Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2011
Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning and er	nding	_	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	Ho'okipaipai LLC			
	Name change			01-0	964759
	Initial return Termin		doom/suite	E Telephone numbe	r 596-8990
	⊒ated ∃Amend		430		336,682.
H	return Applic tion	Uity or town, state or country, and ZIP + 4		G Gross receipts \$ H(a) Is this a group re	
	pendin	F Name and address of principal officer: Mona Bernardino		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates inc	
Τ.	Tax-exe	empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or	527	- ' '	list. (see instructions)
		e: ► N/A		H(c) Group exemptio	,
		organization: ☐ Corporation ☐ Trust ☐ Association ☐ X Other ► LLC	L Year		↑ State of legal domicile: HI
	art I	Summary	<u> </u>	<u>'</u>	<u> </u>
ω	1	Briefly describe the organization's mission or most significant activities: To en	gage	in communit	y economic
Activities & Governance		development activity in the State of Hawa			
rns	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more	e than 25% of its net as	ssets.
oVe	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
S		Number of independent voting members of the governing body (Part VI, line 1b) \dots			0
es 6	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	5
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)		6	0
ζţ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		500.	336,682.
enn	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		500.	336,682.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		0.	135,438.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
хbе	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	81,028.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	216,466.
		Revenue less expenses. Subtract line 18 from line 12		500.	120,216.
S OF			Ве	ginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		475.	216,265.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		13.	95,587.
		Net assets or fund balances. Subtract line 21 from line 20		462.	120,678.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowledge.	
		Signature of officer		I Date	
Sig			0.70	Date	
Hei	re	Mona Bernardino, Chief Operating Office Type or print name and title	er		
			П	Date Check	X PTIN
Pai	ч	Print/Type preparer's name James P. Hasselman Preparer's signature		Check Life self-employ	25
		James 1. Hasselman	1		20-5496781
	parer Only	, , ,		Firm's EIN	40-2430/01
USE	UIII	Firm's address P.O. Box 11149 Honolulu, HI 96828		Dhana na 0	08-721-5483
N 1 -	v tha IF	-		Prilotte tio. O	X Yes No
ivid	y trie it	RS discuss this return with the preparer shown above? (see instructions)			∟≛⊒ tes ∟INO

Pa	t III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: To engage in community economic development activity in the State of	
	Hawai'i.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O.	<u>X</u> No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to	
4a	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 202,677 • including grants of \$) (Revenue \$	
70	The organization provided education, training, counseling and other technical assistance to small businesses interested in obtaining and managing government contracts and subcontracts through the operation a Hawai'i Procurement Technical Assistance Center (PTAC).	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 202,677.	
	Form 990	(2011)

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Form 990 (2011) Ho'okipaipai Part IV Checklist of Required Schedules

