			** PUBLIC DISCLOSURE COP	PY **		_	
	0	90	Return of Organization Exempt Fr	rom l	ncome Tax	ŀ	OMB No. 1545-0047
Forr	n J	J U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exc	ept private foundati	ons)	2018
		of the Treasury	Do not enter social security numbers on this form as	-	-		Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the				Inspection
<u>A</u> F	or th			nding S	EP 30, 2019		
B C a	heck if pplicab	le: C Name o	forganization		D Employer identi	ficatio	on number
	Addre chang	ess KEKA	HU FOUNDATION, INC. DBA KKCR				
	Name change Doing business as KAUAI COMMUNITY RADIO 99-0					030	3677
]Initial return	Number		oom/suite			
	Final return termir	0	BOX 825			-82	5-7774
_	ated]Amen	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		307,331.
	_return]Appli		LEI, HI 96714		H(a) Is this a group		
	⊥tion pendi		nd address of principal officer:LAURA KOORENHOF AS C ABOVE		for subordinate		
<u> </u>	·	empt status:		527	H(b) Are all subordinates		
			KKCR.ORG	JZI	H(c) Group exempti		(see instructions)
			X Corporation Trust Association Other	I Year (te of legal domicile: HI
	rt I	Summary				W Ou	
	1		be the organization's mission or most significant activities: $[INSTRU]$	JCTIO	N AND DISS	EMII	NATION OF
Activities & Governance	-	EDUCATI	ONAL AND CULTURAL MATERIAL THROUGH	THE	USE OF ITS	PUI	BLIC
rna	2	Check this bo	x x if the organization discontinued its operations or disposed	d of more	than 25% of its net a	assets	
ove	3				3		7
Ğ	4	Number of inc		7			
s s	5		of individuals employed in calendar year 2018 (Part V, line 2a)				6
liti	6		of volunteers (estimate if necessary)				110
vcti			d business revenue from Part VIII, column (C), line 12			1	0.
◄			business taxable income from Form 990-T, line 38			5	0.
					Prior Year		Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		322,951		218,060.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		69,502		84,512.
sev.	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		27	_	30.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	-	4,729.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		392,480	•	307,331.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0	•	0.
	14	-	to or for members (Part IX, column (A), line 4)		0	•	0.
ses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) \ldots		178,261	•	178,418.
ens	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) \blacktriangleright 49,670		0	•	0.
Expenses	b	Total fundrais	ing expenses (Part IX, column (D), line 25)	<u>. </u>	170,275		174 204
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		348,536		174,204. 352,622.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		43,944		-45,291.
<u>_s</u>	19	Revenue less	expenses. Subtract line 18 from line 12			_	-
Net Assets or Fund Balances	20	Total coasts //	Cart X lina 16)		ginning of Current Year 300,002		End of Year 269,451.
Asse Bal		Total assets (I			2,090		7,830.
Vet / und	21 22		(Part X, line 26) fund balances. Subtract line 21 from line 20		297,912		261,621.
	rt II					•	201,021.
		-	I declare that I have examined this return, including accompanying schedules a	nd statem	ents, and to the best of r	ny kno	wledge and belief it is
			. Declaration of preparer (other than officer) is based on all information of which				moago ana bollot, it lo
,	50110			propuror			

Sign Here	Signature of officer UBLIC DISCLOS STEVE THATCHER, PRESIDENT Type or print name and title	SURE Date	
	Print/Type preparer's name Preparer's sign/ture	Date Check	PTIN
Paid	MELANIE A KING MELANIE ON	. Son omproyou	P00220997
Preparer	Firm's name 🕞 CW ASSOCIATES, CPAS	/ Firm's EIN 🕨 2	6-1659234
Use Only	Firm's address 700 BISHOP STREET, SUITE 1	040 /	
	HONOLULU, HI 96813	Phone no. 808 –	531-1040
May the I	RS discuss this return with the preparer shown above? (see instruction	s)	X Yes No
832001 12-3	LHA For Paperwork Reduction Act Notice, see the separate	instructions.	Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2018) KEKAHU FOUNDATION, INC. DBA KKCR	99-0303677 Page
Pa	rt III Statement of Program Service Accomplishments	¥
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO INSTRUCT AND DISSEMINATE EDUCATIONAL AND CULTURAL MAT PUBLIC INTEREST THROUGH A COMMUNITY RADIO STATION AND OT	ERIAL IN THE
		HER MEANS.
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N
3	If "Yes," describe these changes on Schedule O.	
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 are required to report the amount of grants and allocations to other	s, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 253,378 • including grants of \$) (Revenue	. 89,241.
4a	(Code:) (Expenses \$ 253,378 • including grants of \$) (Revenue LIVE BROADCASTING OF COMMUNITY RADIO STATION, INCLUDING	
	MUSIC LIBRARY AND PROGRAMMING SUPPLIES.	
4b		
40	(Code:) (Expenses \$ including grants of \$) (Revenue	÷\$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	s
		··•
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 253, 378.	· · · · · · · · · · · · · · · · · · ·
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			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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,			37
_	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? <i>If "Yes," complete Schedule D, Part III</i>	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	It "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
iza	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		х
46	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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," complete Schedule G. Part III	19		х
20a	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	20		x
33	Schedule N, Part II	32		- 23
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
54	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		-	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	4		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?		000	 (2018)
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Form 990 (2018) KEKAHU FOUNDATION, INC. DBA KKCR Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
Fe	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	Fa		x
ba b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50		
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	sponsoring organization have excess business holdings at any time during the year? N/A Sponsoring organizations maintaining donor advised funds.	0		
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	10-		
а	o i i	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
b	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

