EXTENDED TO NOVEMBER 16, 2020

Form 90 (Rev January 2020) Department of the Treasury Return of Organization Exempt From Income Tax

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

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Open to Public Inspection

orm **990** (2019)

OMB No 1545-0047

Internal Revenue Service A For the 2019 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable HAWAII FAMILY FORUM Name change Doing business as 94-3271901]initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 6301 PALI HWY. (808) 203-6704 termin-ated 105,666. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended KANEOHE, HI 96744-5224 H(a) Is this a group return F Name and address of principal officer EVA ANDRADE Yes X No for subordinates? pending 6301 PALI HIGHWAY, KANEOHE, HI 96744 Yes No H(b) Are all subordinates included? Tax-exempt status. X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) Website: ► WWW.HAWAIIFAMILYFORUM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Year of formation: 1997 M State of legal domicile: HI Part I Summary Briefly describe the organization's mission or most significant activities. TO IDENTIFY AND SUPPORT POLICIES SCANLIED NOV Activities & Governance AND PROGRAMS THAT WILL ENSURE THE PRESERVATION AND STRENGTHENING OF Check this box ▶ ___ If the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8 0 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (CRife (2F (\/ 5-1) 0. 7a b Net unrelated business taxable income from Form 990 1, line 39 7b 0. **Prior Year Current Year** SEP 1 0 2020 194,206 105,644. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4 and 7d) GDEN, UT 30 10 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Ο. 194,236 105,666. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0. 13 0. Benefits paid to or for members (Part iX, column (A), line 4) 0. 86,136. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 84,712. 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 8,634. **b** Total fundraising expenses (Part IX, column (D), line 25) 94,119 49,419. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 180,255 134,131. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,981 <28,465.> Revenue less expenses Subtract line 18 from line 12 sets or lances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 38,915 12,208. 4,009 5,767. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 34,906 6,441 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer th drade Date 08/24/20 Sign EVA ANDRADE, PRESIDENT Here Type or print name and title AUG 13 2020 Print/Type preparer's name Preparer Sympature P01257655 Paid MARK HUNSAKER self-employed Firm's EIN > 99-0339496 Firm's name BOWEN HUNSAKER CONSULTING, Preparer Firm's address > 900 FORT STREET MALL, SUITE 1280 Use Only 526-2020 HONOLULU, HI 96813 Phone no. (808) Yes X No May the IRS discuss this return with the preparer shown above? (see instructions)

			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		X
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			İ
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	-	X
10	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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
	Part VI	11a	<u> </u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	מוז		Α
Ç	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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	1		
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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		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		X
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
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	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>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	 	<u> </u>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	 	- ** -
15	complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		<u> </u>	
1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	The state of the s		000	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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		X
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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	07		x
	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). A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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
35a	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?			
	Note: All Form 990 filers are required to complete Schedule O	_38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		T	
			Yes	No
1a	· · · · · · · · · · · · · · · · · · ·			
b	· · · · · · · · · · · · · · · · · · ·			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	255	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 0										
b	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)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	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		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с									
6a	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		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		<u> </u>							
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e									
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?	<u>7h</u>									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
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										
11	Section 501(c)(12) organizations. Enter.										
а	Gross income from members or shareholders 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them)		:								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
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?	<u>13a</u>									
	Note: See the instructions for additional information the organization must report on Schedule O										
Ø	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 Enter the amount of reserves on hand										
	Enter the amount of reserves on hand Did the expansation receive any payments for indeer tapping services during the tay year?	44-		<u>x</u>							
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a									
		14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		х							
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X							
16	If "Yes," complete Form 4720, Schedule O	10									
	ii 153, complete i om 4720, consciuis o	Form	990	(2019)							

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	990 (2019) HAWAII FAMILY FORUM 94-3271 † VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions			age 6 se
	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 8			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	-	X
-	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a		7a		х
_	more members of the governing body? Are any appropriate description of the expensation reconsider (or subject to approval by) members, stockholders, or	/ a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		v
_	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_	.	
a	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 on Schedule O	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►HI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	EVA ANDRADE - 808-203-6704			
	6301 PALT HWY KANEOHE HT 96744-5224			

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Form **990** (2019)

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.