			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?	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		Х
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		X
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," complete	_		77
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			Х
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
44	endowments, or quasi-endowments? <i>If</i> "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21
11	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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		X
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		Х
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		Х
42	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	i -t a		
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	- 1.00		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	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	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,"			37
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) Ho'okipaipai LLC Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, columin (A), line 71 If "Yes," complete Schedule I, Part I and II				Yes	No
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. 22	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			l
column (A), line 27 II "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, flustees, key employees, and highest compensated employees? If "Yes," complete Schedule I and tay of the years, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. If I'vi's, or to line 25 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year 0 defease any tax-exempt bonds? 25d Section 501(x(3)) and 501(x(4)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25d Section 501(x(3)) and 501(x(4)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule I, Part I and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I and I are septimentally as a stay and that the 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 I, Part II and I are septimentally as a first person outstanding as of the end of the organization stax year? If "Yes," complete Schedule I, Part II and I are septimentally as a first person outstanding as of the end of the organization with one of the following parties (see Schedule I, Part IV "Yes," complete Schedule I, Part IV II and I are septimentally as a first person outstanding as of the end of the organization with one of the following parties (see Schedule I, Part IV II and I are septime			21		X
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and 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 25 24b in the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 24b	22		22		Х
Schedule J 24a 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 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 4dd Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2dd Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 3dd Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 3dd Did the organization account of the organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1f" Yes," complete Schedule L, Part I 25a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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", yo to line 25 b) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b c) Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 510((3)) and 6010((4)) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E2? If "Yes," complete Schedule L, Part II 25b Was a lean to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV 25b Was the ant or by by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization and that the transaction with a disqualified person outstanding as of the end of the organization and that the transaction with or a 39% controlled entity or family member of a current or other assistance to an officer, director, trustee, experiment to a member, or to a 39% controlled entity or family member of a c		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a 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 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization 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? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Part II Par		Schedule J	23	X	
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any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 246 July did not organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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-E27 If "Yes," complete Schedule L, Part I 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28 A current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization injuddet, terminate, or dissolve and cease operations? If "Yes," complete Schedule I, Part II 30 Did the organization injuddet, terminate, or dissolve and cease operations? If "Yes," complete Schedule I, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "			24b		
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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-E27 If "Yes," complete Schedule L, Part II 26	25a				l
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Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26	b				
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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 31 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any					
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contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 31 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 I 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 32 A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 5012(b)(13)? If "Yes," complete Schedule R, Part V, line 2 34 Was the organization as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that			26		X
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If "Yes," complete Schedule N, Part I 31	21		30		
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			37		Х
	38				
Note. All Form 990 filers are required to complete Schedule O		Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

Section 1 Sect		Check if Schedule O contains a response to any question in this Part V					
Enter the number of Forms W 2G included in line 1a. Enter 0 if not applicable 1b 0 Did the organization comply with backing rules for reportable payments to vendors and reportable gaming (gamining) withmings to prize winners? 2a. Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements, 2a 5 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1 and all as ig series than 250, you may be required to e-file gene instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 1b If Yea, 1 has filed a form 800 Tor this year? W 100, "provide an explanation in Schedule O 3b X 1b If Yea, 2 and 3 filed a form 800 Tor this year? W 100, "provide an explanation in Schedule O 3b X 1b If Yea, 3 and 3 filed a form 800 Tor this year? W 100, "provide an explanation in Schedule O 3b X 1b If Yea, 2 and 3 filed a form 800 Tor this year? W 100, "provide an explanation in Schedule O 3b X 1c If Yea, 3 and 3 a						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) winnings to prize winners? 2a Effect the number of employees reported on Form W-0, Transmittal of Wigge and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If the visual control in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If visual interests in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If visual interests in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If visual interests in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If visual interests in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If visual interests in the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 If visual interests in the sum of the sum	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
a 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. **Beth I tal teast one is reported on line 2a, did the organization file all required federal employment tax returns? **Beth I tal teast one is reported on line 2a, did the organization file all required federal employment tax returns? **Beth I tal teast one is reported on line 2a, did the organization file all required federal employment tax returns? **Beth I tal teast one is reported on line 2a, did the organization file all required federal employment tax returns? **Beth I tal teast one is reported on line 2a, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **Beth I tal teast one or did not be organization from 15 09/221, 1 Report of Foreign Bank and Financial Accounts. **Beth I tal teast one organization and party to a prohibited tax shelter transaction at any time during the tax year? **Beth I tal teast one organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? **Beth I tal teast one organization and the organization that it was or is a party to a prohibited tax shelter transaction? **Beth I tal teast one organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible? **Beth I tal teast of the organization include with every solidation an express statement that such contributions or gifts were not tax deductible? **Beth I tal teast of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidation receive a payment in excess of \$75 made partly as a contribution on advantage for which it was required to file form 888617. **Beth I tal teast on teast and teast of the or	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
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						$\vdash \vdash$	
	ט	in 103, has a med a 10mm 120 to report these payments: In 100, provide an explanation in schedule	<i></i>			990 (2011)

