unrelated business incom		6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>										
(2)										
(3)										
(4)			$\rightarrow$							
Totals u	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	t I,							Enter here and on page 1, Part II, line 25.
Schedule J - Advertising In	come (see ins	tructions)								
Part I Income From P			Consc	olidated Ba	asis					
1. Name of periodical	2. Gross advertising income 3. Dir advertisin			4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		5. Circulation income		<b>6.</b> Rear		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) <b>N/A</b>										
(2)										
(3)										
(4)										
Totals (carry to Part II line (5))										

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising 2. Gross gain or (loss) (col. costs (column 6 5. Circulation 6. Readership 3. Direct advertising 2 minus col. 3). If minus column 5, but 1. Name of periodical advertising costs income costs income a gain, compute not more than cols. 5 through 7. column 4). (1) **N/A** (2) (3) Totals from Part I u Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col. (A). line 11, col. (B). Part II, line 26. Totals, Part II (lines 1-5) u

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)									
1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business						
(1) <b>N/A</b>		%							
(2)		%							
(3)		%							
(4)		%							
Total. Enter here and on page 1, Part II, line 14		u							

Form **990-T** (2019)