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

Department of the Treasury Internal Revenue Service

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

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

COD (1-1-of-motions and the latest information.

Open to Public Inspection

A F	or the	2018 calendar year, or tax year beginning		and	ending	•	, ,					
Bc	heck if pplicabl	C Name of organization				D Employe	r identifica	tion number				
	Addre	HAWAII FAMILY FORUM					94-32	71901				
$\vdash$	]Initial ]return	Number and street (or P.O. box if mail is not deliver	ed to street addr	ess)	Room/suite	E Telephon						
F	Final	6301 DATT HWV	00 10 011 001 0001	000,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ,5,5,5,15,1	(808)	203-6704				
_	Jreturn/ termin ated		or foreign pos	stal code		G Gross receip		194,236.				
X	Ameno		o. loloigi. poo	, i.a. 0000		H(a) Is this a						
F	Applic		NDRADE			1	ordinates?	Yes X No				
_	pendir	9 6301 PALI HIGHWAY, KANEOR		96744	22	H(b) Are all sut						
1.7	ax-exe		(insert no.)	34947(a)(1)	or (\$\frac{527}{}	1		st (see instructions)				
$\overline{}$		te: WWW.HAWAIIFAMILYFORUM.OF				H(c) Group						
		organization: X Corporation Trust Assoc		ther 🕨	L Year			State of legal domicile: HI				
	ırt I	Summary										
۵.	1	Briefly describe the organization's mission or most sig	nıfıcant actıvıtı	es <u>TO I</u>	DENTIF	Y AND S	UPPOR	T POLICIES				
Governance		AND PROGRAMS THAT WILL ENSU	RE THE	PRESER	VATION	AND ST	RENGT	HENING OF				
r.	2											
ŏ.	3	Number of voting members of the governing body (Pa	rt VI, line 1a)				3	9				
S	4	Number of independent voting members of the govern	ning body (Par	t VI, line 1b)	17		4	9				
es	5	Total number of individuals employed in calendar year	2018 (Part V,	line 2a)			5	0				
ξ	6	Total number of volunteers (estimate if necessary)		RF	CEIVE	D	6	0				
Activities &	7 a	Total unrelated business revenue from Part VIII, colun	nn (C), line 12		OLIVE	10	7a	0.				
_	ь	Net unrelated business taxable income from Form 99	)-T, line 38	9	1 4 202		7b	0.				
				JAN	1 1 4 KO	1 179 1.00		Current Year				
Revenue		Contributions and grants (Part VIII, line 1h)		-		1617,	396.	194,206.				
		Program service revenue (Part VIII, line 2g)		OG	DEN, L	JT	0.	0.				
æ		Investment income (Part VIII, column (A), lines 3, 4, ar	•	L			35.	30.				
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d			<u> </u>		0.	0.				
		Total revenue - add lines 8 through 11 (must equal Pa		117,		194,236.						
		Grants and similar amounts paid (Part IX, column (A),	·-		-		0.	0.				
		Benefits paid to or for members (Part IX, column (A), In			<u> </u>	0.7	720.	<u> </u>				
Expenses		Salaries, other compensation, employee benefits (Par		), lines 5-10)		04,	0.	0.				
eü		Professional fundraising fees (Part IX, column (A), line		8,7	71		<u> </u>	<u>U•</u>				
Ĕ		Total fundraising expenses (Part IX, column (D), line 2		0,1	<del>/+•</del>	62	089.	94,119.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11		.05\			809.	180,255.				
		Total expenses Add lines 13-17 (must equal Part IX, o	column (A), line	(25)	<u> </u>		378.>	13,981.				
-S		Revenue less expenses Subtract line 18 from line 12			Be Be							
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			) Be	ginning of Curr 2.6	869.	End of Year 38,915.				
ASS	21	Total liabilities (Part X, line 26)					809.	4,009.				
E SE	22	Net assets or fund balances Subtract line 21 from line	e 20				060.	34,906.				
	nt II	Signature Block						52/500				
		ulties of perjury, I declare that I have examined this return, inc	luding accompar	nying schedule	es and statem	ents, and to the	best of my k	knowledge and belief, it is				
true	correc	et, and complete. Declaration of preparer (other than officer) is	s based on all inf	formation of w	hich preparer	has any knowle	edge.	_				
		Mus Charase			·		01/04	6/20				
Sig	n	Signature of officer				Date						
Her		EVA ANDRADE, PRESIDENT										
		Type or print name and title										
		Print/Type preparer's name Pr	eparer's signatui			Date EC 2 3 2019	Check	] PTIN				
Paid	I	MARK HUNSAKER	Jen employed	P01257655								
Prej	агег	Firm's-name BOWEN HUNSAKER CON	<u>99-0339496                                  </u>									
Use	Only	Firm's address > 737 BISHOP STREET		2020								
		HONOLULU, HI 96813	<u> </u>			Phor	ne no. (80					
May	<u>the li</u>	RS discuss this return with the preparer shown above	? (see instructi	ons)				Yes X No				
8320	01 12-3	11-18 LHA For Paperwork Reduction Act Notice,	see the separa	ate instructi	ions.			Form <b>990</b> (2018)				