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

(A) Name and title	(B) Average	/do	(C) Position (do not check more than one				one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson	s bot	h an	· ·	compensation	amount of
	week	-	cer an	d a d	recto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	200	eg.			sated		organization	(W-2/1099-MISC)	from the
	organizations	ruste	trus		eg.	ubdu		(W-2/1099-MISC)		organization and related
	below	dual t	tona	_	oldin	st col	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ž.			
(1) ALLEN CARDINES	2.00									
BOARD CHAIRMAN		X						0.	0.	0
(2) MARION LOGAN	2.00									
BOARD VICE CHAIRMAN		X						0.	0.	0
(3) SANDRA YOUNG	2.00									
DIRECTOR / TREASURER		X		X				0.	0.	0
(4) MAX FOWLER	2.00								_	
DIRECTOR / SECRETARY		X		X				0.	0.	0
(5) FRANCIS ODA	2.00	 							_	
DIRECTOR		X						0.	0.	0
(6) GARY SECOR	2.00								•	•
DIRECTOR	2 00	X	<u> </u>					0.	0.	0
(7) CHERYL WITBECK	2.00	x						0.	0.	•
DIRECTOR	2.00	^						U •		0
(8) DARYL YAMADA	2.00	X						0.	0.	0
DIRECTOR (9) EVA M. ANDRADE	40.00	1						•		
PRESIDENT / CEO	40:00	1		x				58,240.	0.	0
FRESIDENT / CEO		\vdash						30,240.		
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L. ar	Part VII Section A. Officers, Directors, Trustees, Key Emp						gne	st C	i i					
	(A)	(B)	(C) Position						(D)	(E)		_	(F)	
	Name and title	Average hours per	(do not check more than one box, unless person is both an						Reportable	Reportable		_	ımate	
		week					is bot or/trus		compensation from	compensation from related			ount o other	זכ
		(list any	į						the	organizations			ensat	tion
		hours for	r director				<u> </u>		organization	(W-2/1099-MISC)		m the	
		related	stee o	rustee			PE SEI		(W-2/1099-MISC)			orga	ınızatı	on
		organizations below	altru	onal t		loyee							relate	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Ë				orga	nızatıc	ons
		+,	=	트	6	=	王萸	F			\dashv		_	
		-	ł											
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1b	Subtotal								58,240.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0 1			0.
<u>d</u>	Total (add lines 1b and 1c)								58,240.		0.			0.
2	Total number of individuals (including but i	not limited to th	ose	liste	ed a	bov	e) wh	no r	eceived more than \$100	,000 of reportable				^
	compensation from the organization												Yes	<u>0</u> No
_	D. I. I					1		. .		1	ſ		162	NO
3	Did the organization list any former officer			кеу	emp	ioye	e, o	nıç	inest compensated emp	noyee on	1	ا ۽		x
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s			nmn	one	ation	n and	1 01	her compensation from	the organization	F	3		
4	and related organizations greater than \$15	•							**	ine organization		4		X
5	Did any person listed on line 1a receive or									dual for services	F			
5	rendered to the organization? If "Yes," con							- Ciu	ou organization of marv	ddd: 101 dd: 11000		5		X
Sect	ion B. Independent Contractors	inpicto contegui	<u> </u>	0. 0.		port								
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors 1	hat received more than	\$100,000 of comp	ensa	tion fr	om	
•	the organization Report compensation for													
	(A)								(B)			(C)	
	Name and business	s address	N	INC	£				Description of s	ervices	Co	ompen		٦
												-		
								_						
								_						
	The state of a decrease of the state of the	(d abayah waka asassii i					
2	Total number of independent contractors	-	iOT II	ııııte	u 10		ose II: O	stec	above) who received in	iore man				
	\$100,000 of compensation from the organ	nzation 📂					<u> </u>					Form §	90 (2010)
													(2	. U I 3/

