Form 99	Return of Organization Exempt From I	ncome Tax	OMB No. 1545-004
(Rev. January 20	Under costion E01/a) E27 or 40/7/a)(1) of the Internal Paragraph Code (a)	cept private foundations	2019
Department of th	Do not outer cooled contribute sumborn on this form as it may	\sim	Open to Publi
Internal Revenue			Inspection
	019 calendar year, or tax year beginning , 2019, and endi- olicable C Name of organization KEOLA HOONANEA		, 20 eyer Identification numb
B Check if app			119715
☐ Name chan			none number
initiai return	C/O HAWAIIANA 711 KAPIOLANI BLVD	700 (808)	593-9100
Final return/			
Amended re	الوالي المراجع		receipts \$1,720,50 resubordinates? ves 🗵
Application	pending F Name and address of principal officer ALVIN C. P. WONG, 1616 MAKIKI ST, HONOLULU, HI 967	111	es included? Tyes
1 Tax-exempt		 	st. (see instructions)
J Website; ▶		ノ H(c) Group exemption	number ▶
	unization X Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	ation: 1968 M State	of legal domicile. HI
	Summary	10 1 770001717 7701717 770	TO STREET HANDS
	defly describe the organization's mission or most significant activities: PROVIDE AMJLIES AND INDIVIDUALS	ES AFFORDABLE HOUSING FOR	R THE ELDERLY HANDICA
2 Cl 3 No	HILDING AND INDIVIDUALS		
E 2 CI	neck this box > [] if the organization discontinued its operations or disposed	d of more than 25% of	its net assets.
		3	
67)	umber of independent voting members of the governing body (Part VI, line 1)	•	
9 5 To	etal number of individuals employed in calendar year 2019 (Part V, line 2a)		
A 7a To	etal number of volunteers (estimate if necessary)		
	at unrelated business taxable income from Form 990-T, line 39		
		Prior Year	Current Year
g 8 Cd	ontributions and grants (Part VIII, line 1h)		
9 1	ogram service revenue (Part VIII, line 2g)	1,396,513.	1,719,52
≥ 10 Inv	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	323.	98
	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 305 036	1 700 50
	tal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) ants and similar amounts paid (Part IX, column (A), lines 1–3)	1,396,836.	1,720,50
	enefits paid to or for members (Part IX, column (A), line 4)		
II	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	246,897.	255,67
	ofessional fundraising fees (Part IX, column (A), line 11e)		
	tal fundraising expenses (Part IX, column (D), line 25) 0.		
117 01	her expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,158,965.	957,30
	evenue less expenses. Subtract line 18 from line 12	1,405,862. -9,026.	1,212,97 507,53
	Voludo 1000 experiences, outside controller for front filler 12	Beginning of Current Year	End of Year
ទឹង 20 To	tal assets (Part X, line 16)	541,750.	1,049,28
क्तर∈।	tal liabilities (Part X, line 26)		
2 22 Ne	at assets or fund balances. Subtract line 21 from line 20	541,750.	1,049,28
	Signature Block of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements and to the best of m	v knowledge and hellef
	d complete. Declaration of preparer (other than officer) is based on all information of which prepare		,
	Which Way	06/25/2	020
Sign	Signature of officer	Date	
Here	ALVIN C. P. WONG, PRESIDENT Type or print name and title		
	the state of the s	Date / Check	T # PTIN
Paid			loyed P00277985
Preparer Use Only	Derivers A. Foliaco Valence and Co. IIC		1-3435329
ASE AMA	Firm's address ▶ 401 Kamakee St , Honolulu, HI 96814 DEC		08}536-8000
	discuss this return with the preparer shown above? (see instructions)	-!,VLU	. ⊠Yes □N
May the IRS			
May the IRS	Reduction Act Notice, see the separate instructions. BAA	EV 06/02/20 PRO OS	17 \rightarrow Form 990 (2)
May the IRS of	NOV 2	3 2020	120 Form 990 (2
May the IRS	ITY DEPT	2 3 2020 S EN, UT	Form 990 (2