832002 12-31-18

Form 990 (2018) HAWAII FAMILY FORUM
Part IV Checklist of Required Schedules

#)		
<u> 327</u>	1901	Page 3

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u> </u>
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	İ		
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
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		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
_	Schedule D, Part III	8		<u> </u>
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			v
40	·	9		<u> </u>
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	40		v
11		10	w,-	X
• •	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	<b>'</b> . ;		
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
٠	Part VI	440	1	X
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ĺ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مہ ا		v
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
13	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	40		v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
3200	3 12-31-18		990 (	
	· ····································			

	rt'IV Checklist of Required Schedules (continued)	<u>/ 1901</u>	<u> </u>	age '
<u> </u>	,		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	ļ	X
24 a	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			1
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	ļ		1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		İ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	Ì		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
~~	complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		•	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III			<sub>v</sub>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	ļ	X
20	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	000		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	<del> </del>	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	260	<u> </u>	
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del> </del>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	1	1
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	50		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<del> </del>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Do	Note, All Form 990 filers are required to complete Schedule O	38	X	l
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	<u> </u>	ľ	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	<u>o</u>	<b> </b> ,	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?		1	1

Form	1 990 (2018) HAWAII FAMILY FORUM 94	4-3271901	. F	age (							
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
	•		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1, 33.									
	filed for the calendar year ending with or within the year covered by this return	0	] ( ' ' '	Ι.							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		1							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<u> </u>		,							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b									
		a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	1	X							
b	If "Yes," enter the name of the foreign country: ▶		-	Ì							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR	1)	ŀ	l							
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
b											
c	W. W. A. E. C. L. L. L. C.	5b 5c		X							
6a											
	any contributions that were not tax deductible as charitable contributions?	6a		X							
ь											
	were not tax deductible?	6b	ŀ	ĺ							
7	Organizations that may receive deductible contributions under section 170(c).	•	T .	·							
а	Did the second of the second o	o the payor? 7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С											
	to file Form 8282?	7c		x							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Data and the second of the development of the second of th	7e									
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g	Make a second a secon										
h	· · · · · · · · · · · · · · · · · · ·										
8											
	sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.			-							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter	,									
а	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		ļ	ţ							
11	Section 501(c)(12) organizations. Enter										
а	Gross income from members or shareholders . 11a		ŀ	İ							
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them)		ļ								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>							
	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans										
С	Enter the amount of reserves on hand		1	<u> </u>							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	↓	<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	·									
	excess parachute payment(s) during the year?	15	<u> </u>	X							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	<u> </u>	X							
	If "Yes," complete Form 4720, Schedule O.	<u> </u>	<u> </u>	<u>L.</u>							
		_	~ 000								

832005 12-31-18

Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 64, 60, or 100 below, describe the circumstances, processes, or changes in Schedule O. See instructions.								
	Check if Schedule O contains a response or note to any line in this Part VI			X					
<u>Sec</u>	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9								
	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.	١.							
b	Enter the number of voting members included in line 1a, above, who are independent  1b  9		, ,	*					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		<del>-</del>					
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_	_	X					
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a_		<u> </u>					
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		_X_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5	33						
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	_8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	·		Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х						
11a	, , , , , , , , , , , , , , , , , , , ,								
b	<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		i						
	ın Schedule O how this was done	12c	_X						
13	Did the organization have a written whistleblower policy?	13	_X						
14	Did the organization have a written document retention and destruction policy?	14		_X_					
15	Did the process for determining compensation of the following persons include a review and approval by independent			٠					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•							
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		<u>X</u>					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		<u>X</u>					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		- 1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		- 1						
	exempt status with respect to such arrangements?	16b							
<u>Sec</u>	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►HI								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website X Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial						
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	EVA ANDRADE - 808-203-6704								
	6301 PALI HWY., KANEOHE, HI 96744-5224								
		_	000						