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Form 990	(2018))
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KEKAHU FOUNDATION, INC. DBA KKCR

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

X

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.

10	Enter the number of voting members of the governing body at the end of the tax year	19	7		Yes	No
ia	If there are material differences in voting rights among members of the governing body at the end of the tax year	1a				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b		1b	7			
	Enter the number of voting members included in line 1a, above, who are independent					
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervisi	on			
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		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 a more members of the governing body?			7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		Γ			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
	The governing body?			8a	х	
	Each committee with authority to act on behalf of the governing body?			8b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
ect	tion B. Policies (This Section B requests information about policies not required by the Internal F					
		,			Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?		Г	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such					
	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 bo			11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-,				
				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe	Γ		x	
10	in Schedule O how this was done			12c 13	X	
	Did the organization have a written whistleblower policy?				21	Х
	Did the organization have a written document retention and destruction policy?			14		<u></u>
15	Did the process for determining compensation of the following persons include a review and approv		t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision			45		v
	The organization's CEO, Executive Director, or top management official			15a		X X
b	Other officers or key employees of the organization		·····	15b		~
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			10		х
	taxable entity during the year?			16a		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organized at the second			10		
	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
7	List the states with which a copy of this Form 990 is required to be filed HI	and 000 T (0 +!	E01(-)(0)	o at a	0	- h
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, a	In and and I (Section	301(C)(3)S	oniy)	availa	eiu
	for a chile is a set in the line is the horizon and the set of the line of the line of the line is the set of the set of the line of the l					
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain	n in Schedule O)				
18	X Own website Another's website X Upon request Other (explain	,	olicy, and	finano	cial	
18	X Own website Another's website X Upon request Other (explain the comparison of the	,	oolicy, and	finano	cial	
18 19	X Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year.	onflict of interest p		finano	cial	
8 9	X Own website Another's website X Upon request Other (explain the comparison of the	onflict of interest p		finano	cial	
8 9	X Own website Another's website X Upon request Other (explain the constraints) Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b	onflict of interest p		finano	cial	
18 19 20	\mathbf{X} Own website Another's website \mathbf{X} Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's because \mathbf{X} LAURA KOORENHOF - $808 - 826 - 7774$	onflict of interest p			cial 990	(201

Part VII	Co	mpensation of	Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and Ir	ndepende	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	nor any related	organization compensat	ed any current officer.	director. or trustee

(A)	(B)						(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	ition	thon	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			en sa		(W-2/1099-MISC)		organization
	organizations	al tru:	inal ti		loyee	e comp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	pul	lns	Offi	Key	em Hig	For			
(1) STEVE THATCHER	2.00									•
PRESIDENT		X		х				0.	0.	0.
(2) HARI SIRMAN S. KHALSA DC	2.00								_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) JEFF FRISK	2.00									
TREASURER		X		X				0.	0.	0.
(4) MARJ DENTE	2.00									
SECRETARY		X		X				0.	0.	0.
(5) JONATHAN JAY	2.00									
DIRECTOR		X						0.	0.	0.
(6) LARRY LASOTA	2.00									
DIRECTOR		X						0.	0.	0.
(7) PAUL MARSHALL	2.00									
DIRECTOR		X						0.	0.	0.
(8) TOD WALKER	2.00									
FORMER SECRETARY		X		X				0.	0.	0.
(9) LAURA CHRISTINE KOORENHOF	40.00									
GENERAL MANAGER				X				51,085.	0.	5,969.
										Corm 000 (0010)

Form 990 (2018)