Form 59	0 (2019)				Page 2
Part		ent of Program Service	Accomplishments		
			esponse or note to any line in this F	Part III	<u> </u>
1	-	be the organization's missi			
	PROVIDES	AFFORDABLE HOUSING	FOR THE ELDERLY, HANDICAL	PPED	
	FAMILIES	AND INDIVIDUALS			
2	Did the organ	ization undertake any sign	ificant program services during the y	ear which were not listed on the	w
	•	in or 990-E27 inbe these new services on			Tes 🔼 NO
3			g, or make significant changes in i	now it conducts, any program	
_	services? .			· · · · · · · · · · · · · · □	Yes 🗵 No
	If "Yes," desc	ribe these changes on Sch	edule O.		
4	expenses. Se	ction 501(c)(3) and 501(c)(rvice accomplishments for each of its 4) organizations are required to repo- for each program service reported.		
4a	(Code:) (Expenses \$ 1,096	5,888. including grants of \$	0.)(Revenue \$ 1,719,	227.)
			LLARY SERVICES INCLUDING		
			MILIES AND INDIVIDUALS, M		
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
•					
	·				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
,					
					.,.,
•					
	Other	populana (Denerit a O-1	and the O		
	Otner program (Expenses \$	n services (Describe on Sch including gr		s . 1	
		service expenses	1,096,888.	<u> </u>	



	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		×
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
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		×
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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		×
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		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
þ	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		×
C	Did the organization report an amount for investments—program related in Part X, Ilne 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
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		×
8	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		×
2 a	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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		×
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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.	14a		×
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	14b		×
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		×
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.			×
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	18		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
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			×

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		×
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 301.7701-37 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		×
þ	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				
	Control of the contro		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c	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
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7	┥		ł
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		,	1
	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 on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
ь	If "Yes," enter the name of the foreign country ▶	-		Ť
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ł
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
C	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,	,	
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	-	
	Sponsoring organizations maintaining donor advised funds.	1		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			, •,
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b] " "		
11	Section 501(c)(12) organizations. Enter:	1 -	3	
а	Gross income from members or shareholders	ľ	- "-	
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	(
	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			7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			,
	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	1		
	Enter the amount of reserves on hand	1 .		
	Did the organization receive any payments for Indoor tanning services during the tax year?	14a		×
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?	15	ļ	
	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	Ī	
	If "Yes," complete Form 4720, Schedule O.			·

Parc	Governance, Management, and Disclosure For each "Yes" response to lines 2 to response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	through 7b below s on Schedule O.	r, and See ir	for a Istruc	"No" tions.		
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u>. </u>	. 🗵		
Sect	ion A. Governing Body and Management			1.4	1		
4	Enter the number of voting marshaus of the governor had at the and of the toward	ا ما		Yes	No		
та	Enter the number of voting members of the governing body at the end of the tax year.	1a 8	4	,	ľ,		
	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		1	,	ľ		
	committee, explain on Schedule O.						
ь	Enter the number of voting members included on line 1a, above, who are independent .	1b 8	. '	- "	7.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business i		"		r		
_	any other officer, director, trustee, or key employee?	· · · · ·	2		×		
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or of		3		×		
4	Did the organization make any significant changes to its governing documents since the prior For	•	4		×		
5	Did the organization become aware during the year of a significant diversion of the organization		5		×		
6	Did the organization have members or stockholders?						
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 approval	by) members.					
	stockholders, or persons other than the governing body?		7b		×		
8	Did the organization contemporaneously document the meetings held or written actions un the year by the following:	dertaken during	,				
а	The governing body?		8a	×	1		
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 cannot the organization's mailing address? If "Yes," provide the names and addresses on Schedule C		9		×		
Secti	on B. Policies (This Section B requests information about policies not required by the			nde l			
	on bit divided fring deduction by requests intermediate about policies not required by the	. mema never	400	Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?		10a		×		
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 exem		10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before the organization provided and organization provided and organization provided and organization provided and organization organization provided and organization organization organization provided and organization organizatio		11a	×	 		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	To ming the term					
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	×			
c	Did the organization regularly and consistently monitor and enforce compliance with the process describe in Schedule O how this was done		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 a independent persons, comparability data, and contemporaneous substantiation of the deliberation			, [*]			
а		· · · · · ·	15a	×			
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 simil with a taxable entity during the year?	ar arrangement	16a		×		
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization	to evaluate its		-	<u> </u>		
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?	safeguard the	16b				
Secti	on C. Disclosure	<u> </u>					
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-	(Sec	tion 5	01(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on Sci	apply.	,500		(-)		
19	Describe on Schedule O whether (and if so, how) the organization made its governing docu	*	f inter	est o	olicv		
	and financial statements available to the public during the tax year.				-		
20	State the name, address, and telephone number of the person who possesses the organization HAWATTANA MGT CO. 711 KAPTOLANT BLVD#700. HONOTULL HT 96813 (8		ords				

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Page	ı

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
,	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.

