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Form **990**

Return of Organization Exempt From Income Tax

Department	of the	Treasun
Internal Revi		

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

	artment of th nal Revenue		▶ Go to www.irs.gov/Form990 for instructions and the	he latest in	formation.	18/2	Inspection					
A	For the 2	018 cale	ndar year, or tax year beginning , 2018, a	and ending		, 20						
	Check if a		C Name of organization KEOLA HOONANEA			D Employer identification number						
	Address c	hange	Doing business as			99-0	119715					
	Name cha	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite)	E Telepho	ne number					
	Initial retur	n	C/O HAWAIIANA 711 KAPIOLANI BLVD	700		(808))593-9100					
	Final return	return/terminated City or town, state or province, country, and ZIP or foreign postal code										
	Amended	return	HONOLULU, HI 96813			G Gross re	eceipts \$ 1,396,836.					
	Application	n pending	F Name and address of principal officer.) 1	H(a) Is this a g		subordinates? Yes No					
				HI 9682			s included? Yes No					
<u> </u>	Tax-exem	ot status	☐ 501(c)(3) 🔀 501(c) (4) ◄ (Insert no.) ☐ 4947(a)(1) or	527	If "N	lo," attach a	allst (see instructions)					
	Website:		7/A		H(c) Group	exemption	number >					
K	Form of or	ganization	X Corporation ☐ Trust ☐ Association ☐ Other ► L Yes	ar of formatio	n. 196	8 M State	of legal domicile: HI					
P	art I	Summ	ary									
	1 E	Briefly de	escribe the organization's mission or most significant activities:	PROVIDES	AFFORDABLE	HOUSING FO	OR THE ELDERLY, HANDICAPPED					
9	1		ES AND INDIVIDUALS									
ā												
Governance	2	heck th	is box ▶ ☐ if the organization discontinued its operations or di	sposed of	more than	n 25% of	its net assets.					
ő	3 1	lumber (of voting members of the governing body (Part VI, line 1a).			. 3	8					
ø	4 1	lumber (of independent voting members of the governing body (Part VI	, line 1b)		. 4	_ 8					
ties	5 7	otal nur	nber of individuals employed in calendar year 2018 (Part V, line	∍ 2a) .		. 5						
Activities &	6 7	otal nur	nber of volunteers (estimate if necessary)			. 6	10					
A	7a 1	otal unr	elated business revenue from Part VIII, column (C), line 12			. 7a	0.					
	d	let unrel	ated business taxable income from Form 990-T, line 38			. 7b	0.					
					Prior Y	ear	Current Year					
٩	8 (Contribu	tions and grants (Part VIII, line 1h)	· · L		0.						
e P	9 F	rogram	service revenue (Part VIII, line 2g)	1,30	7,941.	1,396,513.						
Revenue	10	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)			504.	323.					
-	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).	· · _								
	12	otal reve	enue-add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)	1,30	<u>8,445.</u>	1,396,836.					
	13 (Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	· · _								
	14 E	Benefits	paid to or for members (Part IX, column (A), line 4)	· · <u> </u>								
es			other compensation, employee benefits (Part IX, column (A), lines	5–10)	26	7,521.	246,897.					
Expenses			onal fundraising fees (Part IX, column (A), line 11e)	· ·								
Š			draising expenses (Part IX, column (D), line 25). ▶	0.								
ш			penses (Part IX, column (A), lines 11a-11d, 11f-24RECEIV			8,962.	1,158,965.					
			penses Add lines 13-17 (must equal Part IX, c ptumn (^), line 20	110	,	6,483.	1,405,862.					
	19	Revenue	less expenses. Subtract line 18 from line 3	1190 IIS	ginning of C	1,962.	-9,026.					
Net Assets or Fund Balances				UZU 55	ginning of C		End of Year					
Sset	20		ets (Part X, line 16)		55	0,776.	541,750.					
a t	21		olities (Part X, line 26)	UI		<u> </u>	541 750					
			ts or fund balances. Subtract line 21 from line 20		55	0,776.	541,750.					
	art II		ture Block			45 - 5 - 4 - 4	to a substant and balled store					
UQ HELI	der penalti e. correct.	es of perju and comp	ry, I declare that I have examined this return, including accompanying schedule lete. Declaration of preparer Josephan officer) is based on all information of whi	s and statem ich preparer i	ents, and to has anv know	tne best of i	my knowledge and belief, it is					
S	7	<u> </u>	lete Declaration of preparer (officer) than officer) is based on all information of whi		7	11/14/	2010					
Œ.	חר	Sign	ature of officer			11/14/2 ate	2019					
He	re				_							
~			VIN C. P. WONG, PRESIDENT e or print name and title									
<u> </u>		, ,		Date	B /	<u>.</u>	PTIN					
Pa		PRITO	recice value	as 11	715/19	Check self-em	ıf					
	eparer		CE VALMAS, CPA FELICE VALMAS, CPA 1	سلب	1_		ployed P00277985					
Us	se Only						81-3435329					
NA-	v the ID		address ► 401 Kamakee St , Honolulu, HI 96814 s this return with the preparer shown above? (see instructions)		J Ph	one no. (8	308) 536-8000 ⊠ Yes □ No					
						• • •	Form 990 (2018)					
ror	raperw	ork Hedu	ction Act Notice, see the separate instructions. BAA	REV	05/20/19 PRO		rorm 33U (2018)					