<u>Form</u>	99	0 (2	2019) HAW	ΆΙ	I FA	MILY	FORUM			94-3271	901 Page 9
Pai	rt \	VIII									
	`_		Check if Schedule O	ont	aıns a re	sponse	or note to any li	ne in this Part VIII			
		_						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
छ छ	1	a	Federated campaigns		1	а	·		-		
E T	•		Membership dues		1			1			
۾ ٽي ۾ ڳ			Fundraising events			c		1			
ar A			Related organizations			d		1			
S,E			Government grants (contr	ıbutı		e		1			
S S			All other contributions, gifts,					1			
			similar amounts not included			f	105,644.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines	1a-1f 1	g \$	•]			
		h	Total. Add lines 1a-1f				•	105,644.			
							Business Code				
စ္ပ	2	a									
ا و څ		b									
S Z		С									
Program Service Revenue		d									
<u>5</u> _		е									
۵.			All other program service	reve	nue					-	
\dashv	_		Total. Add lines 2a-2f	1							
	3	1	Investment income (includ	ıng	aiviaena	is, intere	est, and	22.	22.		
			other similar amounts) Income from investment of	ıf tax	v-evemn	hond r	Ĭ		22.	<u> </u>	
	4 5		Royalties	n ta	v-exemp	. DOILU F	noceeds -	• • • • • • • • • • • • • • • • • • • •			
	3	,	noyaities		(i) F	Real	(ii) Personal				
	6	a	Gross rents	6a			1,7	1			
	_	_	Less rental expenses	6b		-		1			
			Rental income or (loss)	6c							
		d	Net rental income or (loss))			•				
	7	a	Gross amount from sales of		(ı) Sec	urities	(ıi) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis		1						
JG			and sales expenses	7b	ļ						
eve			Gain or (loss)	7c	L						
E.			Net gain or (loss)				_				
Other Revenue	8	a	Gross income from fundraising								
١			including \$ contributions reported on							'	
			Part IV, line 18	11116	10) 000	8a					
		b	Less direct expenses			8b	1	1			
			Net income or (loss) from	func	draising e		<u> </u>	_			
	g		Gross income from gamin					_			
			Part IV, line 19	•		9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gam	ing activ	ities	>				
	10) a	Gross sales of inventory, I	less	returns						
			and allowances			10a		_			
			Less cost of goods sold			10b	<u> </u>		-	-	
	<u> </u>	С	Net income or (loss) from	sale	s of inve	ntory	<u> </u>		 	 	
Sn							Business Code				
eous ue	11	l a						 		-	

932009 01-20-20

Form **990** (2019)

d All other revenue e Total. Add lines 11a 11d

105,666

22

0.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response			mplete column (A).	
Do r	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	58,240.	40,768.	11,648.	<u>5,824.</u>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	- 40 544	40.550		4 050
9	Other employee benefits	19,514.	13,659.	3,903.	1,952.
10	Payroll taxes	6,958.	4,871.	1,391.	696.
11	Fees for services (nonemployees)				
а	Management				
b	Legal	F 200		F 300	
C	Accounting	5,399.		5,399.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	78.	78.		
12	Advertising and promotion	10,422.	9,042.	1,218.	162.
13	Office expenses	3,849.	3,849.	1,210.	102.
14	Information technology	3,043.	3,043.		
15	Royalties				
16 17	Occupancy	2,121.	2,121.		
18	Payments of travel or entertainment expenses	2,121.		,	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,114.	14,826.	2,288.	
20	Interest			_/	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,472.		1,472.	
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.)			F 226	
a		5,236.	2 225	5,236.	
b	DUES AND SUBSCRIPTIONS	3,728.	3,225.	503.	
C					
d	All other expenses	_			
	All other expenses Total functional expenses. Add lines 1 through 24e	134,131.	92,439.	33,058.	8,634.
<u>25</u>	Joint costs Complete this line only if the organization	134,131.	74,437.	33,030.	0,034.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Inf following SOP 98-2 (ASC 958-720)				