7

	990 (2018) KEKAHU F									99-0	303	677	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C						
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on		(F) stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fi org an	npensa rom th ganizat d relat anizati	e ion ed
	<u></u>								51,085.		0.		5,9	60
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.		5,9	0.
2	Total number of individuals (including but r compensation from the organization							no re	eceived more than \$100),000 of reportab	le			0
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s								highest compensated e			3	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		4		x
5 Sec	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>con</i> tion B. Independent Contractors					-			-			5		X
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation	from	
	(A) Name and business	address	N	ONI	Ξ			_	(B) Description of s	services	C		C) ensatio	n
								-						
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	stec	l above) who received r	nore than				
	\$100,000 of compensation from the organ	ization 🕨				()					Form	990 (;	2018)

832008 12-31-18

Form	n 990 ((2018) KEKAH	IU FOUNDA	ATION, IN	C. DBA KKC	R	99-0303	677 Page 9
Pa	rt VII	I Statement of Reve	nue					
		Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		133,438.				
S, G		Fundraising events						
Sift ar /		Related organizations						
s, (imil		Government grants (contribut						
rSi	f	All other contributions, gifts, gran	its, and					
the		similar amounts not included abo	ve 1 f	84,622.				
d O	g	Noncash contributions included in lines	s 1a-1f: \$					
an C	h	Total. Add lines 1a-1f		►	218,060.			
				Business Code				
ce	2 a	PROGRAM UNDERWE	RITING	900099	84,512.	84,512.		
ervi Je	b							
n S ent	С							
jrar Rev	d							
Program Service Revenue	е							
ш.	f	1 5			01 510			
		Total. Add lines 2a-2f			84,512.			
	3	Investment income (including			30.			30.
	4	other similar amounts) Income from investment of ta			50.			50.
	4 5							
	5	Royalties	(i) Real	(ii) Personal				
	6 2	Gross rents		(II) Personal				
		Less: rental expenses						
		Rental income or (loss)						
			L					
		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)						
		Net gain or (loss)						
Other Revenue		Gross income from fundraisin including \$	g events (not					
eve		contributions reported on line						
r B		Part IV, line 18	-					
the	b	Less: direct expenses						
0		Net income or (loss) from fund		►				
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gan		· ►				
	10 a	Gross sales of inventory, less						
	_	and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
	11 -	Miscellaneous Revenu		Business Code 900099	4,729.	4,729.		
	11 а ь					=,/2,		
	b							
	c d	All other revenue						
		Total. Add lines 11a-11d			4,729.			
	12	Total revenue. See instructions			307,331.	89,241.	0.	30.
83200	9 12-31				-	I		Form 990 (2018)

Part IX Statement of Functional Expenses

KEKAHU FOUNDATION, INC. DBA KKCR

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon 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 domestic organizations				
~	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees	57,054.	31,380.	14,263.	11,411
6	Compensation not included above, to disqualified				,
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	94,855.	83,245.		11,610
8	Pension plan accruals and contributions (include	_ , *			,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	12,768.	11,012.	148.	1,608
10	Payroll taxes	13,741.	10,484.	1,202.	2,055
1	Fees for services (non-employees):				
a					
b					
с	•	18,212.		18,212.	
d		-			
е					
f	Investment management fees				
g					
-	column (A) amount, list line 11g expenses on Sch 0.)	1,592.	1,215.	139.	238
12	Advertising and promotion				
13	Office expenses	27,836.	21,265.	2,426.	4,145
14	Information technology	2,119.	1,617.	185.	317
15	Royalties				
16	Occupancy	57,206.	43,644.	5,006.	8,556
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	31.	23.	3.	5
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,977.	17,530.	2,011.	3,436
23	Insurance	12,312.	9,394.	1,077.	1,841
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.)				
а	REPAIRS AND MAINTENANCE	10,629.	8,109.	930.	1,590
b	PROGRAM EXPENSES	10,264.	7,831.	898.	1,535
с	EVENTS	4,951.	3,778.	433.	740
d	DUES AND SUBSCRIPTIONS	3,775.	2,851.	341.	583
е	All other expenses	2,300.		2,300.	
25	Total functional expenses. Add lines 1 through 24e	352,622.	253,378.	49,574.	49,670
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 Figure if following SOP 98-2 (ASC 958-720)				

832010 12-31-18

09080519 139010 EGCOVE

10 2018.05090 KEKAHU FOUNDATION, INC. DBA EGCOVE_1

Form **990** (2018)