Part	Checklist of Required Schedules	Υ								
			Yes	No						
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		ŀ	v						
_	complete Schedule A	1		<u> </u>						
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>×</u>						
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		ł							
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>×</u>						
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4	Ì							
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II									
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		v						
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>						
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		ŀ							
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6	j	×						
_	"Yes," complete Schedule D, Part I	-	\longrightarrow							
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x						
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"									
8	complete Schedule D, Part III	8		×						
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a									
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		1							
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×						
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		×						
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		<u>×</u> _						
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		×						
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		×						
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110	-							
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×						
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses									
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete									
	Schedule D, Parts XI and XII	12a	×							
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	L	×						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	×						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×						
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,									
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		۱.,						
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×						
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		×						
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			 ^						
.0	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×						
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 (see instructions)	17		×						
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on									
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?									
	If "Yes," complete Schedule G, Part III	19		×						
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	×						
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b								
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or									
	domestic government on Part IX, column (A), line 1? ฝะั่งผลดำรองสอบlete Schedule I, Parts I and II	21		<u> </u>						

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		_×_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×
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		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		×
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		×
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		×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
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	×	
Part				_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0		103	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part \	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	.	, ,	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			نا
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b	<u>×</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		نت	لىت
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		×
	If "Yes," enter the name of the foreign country: ► 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 prohibited tax shelter transaction at any time during the tax year?	5a		×
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	_	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			l
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>×</u>
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		•
	gifts were not tax deductible?	7.		- , 1
		٠. ا	*	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		,	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	است		
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
b 10	Section 501(c)(7) organizations. Enter	30	, •	
	Initiation fees and capital contributions included on Part VIII, line 12	_		- -
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	•	,	
11	Section 501(c)(12) organizations. Enter:	-	,	
	Gross income from members or shareholders		٠.	[]
b	Gross income from other sources (Do not net amounts due or paid to other sources	·-	. ,	
	against amounts due or received from them.)	<u></u>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	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.	10	<u> </u>	1 1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ,	 -
-	Note. See the instructions for additional information the organization must report on Schedule O.	[.	` ا	:
ь	Enter the amount of reserves the organization is required to maintain by the states in which	Ι,	, ·	` . <u> </u>
_	the organization is licensed to issue qualified health plans	┨ .	¹	
C 14a	Enter the amount of reserves on hand	14a	┢╧	X
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<u> </u>	+ ^-
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· •	<u> </u>	1
15	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	-	<u> </u>	<u>V. </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
	If "Yes," complete Form 4720, Schedule O.			1
		For	m 99 ((2018)