 See instructions for the order in which to list the persons above

X				(C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organization
(1) ALVIN WONG	3.00									
PRESIDENT		×	<u> </u>	×		İ	l	0.	0.	0
(2) AIWOHI BEVERLY	1.00									
VICE PRESIDENT		×		×	Ì			0.	0.	0
(3) DENNIS CHING	1.00					}				
2ND VICE		×		×				0.	0.	0
(4) NATY LAGASO	1.00									
SECRETARY		×	<u></u>	×				0.	0.	0
(5) TUPOU KELEMENI	1.00									
TREASURER	•	×		×				0.	0.	0
(6) EMMANUEL CRUZ DIRECTOR	1.00	×		Ì				0.	0.	0
(7) MOKI HINO	1.00									
DIRECTOR		×		l				0.	0.	0
(8)										
(9)						-				
(10)										
(11)										
(12)										
(13)										<u> </u>
(14)										

Notice Properties Propert	(F) bimated amount of other compensation from the ganization and ed organizations
(15) (16) (17) (22) (25)	from the ganization and
(16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal	
(17). (18). (19). (20). (21). (22). (23). (24). (25). (25). (25). (26). (27). (28). (29). (29). (20). (20). (21). (21). (22). (23). (24). (25). (25). (26). (27). (28). (29). (29). (20). (20). (21). (21). (22). (23). (24). (25). (25). (26). (27). (28). (28). (29). (20). (20). (20). (21). (21). (22). (23). (24). (25). (25). (26). (27). (28). (28). (29). (20). (20). (20). (21). (21). (22). (23). (24). (25). (25). (26). (27). (27). (28). (28). (29). (29). (20). (20). (20). (21). (21). (22). (23). (24). (25). (25). (26). (27). (27). (28). (28). (28). (29). (29). (20). (20). (20). (21). (22). (23). (24). (25). (25). (26). (27). (27). (28).	
(18) (19) (20) (21) (22) (23) (24) (25) 1b Subtotal	
[20] (21) (22) (23) (24) (25) 1b Subtotal	
[20] (21) (22) (23) (24) (25) 1b Subtotal	
(21) (22) (23) (24) (25) 1b Subtotal	
(22) (23) (24) (25) 1b Subtotal	
(23) (24) (25) 1b Subtotal	
(24) (25) 1b Subtotal	
(25) 0. 0.	
1b Subtotal	
a Tatal from continuation phosps to Doubliff Continuation	0.
c Total from continuation sheets to Part VII, Section A ▶ d Total (add lines 1b and 1c)	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated	Yes No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	×
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5 ×
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than compensation from the organization. Report compensation for the calendar year ending with or within the organization.	
	(C) ensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Par	t VIII	Statement of Re Check if Schedule			esno	nse or note to a	ny line in this P	art VIII		
<u>. </u>					-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
pp	1a	Federated campaig	ins		1a	T		 	ļ	7-7-37-
Contributions, Offts, Grants and Other Similar Amounts	b	Membership dues			1b	<u> </u>	1 - 1 - 1			
عَ ق	C	Fundraising events			1c			₽ 1/ ± 1		5.67 高端
\$ ₹	d	Related organization			1d		37 37	***		
윤호	e	Government grants			1e		· 医阴道性 (1)		100 中国通信	
ē, Ë	f	All other contribution	•				west in the same			
를 X		and similar amounts n					Elite 1			tion of the
₹ ₫	9	Noncash contributi							· · · · · · · · · · · · · · · · · · ·	
들	9				1g	\$				ALC: THE
SE	h				.9	<u> </u>				
	 "	Totali Add liftes Ta	<u> </u>	<u> </u>	• • •	Business Code	 		1 2 2	1.11.2.
Program Service Revenue	2a	RENT REVENUE				531390	912,855.	912,855.	0.	0.
ξ	1 -	TENANT LAUNDE	Y			531390	7,528.	7,528.	0 .	0.
Se	C	TENANT REIMB/		CFS		531390	758,595.	758,595.	0.	0.
ΕŞ	d	TENANT ASSIST							0.	
gram Ser Revenue	a	TENANT ASSIST	ANCE	. EGIT		531390	40,549.	40,549.	<u> </u>	0.
5,_		Aft					<u> </u>			
<u>م</u>	f	All other program s								
	9	Total. Add lines 2a					1,719,527.			
	3	Investment income		•		-		_		
		other similar amour				•	982.	0.	0.	982.
	4	Income from investi	ment d	of tax-exer	npt bo	ond proceeds >				
	5	Royalties	<u></u>							
				(i) Res	al	(ii) Personal	<u>}</u> .].	, -	
	6a	Gross rents	6a]	Į į	-	•
	b	Less: rental expenses	6b];			,
	С	Rental income or (loss)	6c]			
	d	Net rental income of	r (loss	3)		.				
	7a	Gross amount from		(i) Securi	ties	(ii) Other	= =		,	
		sales of assets	İ				1		, ,	
		other than inventory	7a					- 1		
•	ь	Less, cost or other basis		· · · · · · · · · · · · · · · · · · ·			1			
Revenue	-	and sales expenses .	7ь						•	
Š	c	Gain or (loss)	7c							
	ď	Net gain or (loss)								
Other	8a	Gross income fro			i —	1	12 Table 2 Annual		<u> </u>	
<u></u>	•	events (not including		i idi alsii ig		İ			* * * * * * * * * * * * * * * * * * * *	,
		of contributions re		d on line		}				
		1c). See Part IV, line			8a		,		-	
	h	Less: direct expens			8b	 	1		. *	
	C	Net income or (loss				ents >		· · · · · · · · · · · · · · · · · · ·		<u> </u>
		•			ig eve	7115				
	9a	Gross Income to activities. See Part			9a					i ,
	_				9b					` ,
ĺ	D	Less: direct expens				<u> </u>	<u>-</u>			
		Net income or (loss		-	CUVIU	es >		T T 200		
	10a	Gross sales of in		•]	-]		
		returns and allowan			10a		Į.	`		
		Less: cost of goods			10b	l	<u> </u>			
	C	Net income or (loss) from	sales of ir	vento	,				
S ₂						Business Code	<u> </u>			
Miscellaneous Revenue	11a									
	b									
scellaneo Revenue	C									
E C	d	All other revenue								
≥	e	Total. Add lines 11a	<u>a–11d</u>	<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>					
	12	Total revenue. See					1,720,509.	1,719,527.	0.	982.

