EXTENDED TO NOVEMBER 15, 2019

Form **99**0

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 **2018**

Departme Internal Re

J	U	Under section 501(c), 527, or 4947(a)(1) of the	e Internal Revenue Code (exc	cept private foundations)	ZU I (
	e Treasury Service	▶ Do not enter social security nun▶ Go to www.irs.gov/Form990 form	•	·	Open to Pub Inspection
the 20)18 calend	ar year, or tax year beginning	and ending		
c if	C Name of	f organization		D Employer identification	on number

ΑI	For the	2018 calendar year, or tax year beginning and endin	ıg	_	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change	HUALALAI OHANA FOUNDATION			
	Name change	Doing business as		81-0	570716
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 5227 Room.	/suite	E Telephone numbe	r)325-4701
	termin- ated			G Gross receipts \$	1,108,696.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer: CARA PRICE		for subordinates	
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3)	527	If "No," attach a	list. (see instructions)
		e: WWW.HUALALAIOHANAFOUNDATION.ORG		H(c) Group exemptio	n number 🕨
		organization: X Corporation Trust Association Other ▶ L	. Year o	of formation: 2002 N	∕ State of legal domicile: H I
Pá	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}{\hbox{{\tt PROV}}}$	IDE	EDUCATIONA	L
Activities & Governance		SCHOLARSHIPS, EDUCATIONAL OPPORTUNITIES AND	ME	DICAL AWARD	S TO THE
ern	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed of	f more	than 25% of its net as	
Š	1	Number of voting members of the governing body (Part VI, line 1a)			20
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			20
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			3
Ĭ		Total number of volunteers (estimate if necessary)			25
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
ne	1	Contributions and grants (Part VIII, line 1h)	.	1,359,849.	855,477.
Revenue	1	Program service revenue (Part VIII, line 2g)		0.	02 667
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		47,369.	83,667.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-75,192.	6,247.
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,332,026.	945,391.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		708,828.	720,408.
		Benefits paid to or for members (Part IX, column (A), line 4)		232,502.	241 406
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	232,302.	241,496.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ä	_b	Total fundraising expenses (Part IX, column (D), line 25) 73,672.		91,683.	58,679.
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,033,013.	1,020,583.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	299,013.	-75,192.
S		Revenue less expenses. Subtract line 18 from line 12	Bo	ginning of Current Year	
Net Assets or Fund Balances	20.	Total acceta (Dart V. line 16)		4,890,332.	End of Year 4,384,204.
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		140,204.	50,666.
Net/ und/	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	-	4,750,128.	4,333,538.
	art II	Signature Block		1,730,1200	1,333,3301
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and s	stateme	ents, and to the best of m	v knowledge and belief, it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which pro		•	,,
	,		•		
Sig	n	Signature of officer		Date	
Her		PAUL LOCKLIN, TREASURER			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature			X PTIN
Pai	d	ALEX J. SMITH		if self-employ	P00994702
Pre	parer	Firm's name ALEX J. SMITH, CPA		Firm's EIN	46-5002021
Use	Only	Firm's address 1403 FRANK STREET			
		HONOLULU, HI 96816		Phone no.80	8-737-7761
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	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: SCHOLARSHIPS AND AWARDS ARE GRANTED TO HULALAI COMMUNITY EMPLOYEES,
	THEIR SPOUSES AND THEIR CHILDREN. MEDICAL AWARDS COVER EXPENSES
	INCURRED BEYOND MEDICAL INSURANCE, AND EDUCATIONAL SCHOLARSHIPS ARE
	FOR PRE-SCHOOL THROUGH COLLEGE, PLUS TUTORING AND WORK TRAINING.
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
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No 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 others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 620 , 471 • _ including grants of \$ 521 , 043 •) (Revenue \$)
	EDUCATIONAL AWARDS AND PROGRAMS - FOR 2018 THERE WERE 70 SCHOLARSHIPS
	FOR PRE-K THRU 12TH GRADE, 36 SCHOLARSHIPS FOR HIGHER EDUCATION, AND 77
	COURSEWORK/TUTORING AWARDS.
	EDUCATIONAL PROGRAMS INCLUDE IMAGINATION LIBRARY - DISTRIBUTES A NEW
	BOOK EACH MONTH TO HUALALAI COMMUNITY CHILDREN UNTIL THEIR 5TH BIRTHDAY
	(APPROX. 127/MONTH IN 2018). HONOR ROLL - RECOGNIZES AND AWARDS
	HUALALAI CHILDREN IN GRADES 6 THRU 12TH (117 IN 2018). WORK FOR
	COLLEGE MATCH - AWARDS STUDENTS FOR SUMMER EMPLOYMENT WITH A CASH MATCH
	FOR HOURS WORKED TOTALING UP TO \$1,500 (26 AWARDS IN 2018). LITTLE
	PASSPORTS - EDUCATIONAL KITS FEATURING WORLD GEOGRAPHY AND CULTURE
	MAILED TO RECIPIENTS AGE 6-12 YEARS OLD (51 TWELVE MONTH KITS AWARDED
4b	(Code:) (Expenses \$ 232,508 • including grants of \$ 199,365 •) (Revenue \$)
	MEDICAL AWARDS - COVER ONLY EXPENSES INCURRED BY THE EMPLOYEE OR
	IMMEDIATE FAMILY MEMBERS BEYOND THOSE COVERED BY MEDICAL INSURANCE AND
	ONLY IN CASES OF SERIOUS OR LIFE THREATENING ILLNESS. A SURGICAL
	ASSISTANCE AWARD IS AVAILABLE FOR EMPLOYEES OR IMMEDIATE FAMILY MEMBERS
	THAT REQUIRE A SURGERY TO ADDRESS A NON-LIFE THREATENING, BUT DISABLING
	CONDITION. 9 SERIOUS ILLNESS AWARDS, 33 SURGICAL AWARDS, AND 63 DENTAL
	AWARDS, WERE GIVEN IN 2018.
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 852,979.