Part \	Governance, Management, and Disclosure For each "Yes" response to lines 2 the response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change.				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Section	on A. Governing Body and Management				
		1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8			
	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 8			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?		2		<u>×</u>
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other		3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 9		4		×
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets?.	5		×
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approva	l bv) members.			
_	stockholders, or persons other than the governing body?		7b		×
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	idertaken during			
а	The governing body?		8a	_x_	
b	Each committee with authority to act on behalf of the governing body?		8b	×	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		×
Section	on B. Policies (This Section B requests information about policies not required by the		ue C	ode.)	
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exen		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done	policy? If "Yes,"	12c	×	
13	Did the organization have a written whistleblower policy?		13	×	
14	Did the organization have a written document retention and destruction policy?		14	×	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberati	and approval by			
а	The organization's CEO, Executive Director, or top management official		15a	×	l,
b	Other officers or key employees of the organization		15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim		16a	-	
p.	with a taxable entity during the year?		- iva	<u> </u>	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take steps	to safeguard the			
<u>C= : !!</u>	organization's exempt status with respect to such arrangements?	• • • • •	16b	<u> </u>	<u> </u>
	on C. Disclosure	 			
17	****	-\ 000d 000 :			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all the	at apply.	i (Sec	tion t	01(C)
	☐ Own website	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume financial statements available to the public during the tax year.	ents, conflict of ınt	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	>	
	HAWATIANA MGT CO. 711 KAPIOLANI BLVD#700. HONOLULU. HI 96813 (808) 593-9100			

Form	990	(2018)	

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

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

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

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

Check this box if neither the organization no		d orga	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	(do n box, i	Position o not check more than one ox, unless person is both an ficer and a director/trustee)					compensation	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALVIN WONG	3.00	×		×					0	0
PRESIDENT (2) BEVERLY AIWOHI VICE PRESIDENT	1.00	×		×				0.	0.	0.
(3) STANLEY YON 2ND VICE	1.00	×		×				0.	0.	0.
(4) NATY LAGASO SECRETARY	1.00	×		×				0.	0.	0.
(5) TUPOU KELEMENI TREASURER	1.00	×		×				0.	0.	0.
(6) DENNIS CHING DIRECTOR	1.00	×						0.	0.	0.
(7) EMMANUEL CRUZ DIRECTOR	1.00	×					ļ 	0.	0.	0.
(8) BARBARA SERVICE DIRECTOR	1.00	×						0.	0.	0.
(9)										
(10)										
(12)										
(13)				_						
(14)							-			

	(A) Name and title		box, office	Position (do not check more the box, unless person is officer and a director/ Institutional truster or director			is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensatio from the organization		
		organizations below dotted line)		nal trustee		oloyee	Highest compensated employee				and	related nizations	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)											<u> </u>		
(21)								!					
(22)													
(23)	· · · · · · · · · · · · · · · · · · ·												
(24)												•	
(25)								 -	<u> </u>				
1b c	Sub-total			<u>. </u>				▶	0.	0	,		0.
d 2	Total (add lines 1b and 1c)							▶	0.	0 .	` l		0.
	reportable compensation from the organ											1,,	F 51
3	Did the organization list any former of	ficer, direc	tor, c	or tr	ust	ee,	key (emp	oloyee, or higi	hest compensa	ted	Yes	No
_	employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	ivid	ual				. 3	+	×
4	For any individual listed on line 1a, is the organization and related organizations	greater th	poπa an \$	ые (150,	000	1pe 1? /	nsaud f "Ye	on a es, "	complete Sci	hedule J for su	ıch		<u> </u>
5	individual	 or accrue c	ompe	nsat	tion	. fro	m an	v ur	 nrelated organi	 zation or individ	. 4 ual		×
	for services rendered to the organization									<u> </u>	. 5		×
1	on B. Independent Contractors Complete this table for your five highest compensation from the organization. Rep	compensat	ted in	depo	end or th	ent ne c	conti	ract dar y	ors that receiv	ed more than \$ th or within the	100,000 c organizat	f ion's t	ax
	year. (A)							Γ	(B)		(C)	
· 	Name and business add	lress		.				-	Description of	services	Comper		
2	Total number of independent contractor received more than \$100,000 of compens							o ti	nose listed ab	ove) who			-