832006 12-31-18

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle cer an	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Р</b> огтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ALLEN CARDINES	2.00									_
BOARD CHAIRMAN		X	<b>├</b>			_		0.	0.	0
(2) FRANCIS ODA	2.00	-								_
BOARD VICE CHAIRMAN	2 00	X	_	<u> </u>				0.	0.	0
(3) SANDRA YOUNG	2.00	-		<b>.</b> ,					0	0
DIRECTOR / TREASURER	2.00	X	<del> </del>	X	·	-		0.	0.	0
(4) MARY LOU BROGAN	2.00	x		x				0.	0.	0
DIRECTOR / SECRETARY	2.00	┢		Λ					U •	0
(5) MAX FOWLER DIRECTOR	2.00	X						0.	0.	0
(6) MARION LOGAN	2.00	^	<b></b>					- 0.		
DIRECTOR	2.00	$\mathbf{x}$						0.	0.	0
(7) GARY SECOR	2.00	ļ	Ħ							
DIRECTOR		X						0.	0.	0
(8) CHERYL WITBECK	2.00									
DIRECTOR		$\mathbf{x}$						0.	0.	.0
(9) DARYL YAMADA	2.00									
DIRECTOR		X						0.	0.	0
(10) EVA M. ANDRADE	40.00	]								
PRESIDENT / CEO			ļ	X				0.	60,480.	0
<del>-</del>		-	-							
		4	ļ							
	- · - <del>-  </del> - · ·	<del>-</del>	-							
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		1								

832007 12-31-18

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	olo	<u>ees</u>	, an	d Hi	ghe	st C	Compensated Employe	es (continued)			_
	· (A)	(B)	(B) (C)				(D)	(E)		(F)			
	Name and title	Average	I (do not			ntion		one	Reportable	Reportable	,	Estimated	
		hours per	ьох	, unle	ss pe	rson	is bot	haл	compensation	compensation		amount of	
		week	_	Cer a	lu a u	Irecto	7/445	lee)	from	from related	- 1	other	
		(list any hours for	iect						the	organization (W-2/1099-MI		compensation from the	חכ
		related	e or d	l ag			sated		organization (W-2/1099-MISC)	(44-2/1099-1411	30)	organizatio	n
		organizations	Individual trustee or director	Institutional trustee		92	шфш		(17 27 1000 141100)		1	and related	
		below	gal		<b>a</b>	읦	estco	   <u>=</u>				organization	
		line)	횰	Tage	Officer	Key employee	Highest compensated employee	Former	<u> </u>				
										_			
				<u>L</u> .			L						
			1								}		
			<u> </u>	_	-		<u> </u>	<u> </u>	<u> </u>				
		_	ļ										
			├	-			<del> </del>	-			$\longrightarrow$		
				l			ĺ						
						<del>                                     </del>			-		<del>-  </del>		_
							}						
										- "			
				<u> </u>		_							
							}						
			├		-		<del>-</del>	├─	<del> </del>		$\dashv$		
			<u> </u>			-		┢		_ <del></del>	+		
			Ĺ										
1b :	Sub-total							<b>&gt;</b>	0.	60,4	80.		0.
C	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.	·	0.		0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.	60,4	80.		0.
	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bove	e) wl	no r	eceived more than \$100	,000 of reportab	le		_
	compensation from the organization								<del></del>			V   1	0
2	Did the examination list any farmer officer	director or to		a ka		!-		•	humbaat aammaaaatad a		٢	Yes I	No
	Did the organization list any <b>former</b> officer, line 1a? <i>If "Yes," complete Schedule J for</i> s		ISTE	e, ke	y er	прю	yee,	, or	nignest compensated e	mpioyee on	İ	1 1 1 1	X
	For any individual listed on line 1a, is the si		lo o	mn	oner	tion		4 0+1	har companyation from	the organization	<u> </u>	3 " " " " " " " " " " " " " " " " " " "	<u>~</u>
	and related organizations greater than \$15									the organization	}	4	x
	Did any person listed on line 1a receive or									dual for services	, t		· ***
	rendered to the organization? If "Yes," com	•				•					ļ	5	X
	ion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated inc	qet	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npensa	ition from	
	the organization Report compensation for	the calendar y	ear	<u>endı</u>	ng v	vrth	or w	ithir		year.			
	( <b>A</b> ) Name and business	address	NT/	ONI	7				( <b>B)</b> Description of s	ervices	Co	(C) ompensation	
-			74,	7141	<u>د</u>			_					_
								-			l		
											1		
				_				-					
									<del></del>		_		
	Total number of independent contractors (	-	ot li	mite	d to	tho	se li	stec	d above) who received n	nore than	7 35	建压力 选	٠.
	\$100,000 of compensation from the organi	zation 🕨					0				11.5	Form <b>990</b> (20	<u> </u>
											,	-orm MMU (20	IR FI