Form 990 (2018) HUALALAI OHA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
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 public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 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, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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		
D	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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the 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	17		 -
	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,"	10		Х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2018) HUALALAI OHANA FOU
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	Х	
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			l
	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			\
	Schedule K. If "No," go to line 25a	24a		Х
b	3 71 71 71 1	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
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			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):	00-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	discrete the standard and in discrete and O. F. IIVan III appropriate Calculus II. Port IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	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	ء ا		_ v
OF -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		┝┷
a	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?	งงม		
50	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	I .	l

Form 990 (2018) HUALALAI OHANA FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

22 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, glad of the calendar year enterior when very ear covered by this nature. 3 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 and 62 is greater than 505, you may be required to e-file gene instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Line of the organization from 980-T for this year? If 'No' is line 30, provide an explanation in Schedule O. 3b Line Yes,' has it filed a Form 980-T for this year? If 'No' is line 30, provide an explanation in Schedule O. 3c Line Yes, and the mane of the foreign country. Yes. 3d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 3c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction or the party of the prohibited tax shelter transaction at any time during the tax year? 5c Was the organization party to a prohibited tax shelter transaction or the party or the shell and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or activation of the value of the goods or services provided to the payor? 5c Was the organization make any receive deductible contributions under section 170(c). 5d With organization receive a payment in excess 45% read party as a contribution organization free form 1084°C and						Yes	No
b If at least one is reported on line 2a, did the organization file all required to e-rife (see instructions) Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, has it filed a Form 980-T for this year? If Yes' 1a line 3b, provide an explanation in Schedule 0 3c A tran y time during the celederary era, (dif the organization have an interest in, or a significant or other authority over, a financial account in a foreign country. Even the name of the foreign country. Even 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See it If Yes it in the See of the did the organization that it was or is a party to a prohibited tax shelter transaction? 5c X If Yes it in the See of the Granization file in Financial Accounts (FBAR). 5c X If Yes it in the See of the Granization receive and required to the foreign Bank and Financial Accounts (FBAR). 5c X If Yes it in the Granization receive and prohibited as charitable contributions under section 170(c). 5c X If Yes it in the organization receive and prohibited tax shelter transaction organization receive and prohibited tax shelter transaction organization received and prohibited tax shelter transac	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Solution of the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	2a	3			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has if tiled a Form 8090-Tr of this year? If "No" to fine 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a frannoial account in a foreign country (such as a bank account, securities account, or other financial account). 5b If "Yes," enter the name of the foreign country. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization any orthogon the foreign bank and Financial Accounts (FBAF). 5c Was the organization to promise tax shelter transaction at any time during the tax year? 5c Was the organization to regarization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization that organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or grits were not tax deductible? 5c Does the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 6c Does the organization that were not tax deductible as charitable contributions under section 170(c). 8c Does the organization state any receive deductible contributions under section 170(c). 8c Does the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the fire organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the fire organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the organization sell of the organization sell of the value of the goods or services provided? 7c If If the organization sell of the organization sell of the value of the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b	Х	
b If "Yes," has it field a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4.3 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibitised tax shelter transaction at any time during the tax year? 5b Us any subselp early notify the organization file Form 886-7? 5c Us of the "Yes" to line 6a or 5b, did the organization file Form 886-7? 5c Does the organization natural gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b If "Yes," did the organization in excess of 3fs made party as a contribution and party for goods and services provided to the payor? 7c Did the organization receive apyment in excess of 3fs made party as a contribution and party for goods and services provided to the payor? 7c If Yes," did the organization notify the donor of the value of the goods or services provided? 7c If Yes, and the organization selected advances of 3fs made party as a contribution and party for yorkich it was required to file Form 2820? If any time organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution or cars, boats, airplanes, or other vehicles, did the o		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	i)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization in the organization file Form 888-67; 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have were not tax deductible as charitable contributions? 5c If Yeas' 6id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6c If Yeas' 6id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6c Did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization notify the donor of the value of the goods or services provided? 9d If Yeas' (all the organization notify the donor of the value of the goods or services provided? 10d the organization receive any funds, directly or indirectly, on a personal benefit contract? 7e Did the organization developed the year, pay premiums on a personal benefit contract? 7e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8d Did the segonalization exceived a contribution of qualified intellectual property, did the organization file Form 1098-07 8d Sponsoring organizations make a distribution with property of the organization file Form 109	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
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a Initiation fees and capital contributions included on Part VIII, line 12					an		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			102	I			
Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 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 15 If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		•	.00	1			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 13c Enter the amount of reserves on hand 13c Is the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 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 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			11a	1			
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a The improvide an explanation in Schedule O 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. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	12a	, , , , , , , , , , , , , , , , , , , ,		?	12a		
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 14a X X X X X X X X X X X X X		organization is licensed to issue qualified health plans	13b				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 14a X X X X X X X X X X X X X		Enter the amount of reserves on hand	13c				
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 15 X X	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	Θ.		14b		
If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X	15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	n or			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X		excess parachute payment(s) during the year?			15		X
		·					
If "Yes," complete Form 4720, Schedule O.	16		t inco	ome?	16		X
		If "Yes," complete Form 4720, Schedule O.				000	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 2	0		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	ol		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	100		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		1.0		
12a	and the second s	12a	Х	
b		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1-2		
_	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	•	•	•
17	List the states with which a copy of this Form 990 is required to be filed ►HI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s onl) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	, ,		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (808)325-4701			
	P O BOX 5227 KATLIIA-KONA HT 96745			