Part VI 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 in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	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?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
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?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion 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		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
46	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	ncıal	
00	statements available to the public during the tax year.	Alaw - 🏲		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization $-808-596-8990$	uon:	_	
	711 Kapiolani Blvd, No. 1430, Honolulu, HI 96813			
	, II IMPIOIMIL DIVA, HO. IEDO, HOHOLUIA, HI DUULD			

132006 01-23-12

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization (A)	(B)			((C)			(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated					
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of other	
	week	⊢	cer ar	na a a	recto	or/trus	tee)	from	from related		
	(describe	recto						the	organizations	compensation	
	hours for related	or di	99			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	ruste	l trus		e e	npen		(***2/1099*****130)		and related	
	in Schedule	d ual t	rtiona	_	mplo)	st cor	<u></u>			organizations	
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Por me			· ·	
(1) Clyde Namu'o											
Manager	1.00	Х		Х				0.	156,305.	0 .	
(2) Richard Pezzulo											
Manager	1.00	Х		Х				0.	130,248.	0	
(3) Stanton Enomoto											
Manager, partial year	1.00	Х		Х				0.	68,750.	0	
(4) Hawley Alamodin											
Manager, partial year	1.00	X		Х				0.	103,079.	0 .	
(5) Mona Bernardino									440 -04		
Chief Operating Officer	10.00			Х				0.	118,701.	12,191	
				_	_	_	<u> </u>				
					_	_					
				_	_	<u> </u>	_				
				\vdash	┝	┝	┝				
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Ho'okipaipai LLC

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
	(A) Name and title Average hours per week (describe		Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organization	on d ns	com	(F) timate nount other pensa	of tion	
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	orga and	om the anizat d relat anizati	ion ed
1b	Sub-total						•		0.	577,0	83.	1:	2,1	91.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0.	577,0		1	2,1	0. 91.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed al	oove	e) wh	no re	eceived more than \$100	0,000 of reportab	ole		Y	0
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3	Yes	No X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le co	omp	ensa	ation	n and	d otl				4	X	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			•			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of cor	npens	ation f	rom	
	the organization. Report compensation for	-	-						n the organization's tax					
	(A) Name and business	address	N	ONI	3				(B) Description of s	services	С	(C omper		n
								\dashv						
					_									
	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to		se lis	stec	d above) who received n	nore than		Form \$	990 r	2011)

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га	I V VII	Statement of Rever	iue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts t	1 a	Federated campaigns	1a					
Z a		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events						
ifts		Related organizations						
nj, G				336,682.				
Sir		Government grants (contribut	· —	330,002.				
iğ E	Т	All other contributions, gifts, gran						
흥		similar amounts not included abo						
n o	g	Noncash contributions included in lines			226 602			
O e	h	Total. Add lines 1a-1f			336,682.			
				Business Code				
ice	2 a							
ne L	b							
n S	С							
Program Service Revenue	d							
Š.	е							_
<u>" </u>	f	All other program service reve						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including	•	· .				
		other similar amounts)						
	4	Income from investment of tax		-				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a							
	b	1						
	С	, ,						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
nue	8 a	Gross income from fundraising including \$						
eve		contributions reported on line						
Other Revenu		Part IV, line 18	,					
the	b	Less: direct expenses						
0		Net income or (loss) from fund		>				
		Gross income from gaming ac	_					
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam		•				
		Gross sales of inventory, less	_					
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
Ī		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
1000	12	Total revenue. See instructions.			336,682.	0.	0.	0.
13200 01-23	ฮ -12							Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