09080519 139010 EGCOVE

KEKAHU FOUNDATION, INC. DBA KKCR

99-0303677 Page 11

		Check if Schedule O contains a response or not	e to any lin	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			834.	1	72,731.
	2	Savings and temporary cash investments			162,056.	2	43,255.
	3	Pledges and grants receivable, net		Γ		3	
	4	Accounts receivable, net			3,650.	4	2,679.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated emplo	ees. Complete			
		Part II of Schedule L	-			5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ß		employees' beneficiary organizations (see instr).			6		
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			7,135.	8	0
	9	Prepaid expenses and deferred charges			12,106.	9	9,904
		Land, buildings, and equipment: cost or other	 I I	·····	,		
		basis. Complete Part VI of Schedule D	102	542,978			
	ь		104	542,978. 402,096.	114,221.	10c	140,882.
					111,001.	11	140,0020
	11	Investments - publicly traded securities				12	
	12	Investments - other securities. See Part IV, line -					
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			300,002.	15	269,451.
	16	Total assets. Add lines 1 through 15 (must equ		2,090.	16	209,4918	
	17	Accounts payable and accrued expenses			2,090.	17	0.0
	18	Grants payable		0.	18	7,830.	
	19	Deferred revenue	0.	19	1,030		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			21		
Liabilities	22	Loans and other payables to current and former					
ij		key employees, highest compensated employee					
-iaț		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	-	-			
		Schedule D			0 000	25	F 0.20
	26	Total liabilities. Add lines 17 through 25			2,090.	26	7,830.
		Organizations that follow SFAS 117 (ASC 958		ere▶ <u>X</u> and			
es		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			297,912.	27	261,621.
Fund Balances	28	Temporarily restricted net assets				28	
p	29	Permanently restricted net assets				29	
Б		Organizations that do not follow SFAS 117 (A	SC 958), c	neck here			
P		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ec	quipment fu	nd		31	
et	32	Retained earnings, endowment, accumulated in	come, or o	her funds		32	
Z	33	Total net assets or fund balances			297,912.	33	261,621.
	34	Total liabilities and net assets/fund balances			300,002.	34	269,451.

Form 990 (2018) Part X Balance Sheet

	1 990 (2018) KEKAHU FOUNDATION, INC. DBA KKCR	99-030	3677	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			31.
2	Total expenses (must equal Part IX, column (A), line 25)	2			22.
3	Revenue less expenses. Subtract line 2 from line 1	3			91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	297	7,9:	12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	9	9,0	00.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	261	L,6:	21.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	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?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Low ma		

Form **990** (2018)

832012 12-31-18

SCHEDULE A

(Form 99	90 or 99	0-EZ)
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public Inspection

		t of the Tr venue Ser				Attach to Form 990 or F //Form990 for instruction			nformation		Inspection			
Nan	ne of	f the o	rganizati		de le minieger					Employer	identification number			
			5		HU FOUNDAT	ION, INC. DB	а ккс	R			9-0303677			
Pa	rt I	R	eason			All organizations must co			ee instructions					
The	oraz					For lines 1 through 12, c	-							
1	[-				on of churches described								
2		7				Attach Schedule E (Forn								
3		-				anization described in se			ii)					
4		7								(iii) Enter	the hospital's name			
-	L	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5	L	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)												
6		7				nental unit described in :	soction 17	70(6)(1)(1)	(v)					
	X	7		-	-	ntial part of its support f				ha aanaral	public described in			
'					omplete Part II.)	Intial part of its support i	ion a gov	erninentai		ne general				
8						(1)(A)(vi). (Complete Parl	ылу							
9						in section 170(b)(1)(A)(ad in conii	unction with a	land-grant	college			
5						ulture (see instructions).								
			ersity:	or a normand g	grant conege of agric			name, en	y, and state of	the colleg				
10				on that norma	Ily receives: (1) more	than 33 1/3% of its sup	nort from	contributi	ons members	hin fees	and aross receipts from			
10						ct to certain exceptions,								
						(less section 511 tax) fro					-			
					mplete Part III.)			.5505 2040		gamzation				
11		7				ively to test for public sa	ifety See	section 50	9(a)(4)					
12		7	•	0		ively for the benefit of, to				arry out the	e purposes of one or			
			-	-	-	ed in section 509(a)(1) o	-			-				
						f supporting organizatio								
а						upervised, or controlled					<i>r</i> aivina			
		-	-			gularly appoint or elect a	•							
				-	complete Part IV, Se	• • • •								
b			-		-	l or controlled in connec	tion with it	ts support	ed organizatio	n(s), by ha	ivina			
~	_	-	-		-	anization vested in the s			-		-			
				-	t complete Part IV,					.ge ine ear	, p = 1 = 0			
c						g organization operated	in connec	tion with.	and functiona	llv integrat	ed with.			
		-	-	-). You must complete I				, ,	,			
d				-		orting organization oper				ted organi	zation(s)			
						ation generally must sat								
						nplete Part IV, Sections								
е						written determination fro				II, Type III				
		fu	nctionally	integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.						
f	En			of supported of		, , , , , , , , , , , , , , , , , , , ,								
g					about the supporte									
		(i) Nam	ne of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of	-	(vi) Amount of other			
		01	rganization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