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

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

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

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

Leave this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(islam)	(A) Name and Title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
10 D MUELLER		hours for related organizations below line)	⊢					Ĺ	organization		from the organization and related
C(1) HARRY FRAMPTON O.50 X X X O. O. O. O. O.		2.00									0
VICE PRESIDENT		0.50	X		X				0.	0.	0.
(3) MAUREEN KIM SECRETARY	, - ,	0.50									_
SECRETARY X		0.50	X		X				0.	0.	0.
(4) PAUL LOCKLIN	, , ,	0.50	,,		,,					_	_
TREASURER		2 00	X		X				0.	0.	0.
S BECKY HOLMAN	, - ,	2.00	,,		,,						_
DIRECTOR		1 00	A		A				0.	0.	U •
Column C		1.00	. ,							_	^
DIRECTOR X		1 00	^						0.	0.	0.
The control of the	, , ,	1.00								_	^
DIRECTOR X		1 00	^						0.	0.	<u> </u>
1.00 DIRECTOR	, , , , , , , , , , , , , , , , , , , ,	1.00	v							_	0
DIRECTOR X		1 00	Δ						0.	0.	•
1.00		1.00	v						0	0	0
DIRECTOR		1.00								•	
O	(-,	1.00	x						0.	0.	0.
DIRECTOR X		0.50								•	
DIRECTOR		""	x						0.	0.	0.
DIRECTOR X		0.50	 						•	•	
DIRECTOR X			x						0.	0.	0.
DIRECTOR X	(12) CINDY MUSCATEL	0.50							-		
DIRECTOR X	DIRECTOR		Х						0.	0.	0.
Column	(13) DEBORAH JUSTICE	0.50									
DIRECTOR X 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
Column C	(14) DIANE WINDLER	0.50									
DIRECTOR X 0. 0. 0. 0. (16) ROB KILDOW 0.50 X 0. 0. 0. 0. 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(16) ROB KILDOW DIRECTOR X 0. 0. 0. 0. (17) SUSAN JOHNS 0.50	(15) RHONDA PEED	0.50									
DIRECTOR X 0. 0. 0. (17) SUSAN JOHNS 0.50	DIRECTOR		Х						0.	0.	0.
(17) SUSAN JOHNS 0.50	(16) ROB KILDOW	0.50									
	DIRECTOR		Х		L	<u> </u>	L	L	0.	0.	0.
DIRECTOR X 0. 0. 0.	(17) SUSAN JOHNS	0.50									
	DIRECTOR		Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trus (A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	itior			Reportable	Reportable		Fe	timate	ed.
Name and the	hours per					than is bot		· .	compensation			nount	
	week					or/trus		from	from related			other	J.
	(list any	ctor						the	organizations		com	pensa	tion
	hours for	dire				æ		organization	(W-2/1099-MISC	2)		om the	
	related	tee o	ıstee			ensat		(W-2/1099-MISC)			orga	anizati	ion
	organizations	Individual trustee or director	Institutional trustee		Key employee	di .					and	d relate	ed
	below	vidua	tution	Je.	omple	lest c	ner				orga	ınizati	ons
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
(18) WALLY O'DELL	0.50												
DIRECTOR		Х						0.		0.			0.
(19) COLIN CLARK	0.50												
DIRECTOR		Х						0.		0.			0.
(20) DEBBUE CASEY	0.50									\dashv			
DIRECTOR		X						0.		0.			0.
(21) CARA PRICE	40.00					+				`			
	40.00	-		x				86,389.		ο.	1	8,3	51
EXECUTIVE DIRECTOR				^		-		00,303.		<u>.</u>		0,3	54.
						_				\Box			
		1											
		1											
						T				\dashv			
		1											
dl. Och total		<u> </u>				<u> </u>	┖	86,389.		0.	1	8,3	51
1b Sub-total								00,309.		0.		0,5	0.
c Total from continuation sheets to Part V										-	1	0 2	
d Total (add lines 1b and 1c)							<u> </u>	86,389.		0.		8,3	54.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 of reportable				
compensation from the organization													(
												Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the s	um of reportab												
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	•				•	•		tod organization or marv	iddai for oct vioco		5		Х
Section B. Independent Contractors	ipiete Scriedai	C 0 1	01 30	исп	pers	3011							
·		-l						He at the a Second control of the second	\$400,000 of a com-				
1 Complete this table for your five highest co	=	-							•	ens	ation i	rom	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ıthı		year.				
(A)		37/	~~	_				(B)		_	(C		_
Name and business	address	M	INC	5				Description of s	services		omper	isatio	<u> </u>
							\dashv						
							\dashv						
							ᆜ						
2 Total number of independent contractors (iot li	mıte	a to		_	stec	a above) who received m	nore than				
\$100,000 of compensation from the organ	ization >					0					Form (200	

