

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0087

**2010**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

For calendar year 2010 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3)  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>HAWAII COMMUNITY FOUNDATION</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>827 FORT STREET MALL</b></p> <p>City or town, state, and ZIP code  <b>HONOLULU, HI 96813-2817</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>99-0261283</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>900099</b></p>
<p><b>C</b> Book value of all assets at end of year  <b>419,350,052.</b></p>	<p><b>F</b> Group exemption number (See instructions.) <b>▶</b></p> <p><b>G</b> Check organization type <b>▶</b> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

**H** Describe the organization's primary unrelated business activity. **▶** **SEE STATEMENT 1**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **▶**  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. **▶**

**J** The books are in care of **▶** **WALLACE CHIN** Telephone number **▶** **808,537,6333**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>754,785.</b>			
<b>b</b> Less returns and allowances			
<b>c Balance</b> <b>▶</b>	<b>1c</b> <b>754,785.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b> <b>754,785.</b>		<b>754,785.</b>
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule.)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> <b>754,785.</b>		<b>754,785.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	<b>53,256.</b>
<b>15</b> Salaries and wages	<b>15</b>	<b>416,173.</b>
<b>16</b> Repairs and maintenance	<b>16</b>	<b>2,125.</b>
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules.)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	<b>5,595.</b>
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>5,595.</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	<b>127,812.</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	<b>28</b>	<b>121,473.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>726,434.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>28,351.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	<b>13,972.</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>14,379.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>13,379.</b>

Part III Tax Computation

Table with 2 columns: Description and Amount. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 2 columns: Description and Amount. Rows include Foreign tax credit (40a-40d), Total credits (40e), Other taxes (42), Total tax (43), Payments (44a-44g), Estimated tax penalty (46), Tax due (47), and Overpayment (48).

Part V Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question, Yes, No. Rows include questions about financial accounts in foreign countries and tax-exempt interest received.

Schedule A - Cost of Goods Sold

Table with 2 columns: Description and Amount. Rows include Inventory at beginning/end of year, Purchases, Cost of labor, and Total.

Sign Here

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.

Signature of officer: [Handwritten Signature] Date: 11/15/11

Title: VP-CHIEF FINANCIAL OFFICER

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Table with 2 columns: Description and Value. Rows include Preparer's name (TSOO OSHIMA, CPA), Firm's name (OSHIMA COMPANY CPA LLC), and Firm's address (841 BISHOP STREET, STE 208, HONOLULU HI 96813).

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

Table for Schedule C: Rent Income. Includes columns for Description of property, Rent received or accrued (a) From personal property, (b) From real and personal property, and Deductions directly connected with the income.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table for Schedule E: Unrelated Debt-Financed Income. Includes columns for Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property, and Amount of average acquisition debt.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Schedule F: Interest, Annuities, Royalties, and Rents From Controlled Organizations. Includes columns for Name of controlled organization, Employer identification number, Net unrelated income (loss), Total of specified payments made, Part of column 4 that is included in the controlling organization's gross income, and Deductions directly connected with income.

Table for Nonexempt Controlled Organizations. Includes columns for Taxable Income, Net unrelated income (loss), Total of specified payments made, Part of column 9 that is included in the controlling organization's gross income, and Deductions directly connected with income.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II 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.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).			Enter here and on page 1, Part II, line 27.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**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) KELVIN TAKETA	PRESIDENT, CEO	12.00%	34,867.
(2) KATHARINE LLOYD	VP-OPERATIONS	12.00%	18,389.
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			53,256.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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FEEES FOR ADMINISTRATIVE SERVICES FOR OTHER CHARITABLE ORGANIZATIONS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
SEE ATTACHMENT A	121,473.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	121,473.

Hawaii Community Foundation  
Form 990-T

**Part II, Line 28 Other Deductions**

Professional Fees	\$25,729
Advertising	796
Office and Supplies	8,096
Printing and Publication	7,990
Telephone	3,473
Computer and Technology	6,596
Occupancy and Utilities	27,255
Temporary Personnel and Recruitment	1,537
Business Insurance	1,274
Business-Travel and Mileage	8,166
Training-Seminars and Travel	7,765
Meetings	14,134
Dues and Subscriptions	2,257
Entertainment and Gifts	3,798
Staff Activities	1,087
Miscellaneous Expenses	1,521
	<u>\$121,473</u>

**Part II, Line 31 Net Operating Loss Deduction**

Net Operating Loss (2008)	\$25,834
Used in 2009	<u>-11,862</u>
Remaining for 2010	<u>\$13,972</u>