Schedule A (Form 990 or 990-EZ) 2018 KEKAHU FOUNDATION, INC. DBA KKCR 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	213,788.	213,915.	262,769.	258,279.	218,060.	1166811.
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	213,788.	213,915.	262,769.	258,279.	218,060.	1166811.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1166811.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	213,788.	213,915.	262,769.	258,279.	218,060.	1166811.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	33.	30.	28.	27.	30.	148.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	6,236.	6,338.	144.		4,729.	17,447.
11	Total support. Add lines 7 through 10						1184406.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	410,405.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	98.51 %
	Public support percentage from 2017					15	98.93 %
16 a	33 1/3% support test - 2018. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\operatorname{stop}\nolimits\operatorname{here.}$ The organization qualifies		•				X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	iere. Explain in Pai	t VI how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	in Part VI how the)
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	s ►
					Saha	dule A (Form 990	or 000 E7) 2019

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

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Schedule A (Form 990 or 990-EZ) 2018 KEKAHU FOUNDATION, INC. DBA KKCR Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 organ-						
	ization'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						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here	-			-		
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2018 (line 8, column (f), (divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	' Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Invest	stment Incom	e Percentage)			
17	Investment income percentage for 20	18 (line 10c, colur	mn (f), divided by l	ine 13, column (f)))	17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19 a	a 33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than (33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 10-11-18						0 or 990-EZ) 2018
				15			

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2018

2018.05090 KEKAHU FOUNDATION, INC. DBA EGCOVE_1

16

Schedule A (Form 990 or 990-EZ) 2018 KEKAHU FOUNDATION, INC. DBA KKCR

I UI	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
0				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	-		
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
5				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0'		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	Ю-EZ)	2018 (

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17

Schedule A (Form 990 or 990-EZ) 2018 KEKAHU FOUNDATION, INC. DBA KKCR Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

Schedule A (Form 990 or 990 EZ) 2018 KEKAHU FOUNDATION, INC. DBA KKCR

Par	v Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

	Part IV, Section line 1; Part IV Section D, line (See instruction	on A, lir ', Sectio es 5, 6,	nes 1, 2, on D, line	3b, 3c, 4b, s 2 and 3; F	4c, 5a, Part IV,	6, 9a, 9b, Section E,	9c, 11a lines 1c	, 11b, and c, 2a, 2b,	d 11c; 3a, an	Part IV, S d 3b; Par	ection B, I t V, line 1;	ines 1 and Part V, Sec	2; Part I ction B, li	V, Sectior ine 1e; Pa	n C, art V,
SCHED	ULE A, P.		TT.	LINE 1	0.	EXPLA	ΝΑͲΤ	ON FO	OR C	THER	TNCO	ΜĒ:			
			±±,							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	111001	• •			
OTHER	INCOME														
2015	AMOUNT :	\$	6,33	8.											
2016	AMOUNT :	\$	144.												
INSUR	ANCE CLA	IM													
2014 .	AMOUNT :	\$	4,23	8.											
2018	AMOUNT:	\$	4,72												
2010 1	AHOUNI .	Ŷ													
REFUN	DS														
2014	AMOUNT :	\$	1,99	8.											
SCHED	ULE A, L	IST	OF U	NUSUAI	GR	ANTS	RECE	IVED	:						
	ULE A, L IPTION: 3			NUSUAI	GR	ANTS	RECE	IVED	:						
DESCR		BEQU	JEST	NUSUAI		ANTS 4672.	RECE	IVED	:						
DESCR	IPTION:	BEQU	JEST				RECE		:						
DESCR	IPTION:	BEQU	JEST				RECE	IVED	:						
DESCR	IPTION:	BEQU	JEST				RECE	IVED	:						
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DESCR	IPTION:	BEQU	JEST				RECE		:						
DESCR	IPTION:	BEQU	JEST				RECE		:						
DESCR	IPTION:	BEQU	JEST				RECE								
DESCR	IPTION:	BEQU	JEST				RECE								

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Name of the organization	I	Employer identification number
;	KEKAHU FOUNDATION, INC. DBA KKCR	99-0303677
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	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	
, 0	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions.
General Rule		
0	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribut	0
Special Rules		
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16 utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the am EZ, line 1. Complete Parts I and II.	6a, or 16b, and that received from

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year **>** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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.