Form 990 (2018) HUALALA:
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		Check if Schedule O cont	airis a response	or note to any iii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0.10						revenue	revenue	512 - 514
nts		Federated campaigns						
Gra	ŀ	Membership dues						
ts,	(Fundraising events	1c	391,955.				
Gif lar	(d Related organizations	1d					
ini,	•	Government grants (contribut	ions) 1e					
tior S	f	All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo	ve 1f	463,522.				
nt.		Noncash contributions included in lines		45,531.				
Contributions, Gifts, Grants and Other Similar Amounts		n Total. Add lines 1a-1f		-	855,477.			
				Business Code				
ø	2 8	9						
, vic		·						
Ser								
an Sve		d	_					
Program Service Revenue	`							
Prc		All other program service reve	enue					
		g Total. Add lines 2a-2f						
	3	Investment income (including						
	Ū	other similar amounts)			83,667.			83,667.
	4	Income from investment of ta						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5	Royalties		1				
	J	rioyanics	(i) Real	(ii) Personal				
	6 a	a Gross rents	(i) Heal	(ii) i ersoriai				
		Less: rental expenses						
		Rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	, ,		(I) Securities	(ii) Other				
		assets other than inventory						
		Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		d Net gain or (loss)						
ine	8 8	Gross income from fundraisin						
Other Reven		including \$ 391,9						
Re		contributions reported on line	•	169,439.				
Jer		Part IV, line 18		163,305.				
₽		Less: direct expenses			6,134.			6,134.
		Net income or (loss) from fund	•		U,134.			0,134.
	9 8	Gross income from gaming ac						
	_	Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gam	-	>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				
	11 a							
		o 						
	(•		900099	113.			113.
		d All other revenue			113.			113.
		Total. Add lines 11a-11d		🟲	945.391.	0.	0.	89.914.
	12	THIST TEVELINE SEE INSTITUTIONS			7 - 1 - 1 7 4	ا م // ۱	U.	0 7 7 1 4 4

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	so or note to any line in	thic Part IV		
Do	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		скрепаса	general expenses	схрензез
·	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	720,408.	720,408.		
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,				
	trustees, and key employees	104,743.	52,371.	31,423.	20,949.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	96,177.	48,214.	28,678.	19,285.
8	Pension plan accruals and contributions (include	-	-	-	<u> </u>
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,160.	7,080.	4,248.	2,832.
10	Payroll taxes	26,416.	13,208.	7,925.	2,832. 5,283.
11	Fees for services (non-employees):				
а	Management				
	Legal				
	Accounting	14,826.	2,287.	11,624.	915.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2,264.	124.	74.	2,066.
13	Office expenses	6,947.	3,296.	2,236.	1,415.
14	Information technology	2,397.	1,162.	770.	465.
15	Royalties				
16	Occupancy				
17	Travel	1,093.	289.	689.	115.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	896.		896.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,481.	1,741.	1,044.	696.
23	Insurance	3,734.		3,734.	
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	FUNDRAISING EXPENSES	19,390.	_		19,390.
b	OTHER PROGRAM EXPENSES	2,201.	2,201.		
С	LICENSES AND FEES	1,259.	598.	422.	239.
d					
е	All other expenses	191.		169.	22.
25	Total functional expenses. Add lines 1 through 24e	1,020,583.	852,979.	93,932.	73,672.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				F 000 (2010)