COMP	Check if Schedule O contains a respons	se to any question in thi	s Part IX		
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		,		·
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	115 000	100 245	5 660	
7	Other salaries and wages	115,009.	109,347.	5,662.	
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)	C COA	C 2C4	220	
9	Other employee benefits	6,694.	6,364.	330.	
10	Payroll taxes	13,735.	13,059.	676.	
11	Fees for services (non-employees):				
	Management	817.		817.	
	Legal	3,857.		3,857.	
	Accounting	3,037.		3,037.	
	Lobbying Professional fundacional convices Cos Port IV line 17				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	500.	475.	25.	
g 12	Other Advertising and promotion	1,699.	1730	1,699.	
13	Office expenses	2,636.	2,364.	272.	
14	Information technology	10,371.	10,196.	175.	
15	Royalties				
16	Occupancy	6,403.	6,127.	276.	
17	Travel	7,848.	7,848.		
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	884.	884.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	45,805.	45,805.		
a h		±3,003•	±3,003•		
b c					
d					
	All other expenses	208.	208.		
25	Total functional expenses. Add lines 1 through 24e	216,466.	202,677.	13,789.	0
26	Joint costs. Complete this line only if the organization	,	,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
132010	0 01-23-12				Form 990 (2011

Pa	rt X	Balance Sheet	1		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	475.	1	107,167.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	107,979.
	5	Receivables from current and former officers, directors, trustees, ke			
		employees, and highest compensated employees. Complete Part I			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under sect	ion		
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	uting		
		employers and sponsoring organizations of section 501(c)(9) volunt	ary		
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	1,119.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	216,265.
	17	Accounts payable and accrued expenses		17	95,587.
	18	Grants payable		18	•
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ś	21	Escrow or custodial account liability. Complete Part IV of Schedule	D	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key em			
abil		highest compensated employees, and disqualified persons. Compl			
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related the			
		parties, and other liabilities not included on lines 17-24). Complete			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	95,587.
		Organizations that follow SFAS 117, check here X and			
S		lines 27 through 29, and lines 33 and 34.			
ng.	27	Unrestricted net assets	462.	27	120,678.
ala	28	Temporarily restricted net assets		28	
В В	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117, check here			
P		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other fund		32	
Ž	33	Total net assets or fund balances		33	120,678.
	34	Total liabilities and net assets/fund balances	485	34	216,265.
		The second secon			Form 990 (2011)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			82.
2	Total expenses (must equal Part IX, column (A), line 25)	2			66.
3	Revenue less expenses. Subtract line 2 from line 1	3	12	0,2	16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	62.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12	0,6	78.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				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
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

			alpal LLC						U.	L-0964	159	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines 1	1 through	11. check	only one b	ox.)					
1 📺			s, or association of chur					L				
2	•		0(b)(1)(A)(ii). (Attach Sc				(~)(-)(-)					
3 🗔			tal service organization of			170/b)/1/	Λ\/;;;\					
4			•					/L\/.4\/.A\/::	:\	امداده ما مما	,	_
4 📖		-	operated in conjunction	with a nos	pital desc	nbed in se	ction 170	(D)(I)(A)(II	i). Enter t	ne nospitai	s nam	e,
	city, and stat											
5 📖			benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	oublic desc	ribed i	n
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8			ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33 1			rom contri	hutions m	nemhershi	n fees ar	nd aross re	ceints	from
	· ·	•	nctions - subject to certa							•	•	
		•	•	•		•				•		
			axable income (less sect	lion 511 ta	x) Irom bu	Siriesses a	acquired b	y trie orga	mization a	aiter June 3	0, 197	5.
40		509(a)(2). (Complete					500/ W					
10	· ·		perated exclusively to te	•	•			•				
11	· ·		perated exclusively for the						•			or
			tions described in section				2). See se o	ction 509(a)(3). Che	eck the box	that	
			organization and comple							1		
	a ∐ Type I	l b ∟	J Type II c	: Тур	e III - Fund	tionally int	egrated		d L	Type III - (Other	
e	By checking	this box, I certify tha	t the organization is not	controlled	l directly o	r indirectly	by one o	r more dis	qualified _l	persons oth	ner tha	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (iii) below,		Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) of									
h			about the supported or							[**3(***)		
	T TOVIGO LITO I	ollowing information	about the supported of	garnzation	(5).							
/:) Nama	of ournarted	(::\ FIN	(iii) Type of	(iv) Is the o	rnanization	(v) Did you	ı notify the	(vi) Is	the	/v::\	oount o	£
. ,	of supported	(ii) EIN	organization	in col. (i) lis				organizátio	on in col.	(vii) An		ı
Ulga	anization		(described on lines 1-9	governing				(i) organiz U.S	ea in the	Sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(occ mondonono))	163	NO	169	NO	163	NO			
				-								
Total												