X

Employer identification number

Name of organization 99-0303677 KEKAHU FOUNDATION, INC. DBA KKCR Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 64,483. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

(Complete Part II for noncash contributions.)

22

09080519 139010 EGCOVE

823452 11-08-18

Page 3 Employer identification number

99-0303677

KEKAHU FOUNDATION, INC. DBA KKCR

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	Description of noncash property given (b) Description of noncash property given	Los FWV (or estimate) (See instructions.)

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Schedule B (Name of orga	Form 990, 990-EZ, or 990-PF) (2018)			Page 4
Name of orga	Inzation			
	FOUNDATION, INC. DBA Exclusively religious, charitable, etc., contribut		section 501(c)(7), (8), or (10	99-0303677
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line e	ntry For organizations	
(a) No.	Use duplicate copies of Part III if additional	space is needed.		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-				
-				
		(e) Transfer of gi	π	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
-				
-				
(a) No.	() D () ((1) D	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-				
		e) Transfer of gi	 ft	
			Deletienskin of tw	
	Transferee's name, address, a		Relationship of tra	ansferor to transferee
-				
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-				
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		(e) Transfer of gi	π	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
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(a) No. from	(b) Purpose of gift			evisition of here sift is held
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-				
		e) Transfer of gi	ft	
		nd 71D - 4	Deletionship of tw	anafarar ta transfora a
	Transferee's name, address, a		Relationship of the	ansferor to transferee
-				
823454 11-08-18	3	24	Schedule	e B (Form 990, 990-EZ, or 990-PF) (2018)
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SCHEDULE D

(Form	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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



Department of the Treasury Internal Revenue Service Name of the organization

KEKAHU FOUNDATION, INC. DBA KKCR

Employer identification number 99-0303677

Par	t I Organizations Maintaining Donor Advised F	unds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writi	ng that the assets held in donor advised	funds
	are the organization's property, subject to the organization's exc	lusive legal control?	Yes 📖 No
6	Did the organization inform all grantees, donors, and donor advis	ors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose co	nferring
_			
Par			t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or educ		
	Protection of natural habitat	Preservation of a certified	d historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	Held at the End of the Tax Year
-	day of the tax year.		
	Total number of conservation easements		
	Total acreage restricted by conservation easements	uro included in (a)	
	Number of conservation easements included in (c) acquired after		
u	listed in the National Register		
3	Number of conservation easements modified, transferred, releas		
Ŭ	year >		gamzation daming the tax
4	Number of states where property subject to conservation easem	ent is located	
5	Does the organization have a written policy regarding the periodi		
	violations, and enforcement of the conservation easements it hol		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, han		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservation	n easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above sa		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation e	easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization'	s financial statements that describes the	e organization's accounting for
Der	conservation easements. t III Organizations Maintaining Collections of A	t Listariaal Trassuras, ar Oth	ar Similar Acceto
Par	t III Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 990		er Similar Assets.
Ia	If the organization elected, as permitted under SFAS 116 (ASC 9 bistorical traceurse, or other similar apacts hold for public avhibit		
	historical treasures, or other similar assets held for public exhibit the text of the footnote to its financial statements that describes		e of public service, provide, in Part Alli,
b	If the organization elected, as permitted under SFAS 116 (ASC 9		nd balance sheet works of art historical
5	treasures, or other similar assets held for public exhibition, educa		
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		► \$
2	If the organization received or held works of art, historical treasu		
	the following amounts required to be reported under SFAS 116 (· · · · · · · · · · · · · · · · · · ·	· · ·
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions for		Schedule D (Form 990) 2018
832051	10-29-18		