Fa	rt v	111	Check if Schedule O cont		or note to any lin	e in this Part VIII			
			Crieck in Scriedate O Cont	Carris a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats	1	а	Federated campaigns	1a					
ira Our		b	Membership dues	1b					, ,
S, E		С	Fundraising events	1c					
ar a		d	Related organizations	1d					
S,E	1	е	Government grants (contribut	tions) 1e	-			` -` - '	
<u>P</u> S			All other contributions, gifts, gran				ι		
E E			similar amounts not included abo		194,206.	Ì		, , ,	•
ĒĎ	ļ	g	Noncash contributions included in lines			· ,			• ,
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		<b>—</b>	194,206.		4.5	
					Business Code			`	
စ္ပ	2	а							
ξ	] _	b							
SE		c							
E S		đ					·-····································		
Program Service Revenue		_							
Ę		f	All other program service reve	enue					
			Total, Add lines 2a-2f		<b>•</b>			à >	
	3	3_	Investment income (including	dividends intere	est and				
	"		other similar amounts)	aividorido, iritori	<b>b</b>	30.	30.		
	4		Income from investment of ta	v-exempt hond r	proceeds		30.		
	5		Royalties	x-exempt bond p	oroceeus				
	3		rioyanies	(i) Real	(ii) Personal		:		
	6	_	Gross rents	(y riear	(ii) i ersoriai	,	,		i
	-		Less: rental expenses				•	,	
	i		•	<u> </u>	<del>                                     </del>		:·		
	1		Rental income or (loss)						• •
	1		Net rental income or (loss) Gross amount from sales of	(i) Securities	(II) Other	<del></del> ,			
	′	а		(i) Securities	(ii) Otries	_ ^	, -,		
	İ	L	assets other than inventory	<del></del>	<del> </del>	•		'	,
		D	Less: cost or other basis	İ					
			and sales expenses	<u> </u>	<del> </del>			•	
	ļ	_	Gain or (loss)				ı	'	
		d	Net gain or (loss)			-	<del></del>		<del></del>
ě	8	а	Gross income from fundraisin	•			•		
Ven			including \$	of					
æ	ĺ		contributions reported on line						
Other Revenu			Part IV, line 18	а		İ			
ō	I		Less: direct expenses	b		İ	•		
	1		Net income or (loss) from fund	-				-	_ <del></del>
	9	а	Gross income from gaming ac Part IV, line 19				,		
	ł			а				,	·
	1		Less: direct expenses	b					
	1		Net income or (loss) from gan					<del></del>	
	10	а	Gross sales of inventory, less			,	-		
			and allowances	a					
			Less: cost of goods sold	b					
	-	<u>c</u>	Net income or (loss) from sale		D	<del></del>			
	<del> </del>		Miscellaneous Revenu		Business Code				
	11							<del></del>	<del> </del>
		b		<del></del>				<del></del>	<del> </del>
		C		<del></del>	<del></del>	<del></del>			<u> </u>
		đ	All other revenue		L	<del></del>			
			Total. Add lines 11a-11d		. 🏲	104 036			
	12	_	Total revenue. See instructions		<u> </u>	194,236.	30.	0.	0.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respor	ise or note to any line in	this Part IX		. 🗆
	not include amounts reported on lines 6b, 8b, 9b, 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			STATE OF THE SAME	THE WAY THE
	and domestic governments. See Part IV, line 21			<b>建建建料和建筑</b>	THE REPORT OF
2	Grants and other assistance to domestic			ELLE PROPERTY AND THE	
	individuals See Part IV, line 22			manda of stand in manage	1. 经国际的
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				<b>经验证证证</b>
4	Benefits paid to or for members			である。	語を記述がでは記され
5	Compensation of current officers, directors,	60 400	40 226	10.006	6 040
_	trustees, and key employees	60,480.	42,336.	12,096.	6,048.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
8	Pension plan accruals and contributions (include	····			
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	19,020.	13,313.	3,804.	1 903
10	Payroll taxes	6,636.	4,645.	1,327.	1,903. 664.
11	Fees for services (non-employees)	0,000	4,045.	1,527.	004.
а	Management				
b	Legal	10,471.		10,471.	
c	Accounting	4,106.		4,106.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		三 三维 化流电池	至3.500的3.400	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,919.	3,919.		
13	Office expenses	16,282.	15,042.	1,084.	156.
14	Information technology	<u> </u>	3,703.		
15	Royalties				
16	Occupancy				
17	Travel	992.	992.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	F1 070	47 600	2 271	·
19	Conferences, conventions, and meetings Interest	51,070.	47,699.	3,371.	
20 21	Payments to affiliates			-	
21 22	Depreciation, depletion, and amortization				
23	Insurance	622.		622.	•
24	Other expenses. Itemize expenses not covered	93 W 3 1997	and the state of the	Elegan a martin marti	- 45, " ##"
	above. (List miscellaneous expenses in line 24e. If line)	- 4, 5 - 7, 5			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			17. 18. 18. 18. 18.	F 19 19 19 19
а	DUES AND SUBSCRIPTIONS	2,604.	2,368.	236.	
b	OUTSIDE SERVICES	350.		350.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	180,255.	134,017.	37,467.	8,771.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	ļ			
	Check here If following SOP 98-2 (ASC 958-720)				