	Statement of Functional Expenses				
Şecti	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	ımn (A).
	Check if Schedule O contains a response			· · · · · · ·	
	ot include amounts reported on lines 6b, 7b, b, 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				TANK TO THE STATE OF THE STATE
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	186,249.	186,249.	0.	0.
9	Other employee benefits	54,062.	54,062.	0.	0.
10	Payroll taxes	15,363.	15,363.	0.	0.
11	Fees for services (nonemployees):	13,303.	13,303.		<u> </u>
a	Management	82,074.	41,037.	41,037.	0.
b	Legal	20,625.	0.	20,625.	0.
c	Accounting	20,0201		20,023.	
d	Labbying				
e	Professional fundraising services. See Part IV, line 17				
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	43,351.	21,676.	21,675.	0.
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings .	21 776	0.	21 274	0.
20 21	Interest	31,776.		31,776.	<u> </u>
21 22	Depreciation, depletion, and amortization				
23	Insurance	_			
	F				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			-	:
а					
b					
C					
đ					
	All other expenses	779,475.	778,501.	974.	0.
<u> 25</u>	Total functional expenses. Add lines 1 through 24e	1,212,975.	1,096,888.	116,087.	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)			3	

Liabilities

Net Assets or Fund Balances

23

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33

Ρ	art X	Balance Sheet Check if Schedule O contains a response or note to any line in this Pai	1X		
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	514,219.	1	1,021,721.
	2	Savings and temporary cash investments	27,531.	2	27,563.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a		14	
- }	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	541,750.	16	1,049,284.
	17	Accounts payable and accrued expenses		17	
-	18	Grants payable		18	
ĺ	19	Deferred revenue		19	
[20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
က္က	22	Loans and other payables to any current or former officer, director,			

trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here ▶ 🗵

Capital stock or trust principal, or current funds . . .