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Sche	dule D (Form 990) 2018 KEKAHU	FOUNDATION	, INC.	DBA	KKCR		99-	03036	77 Page
Par	t III Organizations Maintaining C	Collections of A	rt, Histori	ical Tre	easures,	or Othei			
3	Using the organization's acquisition, access	ion, and other record	ds, check an	y of the	following that	at are a sig	nificant use o	f its collect	tion items
	(check all that apply):								
а	Public exhibition	c	1 📙 Loa	n or excl	nange progr	ams			
b	Scholarly research	e	e 🗌 Oth	er					
С	Preservation for future generations								
4	Provide a description of the organization's c							Part XIII.	
5	During the year, did the organization solicit of								
Der	to be sold to raise funds rather than to be m							Ves	
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the org	ganizatio	n answered	"Yes" on F	-orm 990, Par	t IV, line 9,	or
10			dian (for oon	tribution	a ar athar a	aata nat ii	adudad		
Ia	Is the organization an agent, trustee, custod							Yes	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII								
b		and complete the it	nowing tabl	с.				Amou	int
c	Beginning balance						1c	Anot	
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F							Yes	No.
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation h	as been	provided on	Part XIII			
Par	t V Endowment Funds. Complete	if the organization ar	nswered "Ye	s" on Fo	rm 990, Par	t IV, line 10).		
		(a) Current year	(b) Prior	year	(c) Two yea	rs back 🛛 (d	d) Three years b	ack (e) Fo	our years back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
-	End of year balance			- h	\\ = = = = = = :				
2	Provide the estimated percentage of the cur	rent year end baland		olumn (a)) held as:				
a b	Board designated or quasi-endowment Permanent endowment	%	_%						
b c	Temporarily restricted endowment	%							
U	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	-	ation that ar	re held a	nd administe	ered for the	e organization		
04	by:		ation that a	e neia a			oorganization		Yes No
	(i) unrelated organizations							3a(
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sche	dule R?				3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV, lir	ne 11a. S	ee Form 990	0, Part X, li	ine 10.	-	
	Description of property	(a) Cost or c basis (investr		(b) Cost basis (.,	cumulated reciation	(d) Bo	ook value
1a	Land								
b	Buildings								<u> </u>
С	Leasehold improvements				0,238.		6,685.		33,553
d	Equipment			50	2,740.	3	95,411.	1	07,329
	Other								40 000
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.)		🕨	1	40,882

Schedule D (Form 990) 2018

1) Forancial derivatives	(a) Description of security or Category (including name of security)	on Form 990, Part IV (b) Book value			d-of-year market value
2) Coshyhed equily interests		(S) DOOR Value			a or your market value
a) Other					
(A) Image: Control of Con					
(B) (C) (C) (C) (C) (C) (C) (C) (F) (C) (G)					
Cite Image: Cite					
O Image: Section 2000 (2000) (B) Image: Section 2000 (2000) (G) <					
(B) (C) (G) (C) (G) (C) (C)					
(F) (G) (G) (G) (H) (H) (G) (H) (H)					
(G) (G) (H) (G) Part VIIII Investments - Program Related. Complete if the organization answered Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (3) (c) Method of valuation: Cost or end-of-year market value (3) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (1) (c) Method of valuation: Cost or end-of-year market value (2) (c) Method of value (3) (c) Method of value (3) (c) Method of value (6) (c) Method of value					
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(5)	(3)				
(6) (7) (8) (9) (9) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (2) (b) Book value (3) (c) (4) (c) (6) (c) (7) (c) (8) (c) (9) (c) (6) (c) (7) (c) (8) (c) (9) (c) Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Labilitties. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (1) Federal income taxes (2) (b) Book value (1) Federal income taxes (2) (c) (3) (b) Book value (1) Federal income taxes (2) (c) (3) (c) (6) (c) <	(4)				
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(8)	(6)				
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(1)	Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990,	Part X, line 15.	
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(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				-	
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	•••				
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🗋					
	organization's liability for uncertain tax positions under	FIN 48 (ASC 740). C	<u>heck here if the text of th</u>	e footnote has been	provided in Part XIII

Schedule D (Form 990) 2018 KEKAHU FOUNDATION, INC. DBA KKCR Part VII Investments - Other Securities.