Part	VIII	Statement of Reverence Check if Schedule O		nonce or note to	any line in this	Port VIII		
		Check ii Schedule O	CONTAINS & FES	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (cont All other contributions, gif and similar amounts not include Noncash contributions include	tributions) ts, grants, uded above 1f ad in lines 1a–1f: \$				·	
	h	Total. Add lines 1a-1f	·	Business Code				·
ž	0-	DENIE DENIED		 	007 041	007 041	0.	,
leve	2a	RENT REVENUE		531390	907,841. 7,583.	907,841.	0.	0.
95 F	b	TENANT LAUNDRY TENANT REIMB/CH	IADCEC	531390 531390		7,583.	0.	0.
Ž	d			531390	44,110.	44,110.	0.	0.
ı Ş	_	TENANT ASSISTAN	NCE PMT	531390	436,979.	430,979.		0.
Program Service Revenue	e f	All other program serv	ice revenue					
ြင့်	g	Total. Add lines 2a-2f			1,396,513.			
	3 4 5	Investment income (and other similar amoi income from investment Royalties	(including divid unts) of tax-exempt be	ends, interest,	323.	0.	0.	323.
	6a b c d	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) amount from sales of assets other than inventory	(i) Real	(ii) Personal				
	b c d	Less cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) .		•				
Other Revenue	8a	Gross income from fur events (not including \$ of contributions reporte See Part IV, line 18	ed on line 1c).					
ŧ	ь	Less: direct expenses	-					
O	С	Net income or (loss) fr Gross income from ga See Part IV, line 19	om fundraising ming activities.	events . ►			-	
	ь	Less: direct expenses						
	С	Net income or (loss) fr Gross sales of in- returns and allowance	rom gaming act ventory, less	ivities ►	1			
	b	Less: cost of goods so	old b		<u> </u>			
	С	Net income or (loss) fr		entory ►				
		Miscellaneous Re	 	Business Code				
	11a							
	b							
	С							
	d	All other revenue .					···	
	e	Total. Add lines 11a-	11d					
	12	Total revenue See in			1 396 836	1 396 513	0	323

REV 05/20/19 PRO

	0 (2018)				Page 10
Part	IX Statement of Functional Expenses n 501(c)(3) and 501(c)(4) organizations must com	ploto all columns A	Il other organization	s must complete colu	
Section	Check if Schedule O contains a respons			· · · · · · ·	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
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 8	Other salaries and wages	182,322.	182,322.	0.	. 0.
9	Other employee benefits	49,290.	49,290.	0.	0.
10	Payroll taxes	15,285.	15,285.	0.	0.
11	Fees for services (non-employees):				
а	Management	79,684.	39,842.	39,842.	0.
b	Legal				
C	Accounting	6,408.	0.	6,408.	0.
d	Lobbying				
e f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	45,786.	22,893.	22,893.	0.
14	Information technology				
15 16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2.5		25 001	
20	Interest	35,281.	0.	35,281.	0.
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22 23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	:			
а					-
b					
C					
d e	All other expenses	991,806.	988,961.	2,845.	0.
25	Total functional expenses. Add lines 1 through 24e	1,405,862.	1,298,593.	107,269.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	1, 100, 002.	2,220,000	201,2031	