Form 990 (2018)
Part X Balance Sheet

Pa	πX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	397,124.	1	570,437.
	2	Savings and temporary cash investments		2	1,050,372.
	3	Pledges and grants receivable, net		3	53,777.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ι		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	l	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 20,388			
	ь	Less: accumulated depreciation 10b 10,369	9,870.	10c	10,019.
	11	Investments - publicly traded securities		11	2,699,599.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 1 000 220	16	4,384,204.
	17	Accounts payable and accrued expenses	4 4 4 4 4 4 4	17	27,416.
	18	Grants payable		18	23,250.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
=	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	140,204.	26	50,666.
		Organizations that follow SFAS 117 (ASC 958), check here X and			
es		complete lines 27 through 29, and lines 33 and 34.			
Fund Balances	27	Unrestricted net assets	4,750,128.	27	4,333,538.
3ale	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets		29	
표		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	4 252 -23
Z	33	Total net assets or fund balances	4,750,128.	33	4,333,538.
	34	Total liabilities and net assets/fund balances	4,890,332.	34	4,384,204.

81-0570716 HUALALAI OHANA FOUNDATION Page **12** Form 990 (2018) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 945,391. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,020,583. Total expenses (must equal Part IX, column (A), line 25) 2 2 -75,192. 3 Revenue less expenses. Subtract line 2 from line 1 4,750,128. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 -360,523. Net unrealized gains (losses) on investments 5 5 19,125. 6 Donated services and use of facilities 6 7 7 Investment expenses 8 Prior period adjustments 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 4,333,538. column (B)) Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual 1 Accounting method used to prepare the Form 990: Lash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form 990 (2018)

Х

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization HUALALAI OHANA FOUNDATION 81-0570716 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Caler	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.")	810,582.	1,486,212.	1,040,806.	1,359,849.	855,477.	5,552,926.
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	810,582.	1,486,212.	1,040,806.	1,359,849.	855,477.	5,552,926.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,764,493.
6	Public support. Subtract line 5 from line 4.						3,788,433.
<u>Sec</u>	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	810,582.	1,486,212.	1,040,806.	1,359,849.	855,477.	5,552,926.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	19,877.	26,601.	49,914.	47,369.	83,667.	227,428.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	260,764.	177,673.	239,141.		6,134.	683,712.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		542.	38.	2,750.	113.	3,443.
11	Total support. Add lines 7 through 10						6,467,509.
	Gross receipts from related activities,	,	,			12	
	First five years. If the Form 990 is for	-	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. \square
	organization, check this box and stop		roontogo				>
	tion C. Computation of Publ			. (0)			58.58 %
	Public support percentage for 2018 (I					14	F 0 11
	Public support percentage from 2017					15	
	33 1/3% support test - 2018. If the contact have The apparentiate available as	~					
	stop here. The organization qualifies						
	33 1/3% support test - 2017. If the condition have						
	and stop here. The organization qual						
	10% -facts-and-circumstances tes						
	and if the organization meets the "fac meets the "facts-and-circumstances"						
	10% -facts-and-circumstances tes	-					
			metancae" taet or	iack this hav and a	STON HORE -Valous	i in Part I/I how the	7
	more, and if the organization meets the organization meets the "facts-and-circ		•		•		

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	slow, picase com	piete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	Add lines 7a and 7b						,
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	(4) 20	(5) 25 15	(0, 20.0	(5,7 = 5 + 1	(5) 25 15	(1)
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	I s first second thi	I rd fourth or fifth t	I av vear as a secti		zation
•	check this box and stop here	· ·			-		
Se	ction C. Computation of Publi						
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						70
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2018. If the					33 1/3%, and line	
	more than 33 1/3%, check this box ar						>
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						•

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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	Ta		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	7		
	c		
	8		
	9a		
	9b		
	9c		
	10a		
	40.		
m O	10b 90 or 99	10-E7	2012
9	JU UI 33	,u-LZ	2010