99-0303677 Page 3

Sche	edule D (Form 990) 2018 KEK	AHU FOUNDATION,	INC. I	DBA KKC	R	99-	0303677	Page 4
Pa	rt XI Reconciliation of Reve	enue per Audited Finan	cial State	ments Wit	h Revenue per R			
	Complete if the organization a	answered "Yes" on Form 990, F	Part IV, line 1	12a.				
1	Total revenue, gains, and other supp	ort per audited financial staten	nents			1	323	,071.
2	Amounts included on line 1 but not o	on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on inve	stments		2a				
b	Donated services and use of facilities	s		2b	6,740.			
с	Recoveries of prior year grants			2c				
d					9,000.			
е	Add lines 2a through 2d					2e		,740.
3	Subtract line 2e from line 1					3	307	,331.
4	Amounts included on Form 990, Part	t VIII, line 12, but not on line 1:						
а	Investment expenses not included o	n Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII.)			4b				
С	Add lines 4a and 4b					4c		0.
_5	Total revenue. Add lines 3 and 4c. (7							,331.
Pa	rt XII Reconciliation of Expe				th Expenses per	Retu	ırn.	
Pa	Complete if the organization a	answered "Yes" on Form 990, F	Part IV, line 1	12a.				2.0
Pa 1	Complete if the organization a Total expenses and losses per audite	answered "Yes" on Form 990, Fed financial statements	Part IV, line 1	12a.		Retu		,362.
_	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not o	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25:	Part IV, line 1	12a.		1		,362.
1	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not o	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25:	Part IV, line 1	12a.		1		,362.
1 2	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not o Donated services and use of facilities	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s	Part IV, line 1	12a. 2a		1		,362.
1 2 a	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s	Part IV, line 1	2a. 2a 2b 2c		1		,362.
1 2 a b	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s	Part IV, line 1	2a. 2a 2b 2c 2d	6,740.	1	359	
1 2 b c	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s	Part IV, line 1	2a. 2b 2c 2d	6,740.	1	359	,740.
1 2 b c d	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s	Part IV, line 1	2a. 2b 2c 2d	6,740.	1	359	
1 2 b c d e	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s t IX, line 25, but not on line 1:	Part IV, line 1	12a. 22 2b 2c 2d	6,740.	1 2e	359	,740.
1 2 b c d e 3	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part Investment expenses not included o	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s t IX, line 25, but not on line 1: n Form 990, Part VIII, line 7b	Part IV, line 1	12a. 2a 2b 2c 2d 2d	6,740.	1 2e	359	,740.
1 2 b c d e 3 4	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part Investment expenses not included o	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s t IX, line 25, but not on line 1: n Form 990, Part VIII, line 7b	Part IV, line 1	12a. 2a 2b 2c 2d 2d	6,740.	1 2e	359	<u>,740.</u> ,622.
1 2 a b c d e 3 4 a	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part Investment expenses not included o Other (Describe in Part XIII.) Add lines 4a and 4b	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s t IX, line 25, but not on line 1: n Form 990, Part VIII, line 7b	Part IV, line 1	12a. 2a 2b 2c 2d 2d 4a 4b	6,740.	1 2e 3 4c	359 6 352	<u>,740.</u> ,622. 0.
1 2 b c d e 3 4 a b c 5	Complete if the organization a Total expenses and losses per audite Amounts included on line 1 but not of Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part Investment expenses not included of Other (Describe in Part XIII.)	answered "Yes" on Form 990, F ed financial statements on Form 990, Part IX, line 25: s t IX, line 25, but not on line 1: n Form 990, Part VIII, line 7b (<i>This must equal Form 990, Par</i>	Part IV, line 1	12a. 2a 2b 2c 2d 2d 4a 4b	6,740.	1 2e 3	359 6 352	<u>,740.</u> ,622.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
REQUIRE UNCERTAIN TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL
STATEMENTS IF THEY ARE MORE LIKELY THAN NOT TO FAIL UPON REGULATORY
EXAMINATION. MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AS OF
AND FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018 BY REVIEWING ITS
INCOME TAX RETURNS AND CONFERRING WITH ITS TAX ADVISORS, AND DETERMINED
THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS REQUIRED TO BE REPORTED
IN ACCORDANCE WITH SUCH GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE
FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER,
THERE ARE CURRENTLY NO AUDITS IN PROGRESS FOR ANY OPEN TAX PERIODS.

832054 10-29-18

Schedule D (Form 990) 2018 Part XIII Supplemental Info	KEKAHU F	OUNDATION,	INC.	DBA	KKCR	99-0303677 Page 5
PART XI, LINE 2D -			、			
DONATED ENGINEERING	SERVICES	(CAPITALI	ZED)			9,000.
						Schedule D (Form 990) 2018
832055 10-29-18			29			. ,

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.

INC. DBA KKCR



99-0303677

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KEKAHU FOUNDATION,

BROADCASTING RADIO STATION.

FORM 990, PART VI, SECTION B, LINE 11B:

AUDITOR/CPA PREPARES A DRAFT OF THE 990 BASED UPON INFORMATION SUPPLIED

DURING AUDIT; STATION MANAGER AND BOARD TREASURER INDEPENDENTLY REVIEW THE

DRAFT, THEN CONFER WITH EACH OTHER AND THE AUDITOR/CPA TO RESOLVE ANY

QUESTIONS OR DISCREPANCIES; AUDITOR/CPA MAKES CORRECTIONS AND ISSUES FINAL

990; AN OFFICER APPROVES AND SIGNS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD PRESIDENT AND STATION MANAGER DISCUSS ALL SIGNIFICANT CONTRACTS AND ASSOCIATED VENDORS/CONTRACTORS. IN THE EVENT OF A POSSIBLE CONFLICT OF INTEREST, THE PRESIDENT TAKES THE ISSUE TO THE BOARD WHO THEN DISCUSSES AND VOTES ON THE SITUATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES IT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

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