Organizations that do not follow FASB ASC 958, check here ▶ □

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

Net assets without donor restrictions .

and complete lines 29 through 33.

Net assets with donor restrictions . . .

Total liabilities and net assets/fund balances .

1,049,284.

1,049,284.

23

24

27

29

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31

32

541,750.

541,750.

541,750.

Page	1	Z
rage	•	4

1 01111 4	to the real		1 44	90
Par	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)	1,72	20,5	09.
2	Total expenses (must equal Part IX, column (A), line 25)	1,21	2,9	75.
3	Revenue less expenses. Subtract line 2 from line 1	50	7,5	34.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5.4	11,7	50.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1,04	19,2	84.
Part	XII Financial Statements and Reporting			
	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		1 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ŗ
	Schedule O.	35		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	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:	1. 15	. 1	er'
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	1.13		
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	i T		. 1
	separate basis, consolidated basis, or both:	-1	- 4	
	☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	f	•	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	1 1	!	
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, explain on		· . [
	Schedule O.	1 1	- 1	_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the		ļ	
	Single Audit Act and OMB Circular A-133?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	T	1	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .	3b		
	REV 08/02/20 PRO	Form	990	(2019)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KEOLA HOONANEA 99-0119715 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) . . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2đ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8, If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X \$

Par	t III Organizations Maintaining	Collections of	Art, His	torical	Treasures	, or O	ther Similar	Asset	s (con	tinued)
. 3	Using the organization's acquisition, a collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follo	ving that mak	e signi	ficant u	se of its
а	☐ Public exhibition		d	🗌 Loan	or exchang	e prog	ram			
b	☐ Scholarly research		e	Other				-		
C	☐ Preservation for future generations									
4	Provide a description of the organizat XIII.	ion's collections a	and expla	ain how t	hey further	the or	ganization's ex	æmpt	purposi	e in Part
5	During the year, did the organization assets to be sold to raise funds rather								☐ Yes	□ No
Pari	IV Escrow and Custodial Arra	ngements.				····				
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on For	m 990, I	Part IV, line	9, or	reported an	amou	nt on F	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	☐ Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	llowing t	able:					
						_		Amou	ınt	
С	Beginning balance					10	:			
d	Additions during the year					10	1			
e	Distributions during the year					16				
f	Ending balance					11				
2a	Did the organization include an amoun									
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	(planatio	n has been	provid	ed on Part XIII	<u> </u>	<u>· · · </u>	<u> </u>
Par	Endowment Funds.	1.6541	. –							
	Complete if the organization							- 		
_	.	(a) Current year	(b) Pn	or year	(c) Two year	s back	(d) Three years b	ack (e	e) Four ye	ars back
1a	Beginning of year balance									
Ь	Contributions		 							
С	Net investment earnings, gains, and losses					,				
đ	Grants or scholarships									 _
е	Other expenditures for facilities and programs									_
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	ne current year en	d balanc	e (line 1g	, column (a)) held	as:			
а	Board designated or quasi-endowmen	t Þ	%							
b	Permanent endowment >	%								
¢	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2	c should equal 10	00%.							
3a	Are there endowment funds not in the organization by:	possession of th	e organi:	zation tha	at are held	and ad	ministered for	the	Yi	s No
	(i) Unrelated organizations							. [3a(i)	
	(ii) Related organizations			. <i>.</i> .					3a(ii)	
b	If "Yes" on line 3a(ii), are the related on	ganizations listed	as requir	red on So	chedule R?		,	. [3b	
4	Describe in Part XIII the intended uses	of the organizatio	n's endo	wment fu	unds.					
Part										
	Complete if the organization	answered "Yes"	on Fon	n 990, F	Part IV, line	11a.	See Form 99	0, Par	t X, line	e 10.
	Description of property	(a) Cost or oth (investme			r other basis ther)		Accumulated epreciation	(d) Book v	atue
1a	Land									
b	Buildings									
C	Leasehold improvements									
đ	Equipment									
e	Other									
Total.	Add lines 1a through 1e. (Column (d) m	ust equal Form 99	90, Part X	, column	(B), line 10	c.)	>			

	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financia	al denvatives		Cost or end-on-year market value
	held equity interests	•	
		•	
B)			
C)			
D)			
E)			· · · · · · · · · · · · · · · · · · ·
F)			
G)			
H)			
	ımn (b) must equal Form 990, Part X, col. (B) line 12.) .	>	(,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
irt VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11c. See Form 990, Part X, line
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
			