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-1

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				500.	336,682.	337,182.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				500.	336,682.	337,182.
5	The portion of total contributions						<u> </u>
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						337,182.
	etion B. Total Support						33,72321
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	(,	(-,	(-,	500.	(e) 2011 336,682.	(f) Total 337,182.
8	Gross income from interest,					,	·
·	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the						
10	Other income. Do not include gain						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						337,182.
	Total support. Add lines 7 through 10	-1- (\			40	337,102.
12	Gross receipts from related activities,			fa		7.501(5)(0)	
13	First five years. If the Form 990 is for	-			•		► X
Sec	organization, check this box and stop ction C. Computation of Publ						<u>A</u>
14	Public support percentage for 2011 (column (fl)		14	%
15	Public support percentage from 2010					15	
	33 1/3% support test - 2011. If the o						
102	stop here. The organization qualifies						
h	33 1/3% support test - 2010. If the d						
	and stop here. The organization qual	•		,		,	
170	10% -facts-and-circumstances tes						
17 a	and if the organization meets the "fac	ŭ					*
	-					-	
Į.	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•				
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1/a, or 17	b, check this box a		S

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	ow, please com	piete i ait ii.j				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not	(4) 2001	(3) 2000	(5) 2555	(4) 2515	(5) 2511	(i) rotal
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness 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				1		
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	(,	(2) 2000	(0) 2000	(4,20.0	(5) = 5 · ·	(1) 1010.
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						
c 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)		<u> </u>	<u> </u>	<u> </u>		<u> </u>
14 First five years. If the Form 990 is for t	-			•		
check this box and stop here Section C. Computation of Public						P
<u> </u>			l (f)		15	
15 Public support percentage for 2011 (lin					 	%
16 Public support percentage from 2010 Section D. Computation of Invest					16	%
•					17	0/
17 Investment income percentage for 20118 Investment income percentage from 20					18	<u>%</u>
19a 33 1/3% support tests - 2011. If the co						
more than 33 1/3%, check this box and	-					
b 33 1/3 % support tests - 2010. If the c	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec						>
20 Private foundation. If the organization	aid not check a	pox on line 14, 19	ia or 19b. check t	nis box and see in	structions	

Schedule B (Form 990, 990-EZ,

or 990-PF Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Employer identification number

Ho'okipaipai LLC 01-0964759 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

Ho'okipaipai LLC

01-0964759

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Office of Hawaiian Affairs 711 Kapi'olani Blvd, Suite 500 Honolulu, HI 96813	\$216,644.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Hi'ilei Aloha LLC 711 Kapi'olani Blvd, Suite 1430 Honolulu, HI 96813	\$13,753.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Defense Logistics Agency 8725 John J. Kingman Road Fort Belvoir, VA 22060	\$106,285.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Ho'okipaipai LLC

01-0964759

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	000 FT or 000 PE\/2011

Name of org	ganization				Employer identification number
Ho'oki	ipaipai LLC				01-0964759
Part III	Exclusively religious, charitable, etc., indiverse. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if addition	vidual contributions to section he following line entry. For or o	n 501(c)(7), (8) panizations comp less for the year	, or (10) organization oleting Part III, enter r- (Enter this information once.)	ns that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Desci	ription of how gift is held
		(e) Transfe	r of gift	l	
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Desci	ription of how gift is held
-		(a) Transfe	u of with		
	Transferee's name, address, a	(e) Transfe	_	elationship of trar	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of git	it	(d) Desci	ription of how gift is held
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	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee
Γ				-	
(a) No.		<u> </u>			
from Part I	(b) Purpose of gift	(c) Use of git	ft	(d) Desci	ription of how gift is held
-		(e) Transfe	r of gift		
	Transferee's name, address, a	nd ZIP + 4	R	elationship of trar	nsferor to transferee
				•	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