Pai	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
Sec	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			
	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		
800	stion C. Type II Supporting Organizations			
360	Control Type in Supporting Organizations		Yes	Na
	Mars a majority of the avacatization's divestors or twistons during the tay year along a majority of the divestors		res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
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		
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		
<u>Sec</u>	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 inst	ructions	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b		. ==		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations			
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. A					
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	ion 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				
Sect	ion 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):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1 b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	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				
Sect	ion 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-functiona	lly integrat	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2018

Par	T V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
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	ion 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			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HUALALAI OHANA FOUNDATION

Employer identification number 81-0570716

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abor		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	·	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
Dor	conservation easements. t III Organizations Maintaining Collections or	of Art Historical Transuras or (Other Similar Assets
Par		· ·	Other Similar Assets.
4-	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that described as assistant and a second text of the constraints and the second text of the constraints and the second text of the constraints and the second text of the		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	ublic service, provide the following amounts
	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 tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1		•
a	Revenue included on Form 990, Part VIII, line 1		
a	Assets included in Form 990, Part X		▶ ⊅

Par	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	ner Simila	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	n items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е						
С	Preservation for future generations							
4								
5	During the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pai					,		
	Is the organization an agent, trustee, custod		liary for contribution	ns or other assets no	nt included			
ıu	on Form 990, Part X?		-				Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII						1 103	
D	ii res, explain the arrangement in Part Alli	and complete the to	llowing table.				Amount	
_	Designing belows				4.		Amount	
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f	Ending balance						1	
	Did the organization include an amount on F				•		Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete i				1			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y			years back
1a	Beginning of year balance	2,994,636.	2,266,675.	· · ·	+	57,474.		791,963.
b	Contributions		200,000.			86,000.		32,500.
С	Net investment earnings, gains, and losses	-295,037.	527,961.	262,180		38,979.		33,011.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	2,699,599.	2,994,636.	2,266,675	1,5	04,495.		857,474.
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	100.00	%					
b	Permanent endowment	%	_					
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
За	Are there endowment funds not in the posse	=	ation that are held a	nd administered for	the organiz	zation		
	by:	J			3		Г	Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the						0.0	
Ė	t VI Land, Buildings, and Equipm		William Tarias.					
	Complete if the organization answere). Part IV. line 11a. S	See Form 990. Part	X. line 10.			
	Description of property	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·	1	Accumulate	-d	(d) Book	c value
	Besonption of property	basis (investr	1 , ,		epreciation		(u) Book	· value
	Land	<u> </u>	,	. ,				
	Buildings							
	Leasehold improvements			+				
	Equipment		1 1	4,607.	8,5	39.	6	5,068.
	0.1		- 	5,781.	1,8			$\frac{3,951}{1}$
	Add lines 1a through 1e. (Column (d) must e		X column (R) line	<u> </u>				0,019.
iotal	- Add inles ta through te. [Column (a) must e	quai i oiiii 330, Fdil	A, COIGITIT (D), IIITE	· · · · · · · · · · · · · · · · · · ·		<u> </u>		000\0040

Schedule D (Form 990) 2018 HUALALAI OH	ANA FOUNDATION	8	1-0570716	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market v	<i>v</i> alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				,
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.		
(a) [Description		(b) Book va	alue
(1)				
(2)				
(3)				
(4)				,
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		>	
Part X Other Liabilities	,		•	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(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 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 X

45,531.

945,391.

5

Sche	edule D (Form 990) 2018 HUALALAI OHANA FOUNDATION			81-	0570716 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per R	eturı	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	721,767
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-360,523.		
b	Donated services and use of facilities	2b	19,125.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	163,305.		
е	Add lines 2a through 2d			2e	-178,093
3	Subtract line 2e from line 1			3	899,860
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIII.)	4h	45.531.		

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,138,357. Total expenses and losses per audited financial statements

2 Amounts included on line 1 but not on Form 990. Part IX. line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 163,305. d Other (Describe in Part XIII.)

163,305. e Add lines 2a through 2d 2e 975,052. 3 Subtract line 2e from line 1

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 45,531. c Add lines 4a and 4b 1,020,583. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

Part XIII Supplemental Information.

c Add lines 4a and 4b

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 V, LINE 4:

1

ESTABLISHED BY THE BOARD TO PROVIDE A STABLE SOURCE OF INCOME, BETTER INVEST THE FOUNDATION'S RESERVE FUNDS AT A HIGHER YIELD, AND TO CREATE A STRUCTURE FOR PERPETUAL GIVING.