832010 12-31-18

| Part X' | Balance Sheet ' Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 12,588 15,105. Cash - non-interest-bearing 1 14,281 2 Savings and temporary cash investments 23,810. 2 Pledges and grants receivable, net 3 3 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments · program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 26,869 38,915. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 5,809. 4,009 17 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 5,809 4,009. 26 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. 30 0. 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 0. 31 31 21,060. 34,906. 32 Retained earnings, endowment, accumulated income, or other funds 32

Form **990** (2018)

34,906.

38,915.

21,060.

26,869.

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	990 (2018) HAWAII FAMILY FORUM	94-327	1901	Pag	<sub>je</sub> 12			
Pa	rt XI Reconciliation of Net Assets							
	` Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	194	, 2	3 <u>6</u> .			
2	Total expenses (must equal Part IX, column (A), line 25)	2	180	, 2	55.			
3	Revenue less expenses. Subtract line 2 from line 1	3	13	, 9	81.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21	,0	<u>60.</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		<1	35.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))							
Pa	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1	/es	No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1 1		4.			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a		. ; `	ء کہ			
	separate basis, consolidated basis, or both			* .				
_	Separate basis Consolidated basis Both consolidated and separate basis			l	v			
þ	Were the organization's financial statements audited by an independent accountant?	•	2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		** 1				
	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 oversight of the review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	odulo O	20					
٥-		•						
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Act and OMB Circular A-133?	rigie Addit	20	-	X			
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	urod oudst	3a	$\dashv$				
D	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	med addit	3b					
	or addits, explain with in scriedule of and describe any steps taken to undergo such addits		Form 9	90 /	2019			
			1 01111	- J- (	20.0)			

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018
Open to Public
Inspection

Name of the organization

Employer identification number

			II FAMILY					9	4-3271901		
Pa	art I	Reason for Public	Charity Status (	All organizations must c	omplete th	ns part ) S	ee instruction:	s.			
The	organ	ization is not a private found	dation because it is. (	(For lines 1 through 12,	check only	one box.)			<u> </u>		
1	$\sqcup$	A church, convention of ch	urches, or association	on of churches describe	d in sectio	on 170(b)(	1)(A)(i).		$\mathcal{M}$		
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (For	m 990 or 9	90-EZ).)			$\sim$ \		
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	)(b)(1)(A)(i	ii).		()		
4		A medical research organiz	ation operated in co	njunction with a hospita	ıl describe	d in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,		
		crty, and state:									
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	ınıt describ	oed in		
		section 170(b)(1)(A)(ıv). (Complete Part II.)									
6	$\square$	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that norma	illy receives a substa	intial part of its support	from a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C	•								
8	$\square$	A community trust describe									
9	Ш	An agricultural research org									
		or university or a non-land-o	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of	the colleg	je or		
		university.		···							
10	X	An organization that norma									
		activities related to its exen									
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ured by the or	ganızatıon	after June 30, 1975.		
		See section 509(a)(2). (Cor	•								
11	$\vdash$	An organization organized a							_		
12	ш	An organization organized a									
		more publicly supported or							Check the box in		
_		lines 12a through 12d that									
а	' -	Type I. A supporting orga							· ·		
		the supported organization			a majority	or the aire	ctors or truste	es of the s	supporting		
b		organization. You must of Type II. A supporting org			stion with i	la augnosti	ad araanizatio	n(a) h., h.			
•	,	control or management o					-	-	-		
		organization(s) You mus			same perso	nis mai co	ontroi oi mana	ge me sur	pported		
c	. [	Type III functionally inte			in connec	tion with :	and functional	lly integrat	ed with		
		its supported organization						ny mitograti	ou with,		
c	. [	Type ill non-functionally						ted organi	ration(s)		
	_	that is not functionally int									
		requirement (see instruct						a arractoric	14011033		
e	, [	Check this box if the orga		•				II Type III			
		functionally integrated, or					, po ., . , po	, . , po			
1	Ente	r the number of supported of	= -	,	g g						
g	Prov	ride the following information	about the supporte	ed organization(s).							
	(	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the orga in your govern	inization listed ing document?	(v) Amount of	•	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)		
		·									
—				<del></del>		-					
-					<del>                                     </del>						
			*		1 2 2 2 2						
Tat							1				