			······
tal (Calu	(a) (b)		
art IX	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.	>	
aitix	Complete if the organization answered "Yes" on		
		Form 000 Dart IV line:	IId Cas Earn OOD Dart V line
		Form 990, Part IV, line	
	(a) Description	Form 990, Part IV, line	11d. See Form 990, Part X, line (b) Book value
		Form 990, Part IV, line	
		Form 990, Part IV, line	
		Form 990, Part IV, line	
		Form 990, Part IV, line	
		Form 990, Part IV, line	
		Form 990, Part IV, line	
		Form 990, Part IV, line	
		Form 990, Part IV, line	
	(a) Description	Form 990, Part IV, line	
al. (Colu		Form 990, Part IV, line	(b) Book value
	(a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b) Book value
	(a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.)		(b) Book value
	(a) Description mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on		(b) Book value
art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25.		(b) Book value
art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value
art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value
art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value
art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value
art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value
al. (Colu art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value
al. (Colu art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value
al. (Colu art X	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on line 25. (a) Description of liability		(b) Book value

Par	XI Reconciliation of Revenue per Audited Financial State			n.
	Complete if the organization answered "Yes" on Form 99		2a	
1	Total revenue, gains, and other support per audited financial statement	nts	1	1,720,509.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	. 2a		
Ь	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	. 2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,720,509.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 12.)	5	1,720,509.
Part	XII Reconciliation of Expenses per Audited Financial Stat	ements With E	xpenses per Retu	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 1	2a.	
1		· · · · · ·	1	1,212,975.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a	-	
b	Prior year adjustments	2b		
C	Other losses			
ď	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	1,212,975.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		· · · · • 	1,212,313.
a	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	ļ. ļ	
ь	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	40	40	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 19	4c	1,212,975.
	XIII Supplemental Information.	ine 10.)	1 3 1	1,212,313.
Othe RECE	:XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p r: BASIS OF ACCOUNTING: CASH BASIS REPORTING, AS IPTS AND DIBURSEMENTS ARE REPORTED, CAPITAL PURCEXPENDED	S IN PRIOR Y	EARS,ONLY CASH	[
			<u></u>	DEIVED 8
			OGF	EN, UT
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Schedule D (Fo	m 990) 2019	Page 5
Part XIII	m 990) 2019 Supplemental Information (continued)	
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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.

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ. ▶ Go to www.lrs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

KEOLA HOONANEA	99-0119715					
Pt VI, Line 19: DOCUMENTS AVAILABLE UPON REQUEST FROM MANAGEMENT CO						
Pt VI, Line 11b: REVIEWED BY BOARD OF DIRECTORS						
Pt VI, Line 3: RECEIVE PROFESSIONAL MANAGEMENT SERVICES						
Pt VI, Line 12c: PERIODIC REVIEW OF CONFLICT OF INTEREST POLICIES	WITH OFFICERS					
& DIRECTORS						
Pt VI, Line 15b: EMPLOYEE COMPENSATION IS DETERMINED BY MANAGEMEN	T AND BOD					
Pt XII, Line 1: CASH BASIS REPORTING, SAME AS PRIOR						
Pt VI, Line 15a: NO COMPENSATION IS PROVIDED						
Pt IX, Line 24e:						
Description: REPAIRS AND MAINTENANCE						
Total: \$216,761						
Program services: \$216,761						
Management and general: \$0						
Fundraising: \$0						
Description: UTILITIES						
Total: \$464,191						
Program services: \$464,191						
Management and general: \$0						
Fundraising: \$0						
Description: LOAN REPAYMENTS						
Total: \$31,078						
Program services: \$31,078						
Management and general: \$0	RECEIVED					
Fundralsing: \$0	80 NOV 2 3 2020 S					
Description: INSURANCE	OGDEN HIT					

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
KEOLA HOONANEA	99-0119715
Total: \$9,739	
Program services: \$8,765	
Management and general: \$974	
Fundraising: \$0	
Description: SECURITY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Total: \$20,181	
Program services: \$20,181	
Management and general: \$0	·
Fundraising: \$0	
Description: TAXES	
Total: \$37,525	
Program services: \$37,525	
Management and general: \$0	
Fundraising: \$0	

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