Ho'okipaipai LLC

Employer identification number 01-0964759

Pa	art I Questions Regarding Compensation			
_	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			1
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
	Receive a severance payment or change-of-control payment?			X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?			Х
-	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7				
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8				
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		
LH/		ule J (Form	990)	2011

132111 01-23-12

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
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Page 3

Ho'okipaipai LLC Schedule J (Form 990) 2011

Part III | Supplemental Information

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Line 3: The chief management official of the organization is	ted by a related organization, Office of Hawaiian Affairs (OHA).	practi	employment contract, use of compensation surveys or studies, and	by its board of trustees.							
Part I, Line 3: Th		OHA's compensation	written employment	approval by its bo							

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Schedule J (Form 990) 2011

SCHEDULE O

Department of the Treasury Internal Revenue Service

(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. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Ho'okipaipai LLC

Employer identification number 01-0964759

Form 990, Part VI, Section A, line 2: The Managers of the Organization are officers of the Office of Hawaiian Affairs, a related organization.

Form 990, Part VI, Section A, line 6: The organization is a Manager-Managed LLC and has one member, Ho'okele Pono LLC.

Form 990, Part VI, Section A, line 7a: The Managers of the LLC shall be the Chief Executive Office, The Chief Financial Officer, and the Chief Operating Officer of the Office of Hawaiian Affairs.

Form 990, Part VI, Section A, line 7b: Pursuant to the Operating Agreement, Member approval is required for certain major transactions, including authorizing new members, certain sale or lease transactions, Manager compensation, changes to Managers, amendments to organization documents, and dissolution of the organization.

Form 990, Part VI, Section A, line 8b: There are no sub-committees of the governing body.

Form 990, Part VI, Section B, line 11: Form 990 was provided to the organization's Managers prior to filing.

Form 990, Part VI, Section B, Line 12c: Managers and employees are covered Under the policy, when a covered person becomes aware of under the policy. a proposed covered transaction, he or she is obligated to disclose the

transaction in detail. The disinterested managers may consult with legal LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2011)

Employer identification number Name of the organization Ho'okipaipai LLC 01-0964759 counsel and then determine whether the transaction is fair, reasonable and in the organization's best interest. If the transaction is not in conformity with the above standards, the organization will refrain from entering into the transaction. Form 990, Part VI, Section B, Line 15a: The top management official's compensation is paid by a related organization (Office of Hawaiian Affairs or OHA) and determined by OHA's board of trustees using comparable salary data, and contemporaneously documented. Form 990, Part VI, Section C, Line 18: The organization makes its form 1023 and form 990 available for public inspection upon request. Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon request. Form 990, Part XII, Line 2 An audit of the organization's financial statements was in progress at the time this form 990 was filed. The organization's governing body (its Managers) maintains audit oversight.

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SCHEDULE R Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

2011 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 01-0964759Direct controlling entity End-of-year assets (e) Total income ত Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity <u>@</u> Ho'okipaipai LLC Name, address, and EIN of disregarded entity Name of the organization Part I