	edule A (Form 990 or 990 EZ) 2018 F				(b)(1)(A)(iv) an	94-327 d 170(b)(1)(A)(y	1901 Page 2
A 71-27	(Complete only if you checket)						
	fails to qualify under the test						
Sec	tion A. Public Support			·	·	<del></del>	/
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(=) 0010	(f) Total
	Gifts, grants, contributions, and	(a) 2014	(0) 2013	(6) 2010	(d) 2017	(e) 2018	/ (f) TOTAL
•	membership fees received (Do not						
	include any "unusual grants ")					/	
2	Tax revenues levied for the organ-						
2	ization's benefit and either paid to					/	
	or expended on its behalf						
•	•						<del></del>
3	The value of services or facilities						
	furnished by a governmental unit to					/	
	the organization without charge			<del></del>			
_	Total. Add lines 1 through 3	Trans Francisco de Maria	2. 月 できれたがので 3.7年	الميدود في المعالم المارية والمارية ال	3 654445452745845 <u>4</u>	Andreas resemble -Cities	
5	The portion of total contributions						
	by each person (other than a	THE STATE OF THE S				Sale Page	
	governmental unit or publicly		<b>第二条第二条</b>	在第二次 第二次			
	supported organization) included	图 4 图 4 图			1	Washington and the second	
	on line 1 that exceeds 2% of the	<b>学课题</b>		A LOCAL PROPERTY OF			
	amount shown on line 11,	A TABLE OF THE	<b>发展</b>				
	column (f)	NAME OF THE PARTY	<b>基础的基础</b>	Carried States	"美国"的"大型"。 第一		
6	Public support. Subtract line 5 from line 4	新一种   100 mm	学品(次)が形		11 23 33		
Sec	tion B. Total Support				<u>/</u>		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	:					
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		/				
10	Other income. Do not include gain				,		
	or loss from the sale of capital		/				
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10	ができる。	是經行/開催	は記憶がは気に	STATE TO STATE OF THE STATE OF	記は語言を作ると	
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) d	vided by line 11, o	column (f))		14	%
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	,					ightharpoons
b	33 1/3% support test - 2017. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes	t - <b>2018.</b> If the org	anization did not o	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the #fac						
	meets the "facts-and-circumstances"					•	▶□
b	10% -facts-and-circumstances tes				-	17a, and line 15 is	10% or
	more, and if the organization meets ti						
	organization meets the facts-and-circ						▶□
18	Private foundation of the organization						
	/					edule A (Form 990	
					Cone	(1 01111 050	J. 000 LL, 2010
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	/			4.4			

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	185,335.	120,568.	175,289.	117,396.	194,206.	792,794.
2	Gross receipts from admissions,						
	merchandise sold or services per-				ĺ		
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	i					
	iness under section 513						
A	Tax revenues levied for the organ-						
*	ization's benefit and either paid to						
	· ·						
_	or expended on its behalf		<del></del>		_		<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	405 005	400	4	44 - 555		
	Total. Add lines 1 through 5	185,335.	120,568.	175,289.	117,396.	194,206.	792,794.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6)		, mar (		* * *		792,794.
	ction B. Total Support	·	-	-			
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	185,335.	120,568.	175,289.	117,396.	194,206.	792,794.
10a	Gross income from interest,			•			
	dividends, payments received on		i	:			
	securities loans, rents, royalties, and income from similar sources	10.	4.	5.	35.	30.	84.
h	Unrelated business taxable income					300	
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	10.	4.	5.	35.	30.	84.
	Net income from unrelated business	10.		5.	35.	30.	04.
•	activities not included in line 10b,						
	whether or not the business is						
10	regularly carned on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	105 215	100 ===	455	445 455		<b>B</b> 00 4==
	Total support. (Add lines 9, 10c, 11, and 12)	185,345.	120,572.				792,878.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organız	ation,
	check this box and stop here			<del></del>			▶□
	ction C. Computation of Publ				· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2018 (I		-	column (f))		15	99.99 %
	Public support percentage from 2017			<u> </u>		16	<u>99.98 %</u>
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by lii	ne 13, column (f))		17	.01 %
18	Investment income percentage from 2	<b>2017</b> Schedule A, I	Part III, line 17			18	.02 %
19a	33 1/3% support tests - 2018. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box as	=				•	$\triangleright \mathbf{X}$
b	b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						
	22 10 11 18					dulo A /Form 000	000 EZ) 0018

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes	No
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that these activities constituted substantially all of its activities 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more yir iş of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 8 7 C of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

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Schedule A (Form 990 or 990-EZ) 2018