Pledges and grants receivable, net Accounts receivable, net Accounts receivable, net Accounts receivable, net Accounts receivable, net Complete Part II of Schedule L Research Schedule L Research Schedule L Complete Part II of Schedule L Research Schedule L Research Schedule L Research Schedule L Research Schedule L Complete Part II of Schedule L Research Schedule Schedu	Р	art X	Balance Sheet			
1			Check if Schedule O contains a response or note to any line in this Pa	rt X		🛭
Pledges and grants receivable, net Accounts receivable, net Accounts receivable in the properties of the properties o						, , ,
3 Pledges and grants receivable, net 4 Accounts receivable, net 4 Accounts receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule 5 5		1	Cash—non-interest-bearing	523,272.	1	514,219.
A Accounts receivable, net		2	Savings and temporary cash investments	27,504.	2	27,531.
A Accounts receivable, net		3	Pledges and grants receivable, net		3	
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Leans and other recewables from other disqualified persons (as defined under section 4958(0(11)), persons described in section 4958((3)8), and contributing employers and approach approach organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D b Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments—publicly traded securities 12 Investments—publicly traded securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 25 Other liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ ② 26 Total liabilities. Add lines 17 through 29 27 Terrestricted net assets 28 Temporanity restricted net assets 29 Permanently re		4			4	
Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4555(l)(I), persons described in section 4555(l)(I)(B), under contributing employers and sponsoring organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventiones for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part II of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments—publicity traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 Investments—other securities. See Part IV, line 11 14 Intagible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add Ines 1 through 15 (must equal line 34) 5550,776. 16 541,750. 17 Accounts payable and accrued expenses 17 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 18 Grants payable and accrued expenses 19 19 Deferred revenue 19 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D 21 22 Secured mortgages and notes payable to unrelated third parties 23 Secured mortgages and notes payable to unrelated third parties 24 Cher liabilities (including federal income tax, payables to related third parties 24 Cher liabilities and included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Total liabilities. 26 Other liabilities and included on lines 17-24). Complete Part X of Schedule D 27 Unrestricted net assets 29 Permanently restricted net asse		5	Loans and other receivables from current and former officers, directors,	,		.=, .
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4958(f)(1), persons described in section 4958(p)(3)(B), and contributing employers and sponsoring organizations of section 501c(s) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			Complete Part II of Schedule L		5	
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parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Corganizations that follow SFAS 117 (ASC 958), check here Complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 29 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through 34. 20 Organizations that do not follow SFAS 117 (ASC 958), check here Complete lines 30 through		24			24	
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Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117 (ASC 958), check here Organizations that do not follow SFAS 117			· · · · · · · · · · · · · · · · · · ·			
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	et	1		550,776.		541,750.
	~	1				541,750.

Part	XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>96,8</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		05,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>-9;0</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	<u>50,7</u>	<u>76.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	li			
	33, column (B))	10	5	41,7	50.
Part	XII Financial Statements and Reporting				C-31
	Check if Schedule O contains a response or note to any line in this Part XII		· · ·		X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		-		, ,
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain ir	י ן		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			ļi	X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	r		
	reviewed on a separate basis, consolidated basis, or both:				,
	Separate basis Consolidated basis Both consolidated and separate basis		- - -		
b	Were the organization's financial statements audited by an independent accountant?		2b	×	3
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a		, }
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis		.		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versigh	it a-	١.,	
	of the audit, review, or compilation of its financial statements and selection of an independent account			×	, ,
	If the organization changed either its oversight process or selection process during the tax year, ex	(plain ii	n	1	.
	Schedule O.	4		-	را
3a	1	torth II	n . 3a		×
_	the Single Audit Act and OMB Circular A-133?			 	├ ^
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo (no	е зь		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	iuuiis.		ր ա 99 0	(2019)
			FO	m 330	, (2018)

SCHEDULE D (Form 990)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest Information. Employer identification number

KEOI	A HOONANEA		99-0119715
Par			
	Complete if the organization answered		
		(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 5	Aggregate value at end of year	or advisors in writing that the assets h	held in donor advised
3	funds are the organization's property, subject to		
6	Did the organization inform all grantees, donors,	-	_ —
•	only for charitable purposes and not for the ber		
Par	Conservation Easements.		
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 7	•
1	Purpose(s) of conservation easements held by th		
	Preservation of land for public use (e.g., recre		
	Protection of natural habitat	☐ Preservation of	of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization	held a qualified conservation contributi	Hald at the End of the Tay Year
	easement on the last day of the tax year.		· 12-3-
a			
b	Total acreage restricted by conservation easeme Number of conservation easements on a certified		
c d	Number of conservation easements included i		
•			· · 2d
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or ter	
	tax year ►	-	
4	Number of states where property subject to cons		
5	Does the organization have a written policy		
	violations, and enforcement of the conservation		-
6	Staff and volunteer hours devoted to monitoring, insu	oecting, handling of violations, and enforci	ng conservation easements during the year
_	<u></u>	No. 1 to 18 or 18	
7	Amount of expenses incurred in monitoring, inspec ▶ \$	iting, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on lin	ne 2(d) above satisfy the requirements o	of section 170(h)(4)(R)(i)
Ü			· · · · · · · · · Yes · No
9	In Part XIII, describe how the organization report		
Ū	balance sheet, and include, if applicable, the text	t of the footnote to the organization's fi	nancial statements that describes the
	organization's accounting for conservation easer		_
Part	Organizations Maintaining Collection	ons of Art, Historical Treasures, o	r Other Similar Assets.
	Complete if the organization answered	d "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under \$		
	works of art, historical treasures, or other simil		
	public service, provide, in Part XIII, the text of the		
Ь	If the organization elected, as permitted under works of art, historical treasures, or other simi		
	public service, provide the following amounts rel		
	(i) Revenue included on Form 990, Part VIII, line	-	> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