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization a	answered "Yes" to Form 990	Part IV, line 34 b	ecause it had one o	or more related tax-exem	ıpt	
(a)	(q)	(c)	(p)	(e)	(4)	(6)	057.00
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	section 5 12(b)	Z(b)(13)
of related organization		foreign country)	section	status (if section	entity	entity?	1.5
				501(c)(3))		Yes	S
Office of Hawaiian Affairs	Advocacy and programs for						
711 Kapiolani Blvd, Suite 500	the benefit of Native						
Honolulu, HI 96813	Hawaiians	Hawaii			N/A		×
Ho'okele Pono LLC - 01-0963916	Engaging in community						
711 Kapiolani Blvd, Suite 1430	economic development			Public	Office of		
Honolulu, HI 96813	activity	Hawaii	501(c)	Charity	Hawaiian Affairs		×
Hi'ilei Aloha LLC - 26-1210564	Advocacy and programs for						
711 Kapiolani Blvd, Suite 1430	the benefit of Native			Public	Office of		
Honolulu, HI 96813	Hawailans	Hawaii	501(c)	Charity	Hawaiian Affairs		×
Hi'ipaka LLC - 26-1537168	Preservation of Waimea						
59-864 Kamehameha Hwy	Valley; management of			Public			
Haleiwa, HI 96712	Valley activities	Hawaii	501(c)	Charity	Hi'ilei Aloha LLC		×

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

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Schedule R (Form 990) 2011

Ho'okipaipai LLC

01 - 0964759

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

1-1	175		47		3		
(a)	(a)	(C)	(a)	(e)	(f)	(g) Section 512(b)(13)	2(b)(13)
Narie, address, and Ein of related organization	Filliary activity	Legal doffiiche (state of foreign country)	exempt code section	Fublic criarity status (if section	Direct controlling entity	controlled organization?	lled tion?
				501(c)(3))		Yes	No
Hi'ipoi LLC - 26-1849727	Preserve and promote						
9944 Waimea Road	tradition of taro farming		Disregarded	Part of			
Waimea, HI 96796	and poi production	Hawaii	entity	Hi'ilei	Hi'ilei Aloha LLC		×
Hi'ikualono LLC - 01-0964756	Preserve and enhance						
711 Kapiolani Blvd, Suite 1430	Hawaiian culture and		Disregarded	Part of			
Honolulu, HI 96813	leadership	Hawaii	entity	Hi'ilei	Hi'ilei Aloha LLC		×

01 - 0964759

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

Schedule R (Form 990) 2011 Ho'okipaipai LLC

General or Percentage managing ownership partner/			ated	(h) Percentage ownership) 2011
or Perce)		ore rel	Perc			066 m.
General or managing partner?			ie or m	of year year			R (For
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			ause it had on	(g) Share of end-of-year assets			Schedule R (Form 990) 2011
			34 bec	(f) Share of total income			
(h) Disproportionate allocations?			rt IV, line (
(g) Share of end-of-year assets			to Form 990, Pa	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total income			on answered "Yes"	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			e if the organizatic	Legal domicile (state or foreign country)			29
Pre (re exclu			omplei	ivity			
(d) Direct controlling entity			ration or Trust (C rear.)	(b) Primary activity			
(c) Legal domicile (state or foreign			s a Corpo g the tax y				
(b) Primary activity			anizations Taxable a poration or trust durin	Z _			
(a) Name, address, and EIN of related organization			Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization			132162 01-23-12