Pa	rt.V. Typė III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		•
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	E 5.46	BURE PERMENTAN	是是:"里奈福度是在1900年的
•	instructions for short tax year or assets held for part of year).			
_	Average monthly value of securities	40	Character a characteristic	A TO MITTER AND ALTON AS DE ASSESSE
	Average monthly cash balances	1a 1b		<del></del>
	Fair market value of other non-exempt-use assets			
		1c		
<u>d</u>	Discount claimed for blockage or other	1d	I TELETÉRITÉRIES DE LA PROTECTION D'ARTE	Property State Stranger Stranger
е				
	factors (explain in detail in Part VI).	F 20 F 22	**************************************	T. M. W. C. L. S. S. S. C. A. D. S. S. S. S. S. S. S. S. S. S. S. S. S.
_2_	Acquisition indebtedness applicable to non-exempt-use assets	2	<del></del>	<del></del>
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
_	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6_		
7	Recoveries of prior-year distributions	<del>-   7</del>		
8_	Minimum Asset Amount (add line 7 to line 6)	8	SOUTH OF THE SECTION	
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1	是此种和企业的国际	
_2_	Enter 85% of line 1	2	是不是一种的。 1875年中央中央	
_3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3_	中国的特殊的	
4	Enter greater of line 2 or line 3	4	<b>经验证的不是处理的证明</b>	
5	Income tax imposed in prior year	5_	在工程的程序的有限的证明	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		<b>设施的基础</b>	
	emergency temporary reduction (see instructions)	6	ELECTION OF THE PROPERTY OF	
7	Check here if the current year is the organization's first as a non-functional	ly integr	ated Type III supporting org	anization (see
	instructions)			
			Sahadula A	(Form 900 or 900 EZ) 2019

Schedule A (Form 990 or 990-EZ) 2018

c Excess from 2016d Excess from 2017e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 <b>HAWAII</b>	FAMILY FORUM		94-3271901 Page 8
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1, Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V (See instructions)	vide the explanations requir 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 Part IV, Section E, lines 1c.	l 1b, and 11c; Part IV, Section B, lines 1 2a, 2b. 3a. and 3b: Part V. line 1. Part V	17b; Part III, line 12, and 2; Part IV, Section C, Section B. line 1e, Part V.
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	•		Only a divide	A (Form 000 or 000 E7) 2019

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public inspection ()

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C   Complete if the organization is exempt under section 501(c), except section 527 exempt function activities 2. Enter the amount directly expended by the filing organization for section 527 exempt function activities 2. Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4. Did the filing organization file Form 1120-POL for this year?  5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organization and payments. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization, sucception or political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount part IV.	Employer identification n 94-327190 ection 527 organization.	
Part I-A Complete if the organization is exempt under section 501(c) or is a section 1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.  Political campaign activity expenditures  Volunteer hours for political campaign activities  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  If I'ves, "describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except set in the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organization made payments. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization, sur political action committee (PAC) If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount of the filing organization in Part IV.		1
Provide a description of the organization's direct and indirect political campaign activities in Part IV. Political campaign activity expenditures Volunteer hours for political campaign activities  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  A Was a correction made? If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except set in Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organization and payments. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization in Part IV.  (a) Name	ction 527 organization.	
Pointical campaign activity expenditures  Volunteer hours for political campaign activities  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  As Was a correction made?  If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 100 for the filing organization is exempt under section 501(c), except section 100 for the filing organization for section 527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions committee (PAC) If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amounter the filing organization in Part IV.		
Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  As Was a correction made?  If "Yes," describe in Part IV.  Part I-C   Complete if the organization is exempt under section 501(c), except set of the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organization and payments. For each organization listed, enter the amount paid from the filing organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions organization (PAC) If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount Part IV.	► \$	
Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C   Complete if the organization is exempt under section 501(c), except set of the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organization and payments. For each organization listed, enter the amount paid from the filing organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions received that were promptly and directly delivered to a separate political organization, succontributions organization committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount part IV.		
b if "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except set  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization depayments. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization, sucception or political action committee (PAC) If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount	<b>&gt;</b> \$	
4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501 (c), except section 501 (c), except section 501 (c), except section 501 (c), except section 501 (c), except section 501 (c), except section 501 (c), except section 501 (c), except section 501 (c), except section 502 (c) EIN (c), except section 502 (c) EIN (d) Amount of the filing organization is exempt function activities are section 502 (c) EIN (d) Amount for the filing organization for section 501 (c), except section 501 (c), except section 502 (c) EIN (d) Amount for the filing organization for section 502 (e) EIN (d) Amount for the filing organization in Part IV.	<b>▶</b> \$	
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<ul> <li>Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>Total exempt function expenditures. Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b</li> <li>Did the filing organization file Form 1120-POL for this year?</li> <li>Enter the names, addresses and employer identification number (EIN) of all section 527 political organization ade payments. For each organization listed, enter the amount paid from the filing organization's funds contributions received that were promptly and directly delivered to a separate political organization, sucception political action committee (PAC). If additional space is needed, provide information in Part IV.</li> <li>(a) Name</li> <li>(b) Address</li> <li>(c) EIN</li> <li>(d) Amount</li> </ul>	section 501(c)(3).	
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or Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule C (Form 990 or 990-E	