	4
Dogo	
rage	4

.Part	Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):		ssion, and ot	her recor	ds, chec	k any of the	e follov	wing that are a	significant	use of its
а	☐ Public exhibition			d [Loan	or exchang	e prog	rams		
b	☐ Scholarly research			₽ [Other	, 				
С	☐ Preservation for future generations									
4	Provide a description of the organiza XIII.	tion's	collections a	and expla	in how th	ney further	the org	janization's exe	mpt purpo	se in Part
5	During the year, did the organization assets to be sold to raise funds rather									s 🗌 No
Part				21110G GO P		organizati		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>
Tark	Complete if the organization 990, Part X, line 21.			" on For	n 990, F	Part IV, line	9, or	reported an a	mount on	Form
1a	Is the organization an agent, trustee included on Form 990, Part X?									s 🗌 No
b	If "Yes," explain the arrangement in P	art XI	Il and comple	ete the fo	llowing ta	able:	_		-	 -
									Amount	
С	Beginning balance						10			
đ	Additions during the year						10			
e	Distributions during the year						16			
f	Ending balance						<u>11</u>		v2 □ V 0	n No
2a h	If "Yes," explain the arrangement in P									
	Endowment Funds.	art Al	II. OHECK HEI	e 11 tile 67	ріанаціон	I IIas Deeli	provid	ed on Fait Ain .	<u></u>	
	Complete if the organization	ans	wered "Yes	" on For	n 990. F	Part IV. line	e 10.			
	- John Jan Jan Jan Jan Jan Jan Jan Jan Jan Ja		Current year	(b) Prid		(c) Two year		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance									
b	Contributions						•			
С	Net investment earnings, gains, and losses									
d	Grants or scholarships				-					
е	Other expenditures for facilities and programs									
f	Administrative expenses									·
g	End of year balance						·			
2	Provide the estimated percentage of				e (line 1g	ı, column (a)) held	as:		
а	Board designated or quasi-endowme	nt 🟲		%						
b	Permanent endowment >									
C	Temporarily restricted endowment		%							
0-	The percentages on lines 2a, 2b, and		•		مالج مدينة	لملمط مسماح		Iminiatored for t	lho.	
3a	Are there endowment funds not in the organization by:	e pos	ssession of ti	ne organi	zation the	at are neio	anu au	immstered for	_	Yes No
	(i) unrelated organizations								. 3a(i)	163 140
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related of									
4	Describe in Part XIII the intended use								L	
Pari				" on For	000 [Dort IV line	- 11-	Soc Form 000	Dort V I	ino 10
	Complete if the organization	i ans	1			or other basis		Accumulated	d) Bool	
	Description of property		(a) Cost or o			or other basis other)		lepreciation	(4) 500	(value
1a	Land									
b	Buildings									
C	Leasehold improvements									
d	Equipment									
<u>e</u>	Other	<u>. </u>			L					
Total	Add lines 1a through 1e (Column (d) i	muct i	equal Form C	On Part	Column	(R) line 10)c)	>		