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Yes No

Schedule R (Form 990) 2011 Ho'okipaipai LLC

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Court Court and a second and a second in the court of the court o		7 (10)	2	2	2
 During the tax year, and the organization engage in any of the following transactions with one or more related organizations listed in Parts II-1V? a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 	IS WILL ONE OF MORE RE	elated organizations listed		1a	×
				1b	×
c Gift, grant, or capital contribution from related organization(s)				اد ک	
d Loans or loan guarantees to or for related organization(s)				1d	×
- :				1e	×
f Sala of asserts to related organization(s)				<u>*</u>	×
				= 4	ŀ
				61	4 ⊳
n exchange of assets with related organization(s)				=	4
i Lease of facilities, equipment, or other assets to related organization(s)				÷	×
j Lease of facilities, equipment, or other assets from related organization(s)				÷	×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			*	×
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			=	×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1m	×
n Sharing of paid employees with related organization(s)				1h X	
				,	Þ
				OL .	4 >
p Heimbursement paid by related organization(s) for expenses				d d	4
				1	×
d Curier transfer of cash or property from related organization(s)				7	×
If the answer to any of the above is "Yes," see the instructions for inform	who must complete th	nis line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	=	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) Office of Hawaiian Affairs	ນ	216,644.	Cash grant		
(2) Hi'ilei Aloha LLC	Ü	13,753.	Cash grant		
(3) Office of Hawaiian Affairs	Z	458,382.	382. Actual compensation		
(4) Hi'ilei Aloha LLC	Z	130,892.	892. Actual compensation		
(5)					
(9)					
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) rcentage vnership				00.00	Schedule K (Form 990) 2011
o G					ნ E
(j) General or managing partner?					<u>ا</u> ا
Ger D ma					e L
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No				-	Schedu
Disproportionate allocations?					
Disp to allocs					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.? Ves No					
(e) Are all partners sec. 501(c)(3) orgs.? Yes No					
(d) Predominant income procession (related, unrelated, excluded from tax under section 512-514) y					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Form 8868 (Rev. 1-2012)					Page 2		
If you are filing for an Additional (Not Automatic) 3-Mon	th Extension.	complete only Part II and check this	box				
Note. Only complete Part II if you have already been grante							
If you are filing for an Automatic 3-Month Extension, co			.04 1 01111	0000.			
Part II Additional (Not Automatic) 3-Mon	<u> </u>	,	al (no c	opies nee	eded).		
·					see instructions		
Type or Name of exempt organization or other filer, see	instructions				on number (EIN) or		
print			p.o, o				
Ho'okipaipai LLC			X	01-09	64759		
due date for Number street and room or suite no. If a P.O. h	oox. see instruc	tions.	Social se	curity numb	per (SSN)		
return. See C/O James P Hasselman CF				,	(,		
nstructions. City, town or post office, state, and ZIP code. For							
Honolulu, HI 96822		,					
•							
Enter the Return code for the return that this application is f	or (file a separa	te application for each return)			0 1		
	(
Application	Return	Application			Return		
s For	Code	Is For			Code		
Form 990 01							
Form 990 01 Form 1041-A							
Form 990-EZ	Form 4720	08					
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12		
STOP! Do not complete Part II if you were not already gra	anted an autor	natic 3-month extension on a prev	iously file	ed Form 886	 68.		
The Organiza		•					
• The books are in the care of ▶ 711 Kapiolar.	ni Blvd,	No. 1430 - Honolu	lu, H	I 9681	.3		
Telephone No. ► 808-596-8990		FAX No. ▶					
If the organization does not have an office or place of bu	— siness in the Ur						
 If this is for a Group Return, enter the organization's four 					aroup, check this		
box . If it is for part of the group, check this box		ch a list with the names and EINs of					
4 I request an additional 3-month extension of time until		oer 15, 2012					
5 For calendar year 2011, or other tax year beginnin		, and ending	a a				
6 If the tax year entered in line 5 is for less than 12 mon			Final r	eturn			
Change in accounting period	•						
7 State in detail why you need the extension							
Additional time is needed t	comple	ete the audit of t	ne or	ganiza	tion's		
accounting records, the com	pletion	of the form 990,	and f	or gov	rerning		
body review of form 990.	_						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4	720, or 6069, e	nter the tentative tax, less any					
nonrefundable credits. See instructions.			8a	\$	0.		
b If this application is for Form 990-PF, 990-T, 4720, or 6	6069, enter any	refundable credits and estimated					
tax payments made. Include any prior year overpayme	ent allowed as a	a credit and any amount paid					
previously with Form 8868.			8b	\$	0.		
c Balance due. Subtract line 8b from line 8a. Include yo	our payment wit	h this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System). See	instructions.		8c	\$	0.		
		st be completed for Part II o	nly.				
Under penalties of perjury, I declare that I have examined this form, t is true, correct, and complete, and that I am authorized to prepare	including accomp this form.	anying schedules and statements, and to	the best o	f my knowled	ge and belief,		
Signature Title	► Chief	Operating Officer	Date				
U P		<u> </u>	2410	-			

Form **8868** (Rev. 1-2012)