PART X, LINE 2:

THE FOUNDATION FOLLOWS ACCOUNTING STANDARDS CODIFICATION TOPIC (ASC 740), INCOME TAXES, WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST, AND PENALTIES,

AND TRANSITION. MANAGEMENT BELIEVES THAT NO SUCH UNCERTAIN TAX

DISCLOSURE,

Schedule D (Form 990) 2018 HUALALAI OHANA FOUNDATION Part XIII Supplemental Information (continued)	81-0570716 Page 5
	-
POSITION EXISTS FOR THE FOUNDATION.	
PART XI, LINE 2D AND PART XII, LINE 2D - OTHER ADUSTMENTS	:
FUNDRAISING EXPENSE SHOWN NET.	
PART XI, LINE 4B AND PART XII, LINE 4B - OTHER ADUSTMENTS	:
DONATED AUCTION ITEMS DEDUCTED AGAINST CONTRIBUTIONS IN A	UDIT.
	_

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

HUALALAI OHANA FOUNDATION

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

required to complete this part	••						
1 Indicate whether the organization rais	sed funds through any of the followir	ng acti	vities.	Check all that apply			
a Mail solicitations	e Solicitat	ion of	non-g	overnment grants			
b Internet and email solicitations f Solicitation of government grants							
c Phone solicitations	g Special	fundra	aising (events			
d In-person solicitations			Ŭ				
2 a Did the organization have a written o	or oral agreement with any individual	(inclu	dina o	fficers directors tru	etaas or		
_	_		-			□ No	
key employees listed in Form 990, Pa							
b If "Yes," list the 10 highest paid indiv		iant to	agree	ements under which	the fundraiser is to t	oe .	
compensated at least \$5,000 by the	organization.						
		/iii\	D:4		(v) Amount paid		
(i) Name and address of individual	(ii) Activity	(iii) fundr have c	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	(ii) Activity	or con	trol of utions?	from activity	fundraiser	organization	
		COITHID	ulions:		listed in col. (i)		
		Yes	No				
	_						
Total							
3 List all states in which the organizatio	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is exempt from re	egistration	
or licensing.							

Schedule G (Form 990 or 990-EZ) 2018 HUALALAI OHANA FOUNDATION 81-0570716 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through GOLF EVENT PRO-AM 3 col. (c)) (event type) (event type) (total number) Revenue 553,644. 189,600. 1 Gross receipts 258,006 106,038. 247,050 99,374. 45,531. 391,955. 2 Less: Contributions 161,689. 10,956. 90,226. 60,507. 3 Gross income (line 1 minus line 2) 4 Cash prizes 45,531. 45,531. 5 Noncash prizes Direct Expenses 1,004. 1,004. 6 Rent/facility costs 1,960. 1,960. 7 Food and beverages 8 Entertainment 3,055. 95,575. 9 Other direct expenses 2,294. 90,226. 144,070. 10 Direct expense summary. Add lines 4 through 9 in column (d) 17,619. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ____ No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2018 HUALALAI OHANA FOUNDATION 81-0)5707	16 Page 3
	Does the organization conduct gaming activities with nonmembers?		$\overline{}$
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Ye	s No
13	Indicate the percentage of gaming activity conducted in:		3110
	a The organization's facility	13a	%
	b An outside facility	-	<u> </u>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
k	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{		
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
ı	retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	L Ye	s L No
•	organization's own exempt activities during the tax year \$\$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines	9, 9b, 10b,
	. 22, 100, 10, and 112, as applicable. 1800 provide any additional information. Occ motivations.		

Schedule 0	G (Form 990 or 990-EZ)	HUALALAI OHAN	A FOUNDATION	81-0570716 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)		

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RE-K THRU 12TH GRADE SCHOLARSHIPS	70	0.	234,032.		
IIGHER EDUCATION	36	0.	117,833.		
ENTAL ASSISTANCE	63	0.	83,750.		
URGICAL AWARDS	33	0.	68,908.		
MEDICAL AWARDS	9	0.	46,707.		

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

1)EDUCATION AWARD FUNDS ARE PAID ONLY TO APPROVED ACADEMIC INSTITUTIONS OR

REIMBURSED TO INDIVIDUALS UPON VERIFICATION OF RECEIPT FOR PAYMENT. 2)

APPLICANTS RE-APPLY EVERY YEAR, REGARDLESS OF PRIOR USE OF PROGRAM.

ELIGIBILITY IS REVIEWED AND DETERMINED FOR EACH APPLICANT EVERY YEAR. 3)

HIGHER EDUCATION RECIPIENTS MUST PROVIDE MID-TERM PROOF OF ACADEMIC

ELIGIBLITY AND TUITION RECEIPT IN ORDER TO RECEIVE THE SECOND PAYMENT OF

SCHOLARSHIPS AWARDS. 4) ALL COURSEWORK AWARD APPLICANTS MUST PROVIDE

SUFFICIENT DOCUMENTATION TO ESTABLISH ELIGIBILITY OF REQUESTED PROGRAM. 5)