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Schedule C (Form 990 or 990-EZ) 2018

# Schedule C (Form 990 or 990 EZ) 2018 HAWAII FAMILY FORUM 94-327190 Part II-B. Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3				expenses reported on lines 1c through 1i)?  Int officials, or a legislative body?  Inches, lectures, or any similar means?	ing the year, did the filing organization attempt to all legislation, including any attempt to influence pureferendum, through the use of inteers? It staff or management (include compensation in educations and include compensation in educations and include compensation in educations, or published or broadcast statements? Interest of the organizations for lobbying purposes? Into the organizations for lobbying purposes? Into the organizations of contact with legislators, their staffs, governments, demonstrations, seminars, conventions, speeder activities?
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1:  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred under section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).				expenses reported on lines 1c through 1i)?  Int officials, or a legislative body?  Inches, lectures, or any similar means?	al legislation, including any attempt to influence pure eferendum, through the use of inteers? It staff or management (include compensation in education and education) dia advertisements? lings to members, legislators, or the public? includitions, or published or broadcast statements? ints to other organizations for lobbying purposes? of contact with legislators, their staffs, governmenters, demonstrations, seminars, conventions, speeder activities?
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred under section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?				nt officials, or a legislative body? ches, lectures, or any similar means?	d staff or management (include compensation in edua advertisements? dings to members, legislators, or the public? dilications, or published or broadcast statements? ints to other organizations for lobbying purposes? act contact with legislators, their staffs, governmentes, demonstrations, seminars, conventions, speeder activities?
Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1:  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).				nt officials, or a legislative body? ches, lectures, or any similar means?	clications, or published or broadcast statements? ints to other organizations for lobbying purposes? ct contact with legislators, their staffs, governmentes, demonstrations, seminars, conventions, speeter activities?
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<ul> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</li> </ul>	Yes		-		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3		1		ondeductible by members?	re substantially all (90% or more) dues received no
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		2		enditures of \$2,000 or less?	the organization make only in-house lobbying exp
		r? 3	n the prior year?		
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section	section				B Complete if the organization is ex
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III	art III-A, line	R (b) Part	∍d "No," OR	art III-A, lines 1 and 2, are answere	501(c)(6) and if either (a) BOTH Pa
answered "Yes."					answered "Yes."
1 Dues, assessments and similar amounts from members	J	1		ers	s, assessments and similar amounts from members
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	<u> </u>	12.5	litical	xpenditures (do not include amounts of poli	tion 162(e) nondeductible lobbying and political e
expenses for which the section 527(f) tax was paid).	je i	100		i).	enses for which the section 527(f) tax was paid
a Current year . 2a	a	2a			rent year
b Carryover from last year . 2b	<u>.</u>	2b			ryover from last year
c Total . 2c	<u> </u>	2c			al .
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				otices of nondeductible section 162(e) dues	regate amount reported in section 6033(e)(1)(A) n
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	c	3			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	c 3 &:	- C Feet		ds the amount on line 3, what portion of the e	otices were sent and the amount on line 2c excee
	c 3 &:		excess		
	o 3 단	STATE OF THE PERSON OF THE PER	excess		s the organization agree to carryover to the reaso
5 Taxable amount of lobbying and political expenditures (see instructions) 5	c 3 왕	4	excess	nable estimate of nondeductible lobbying and	s the organization agree to carryover to the reaso enditure next year?
· · · · · · · · · · · · · · · · · · ·	o 3 단	STATE OF THE PERSON OF THE PER	excess		s the organization agree to carryover to the reaso

#### **SCHEDULE 0**

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(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. Department of the Treasury

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Internal Revenue Service Name of the organization

HAWATT FAMILY FORIM

**Employer identification number** 3271901

HAWAII FAMILY FORUM 94-32/1901
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRADITIONAL JUDEO-CHRISTIAN FAMILY VALUES.
<del></del>
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS DISTRIBUTED TO THE MEMBERS OF THE GOVERNING BODY THROUGH
ELECTRONIC MAIL. THE MEMBERS OF THE GOVERNING BODY DISCUSSED AND VOTED ON
THE FORM 990 AT THE BOARD OF DIRECTORS MEETING.
FORM 990, PART VI, SECTION B, LINE 12C:
HAWAII FAMILY FORUM REGULARLY HOLDS BOARD MEETINGS WHERE HAWAII FAMILY
FORUM ADDRESSES COMPLIANCE WITH THEIR CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
•

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

Schedule O (Form 990 or 990-EZ) (2018)