Part VII	Investments – Other Securities.		
	Complete if the organization answered "Yes" on For		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial			
	neld equity interests		
(3) Other			
(/^)		<u> </u>	
(B)			
(C)			
(D)			
(E)		-	
(F)		<u></u>	
(G) (H)	,	-	
	h) must equal Form 000. Part V and /Pl line 121 h		
Part VIII	b) must equal Form 990, Part X, col. (B) line 12) ▶ Investments — Program Related.	<u>L.</u>	1
r art viii	Complete if the organization answered "Yes" on Fo	rm 990 Part IV lin	e 11c. See Form 990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation.
	(a) Description of investment	(b) Book value	Cost or end-of-year market value
(1)			
(2)			·
(3)		<u> </u>	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	b) must equal Form 990, Part X, col. (B) line 13) ▶		
Part IX	Other Assets.		
 	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	
	(a) Description		(b) Book value
(1)			
(2)			
(3)		· · · · · · · · · · · · · · · · · · ·	
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total, (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	ne 11e or 11f. See Form 990, Part X,
	line 25,		
1.	(a) Description of liability (b) Book value	r. "y	- 34 , , , , , , , , , , , , , , , , , ,
(1) Federal i	ncome taxes		, t
(2)		*	
(3)		•	
(4)			· -
(5)			
(6)		. '*	
(7)			
(8)			
(9)			• • • • • • • • • • • • • • • • • • • •
	(b) must equal Form 990, Part X, col. (B) line 25) ▶	<u>.</u>	· · · · · · · · · · · · · · · · · · ·
	r uncertain tax positions. In Part XIII, provide the text of the footi		
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Ch	eck here if the text of t	the toothote has been provided in Part XIII

Page	4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Ketum	•
1	Total revenue, gains, and other support per audited financial statements	1	1,396,836.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	_
3	Subtract line 2e from line 1	3	1,396,836.
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		
b	Other (Describe in Part XIII.)	7 22	
С	Add lines 4a and 4b	4c	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,396,836.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	er Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,405,862.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII) ,	20	
e	Add lines 2a through 2d	2e	1 405 962
3	Subtract line 2e from line 1	3	1,405,862.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	Other (Describe in Part XIII.)		
b	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,405,862.
	XIII Supplemental Information.	· · · · · · · ·	
2, Par	te the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in r: BASIS OF ACCOUNTING: CASH BASIS REPORTING, AS IN PRIOR YEARS, ONLY	formati	on.
RECE	IPTS AND DIBURSEMENTS ARE REPORTED CAPITAL PURCHASES ARE REPORTED WH	HEN FU	INDS
ARE	EXPENDED		
•••••		•	

Schedule D (For	m 990) 2018	Page 5
Part XIII	m 990) 2018 Supplemental Information (continued)	
••••••		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2018 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Fundraising: \$0

Total: \$33,287

Fundraising: \$0

Description: LOAN REPAYMENTS

Management and general: \$0

Description: INSURANCE

► Attach to Form 990 or 990-EZ.

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

Internal Revenue Service	Go to www.irs.gov/Formsso for the latest information.	Inspection
Name of the organization		Employer identification number
KEOLA HOONANEA		99-0119715
Pt VI, Line 19	: DOCUMENTS AVAILABLE UPON REQUEST FROM MANAGEMENT	со
Pt VI, Line 11	b: REVIEWED BY BOARD OF DIRECTORS	
Pt VI, Line 3:	RECEIVE PROFESSIONAL MANAGEMENT SERVICES	
Pt VI, Line 12	c: PERIODIC REVIEW OF CONFLICT OF INTEREST POLICIES	WITH OFFICERS
& DIRECTORS		
Pt VI, Line 15	b: EMPLOYEE COMPENSATION IS DETERMINED BY MNANAGEME	NT AND BOD
Pt XII, Line 1	: CASH BASIS REPORTING, SAME AS PRIOR	
Pt VI, Line 15	a: NO COMPENSATION IS PROVIDED	
Pt IX, Line 24	e:	·
Description:	REPAIRS AND MAINTENANCE	
Total: \$454,	783	
Program serv	ices: \$454,783	
	nd general: \$0	
	\$0	
	UTILITIES	
Total: \$452,	168	
Program serv	ices: \$452,168	

Management and general: \$0

Program services: \$33,287

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
KEOLA HOONANEA	99-0119715
Total: \$28,449	
Program services: \$25,604	
Management and general: \$2.845	
Management and general: \$2,845	
Fundraising: \$0	

Description: SECURITY	***************************************
Total: \$22,398	***************************************
Program services: \$22,398	
Flogram Services. 922,330	
Management and general: \$0	

Fundraising: \$0	
Description: TAXES	
Total: \$721	
10ta1: 5721	
Program services: \$721	
Management and general: \$0	
There does to the company of the com	
Fundraising: \$0	