Part III Continuation of Grants and Other Assistance to Individ	duals in the Unit	ed States (Schedule	e I (Form 990), Part I	II.)	· age =
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MERIT AWARD	25.	0.	40,500.		
COURSEWORK & SUMMER SCHOOL	79.	0.	35,861.		
WORK FOR COLLEGE MATCH	26.	0.	34,868.		
HONOR ROLL AWARDS	112.	0.	25,618.	PROGRAM COST.	FOOD AND SUPPLIES.
COMPUTER AWARD	16.	0.	14,373.	PROGRAM COST.	LAPTOP-PRINTER BUNDLE.
LITTLE PASSPORTS	51.	0.	9,570.	PROGRAM COST.	EDUCATION KIT.
IKE LOA ACADEMY	8.	0.	3,087.	PROGRAM COST.	CLASSES AND ACTIVITIES.
DOLLYWOOD IMAGINATION LIBRARY	127.	0.	3,072.	PROGRAM COST.	BOOKS
KEIKI SUMMER BOOK CHALLENGE	91.	0.	2,229.	PROGRAM COST.	BOOKS AND WORKSHEETS.

Part IV Supple	mental Inforn	nation									
MEDICAL CON	DITIONS A	RE VEI	RIFIED	WITH	THE	APPLIC	CANT'S	PHYSICIA	7N]	PRIOR	TO
AWARDING AS	SISTANCE	FOR MI	EDICAL	AID	PROGE	RAMS.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization HUALALAI OHANA FOUNDATION Employer identification number 81-0570716

Par	t I Types of Property							
		(a)	(b)	(c)	(d	•		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of on the contribution of the contribut		•	c
		• •	items contributed	Form 990, Part VIII, line 1g			mount	
1	Art - Works of art	X	8	45,531.	AUCTION PR	ICE		
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization		•					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by				-			
	must hold for at least three years from the date							37
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.	-8		- f	-ti0		v	
31	Does the organization have a gift acceptance p					31	Х	
32a	Does the organization hire or use third parties of		S	, · · · ,				v
						32a		X
	If "Yes," describe in Part II.	-l			al card			
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y tor which column (a) is che	скеа,			
	describe in Part II.							

81-0570716

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

2018 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HUALALAI OHANA FOUNDATION

Employer identification number 81-0570716

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IMMEDIATE FAMILIES OF THE EMPLOYEES IN THE HUALALAI COMMUNITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2018). FORM 990, PART VI, SECTION A, LINE 1: MEMBERS OF THE EXECUTIVE COMMITTEE: ED MUELLER - PRESIDENT, HARRY FRAMPTON VICE PRESIDENT, MAUREEN KIM - SECRETARY, AND PAUL LOCKLIN - TREASURER. FORM 990, PART VI, SECTION B, LINE 11B: THE COMPLETED 990 IS GIVEN TO THE FINANCE COMMITTEE WHO REVIEWS AND FORWARDS THE 990 AND A RECOMMENDATION TO THE FULL BOARD, AND THEN AN OFFICER AUTHORIZES SUBMITTAL OF THE 990. FORM 990, PART VI, SECTION B, LINE 12C: IN THE DOCUMENT, THE BOARD IS DIRECTED TO REFER AND COMPLY WITH THE CONFLICT OF INTEREST POLICY. ALL BOARD MEMBERS ANNUALLY SIGN THE CONFLICT OF INTEREST DOCUMENT AT THE FIRST MEETING OF THE NEW CALENDAR YEAR. FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT OF THE BOARD OVERSEES THE EVALUATION OF THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. THE FULL BOARD MUST APPROVE COMPENSATION BASED ON PERFORMANCE, ACHIEVEMENTS AND BUDGET.

HUALALAI OHANA FOUNDATION	81-0570716
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST. TH	E ANNUAL REPORT,
POLICY FOR DONOR PRIVACY, POLICY FOR DONOR OPT-OUT PRIVAC	Y, AND DONOR BILL
OF RIGHTS ARE ALL AVAILABLE ON OUR WEBSITE.	
FORM 990, PART XII, LINE 2C:	
THE PURPOSES OF THE AUDIT COMMITTEE ARE TO ASSIST THE BOA	RD WITH
OVERSIGHT OF (1) THE FINANCIAL REPORTING PROCESS AND THE	INTEGRITY OF
THE ORGANIZATION'S FINANCIAL STATEMENTS, (2) THE ORGANIZA	TION'S
COMPLIANCE WITH DONOR RESTRICTIONS AND LEGAL AND REGULATO	RY
REQUIREMENTS, AND ITS COMPLIANCE WITH THE APPLICABLE CODE	OF CONDUCT,
(3) THE INDEPENDENT AUDITOR'S QUALIFICATIONS, INDEPENDENC	E AND
PERFORMANCE, AND (4) THE SYSTEM OF INTERNAL CONTROLS AND	PERFORMANCE
THEREUNDER.	