		(A) Beginning of year		(B) End of year
т.	Cash - non-interest-bearing	15,105.	1	6,177
1	-	23,810.	2	6,031
2	Savings and temporary cash investments	23,010.	3	0,031
3	Pledges and grants receivable, net	-	4	
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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			•
	basis Complete Part VI of Schedule D 10a			
t	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)	38,915.	16	12,208
17	Accounts payable and accrued expenses	4,009.	17	5,767
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	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%	-		-
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	_	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	w.12
26	Total liabilities. Add lines 17 through 25	4,009.	26	<u>5,767</u>
,	Organizations that follow FASB ASC 958, check here 🕨 📖			
	and complete lines 27, 28, 32, and 33.	-		
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here 🕨 🐰			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	0.	29	0
27 28 29 30 31 32	Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0
31	Retained earnings, endowment, accumulated income, or other funds	34,906.	31	6,441
32	Total net assets or fund balances	34,906.	32	6,441
33	Total liabilities and net assets/fund balances	38,915.	33	12,208

Form	990 (2019) HAWAII FAMILY FORUM	94-327	1901	Pad	ge 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 _	105	5,6	<u>66.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	134	1,1	31.				
3	Revenue less expenses Subtract line 2 from line 1								
4									
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O),	9			0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	6	, 4	<u>41.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990. Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	1 1						
	separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,							
	consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,							
review, or compilation of its financial statements and selection of an independent accountant?									
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt							
	Act and OMB Circular A-133?		3a		<u>X</u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit							
	er gudite, gynlain why an Schadula O and dagariha any stong taken to underge gudh gudite		امدا		i				

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

Name of the organization

Employer identification number

		HAWA	II FAMILY	FORUM				9	4-3271901
Pa	ırt İ	Reason for Public (mplete th	s part) Se	e instructions	3	<u> </u>
The	organ	ization is not a private found							
1		A church, convention of chi	urches, or associatio	n of churches described	d in sectio	n 170(b)(1	1)(A)(i).		RA
2		A school described in secti							() \
3		A hospital or a cooperative					ii).		\mathcal{O}
4		A medical research organization	•				•	(iii). Enter	the hospital's name,
		city, and state	•					•	•
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a g	overnmental u	ınıt describ	ed in
-		section 170(b)(1)(A)(ıv). (C		· ,	·	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	'Ω(b)(1)(Δ)	(v).		
7	一	An organization that normal	-				• •	he general	public described in
•		section 170(b)(1)(A)(vi). (Co	· •	ma part of no cappoint.			u o	no goniora.	pasio accompca in
8		A community trust describe		1)(A)(vi) (Complete Part	F 11 A				
9	一	An agricultural research org			•	d in conii	inction with a	land-orant	college
9	_	or university or a non-land-g			•	-		_	=
		university.	rant conege or agne	untare (acc manacharia)	Littor the	marrio, on	y, and state of	the coneg	0 01
10	\mathbf{x}	An organization that norma	lly receives (1) more	than 33 1/3% of its sur	nort from	contributi	one members	hin fees a	nd aross receints from
10		activities related to its exen		•	•			•	•
		income and unrelated busin	•	•					-
		See section 509(a)(2). (Cor		(less section of reax) in	om busine	sses acqu	illed by the of	gariization	arter durie 30, 1373
11		An organization organized a	•	vely to test for public sa	fety See	section 50)9(a)(A)		
12	Ħ	An organization organized a	•	•	-			array out the	nurnoses of one or
12		more publicly supported or	•	-	•			-	•
		lines 12a through 12d that	-						MOOK WIG BOX III
а		Type I. A supporting orga						-	alvina
-	' '-	the supported organization	•						
		organization. You must o	_	_	inajonty (or the direc	ctors or traste		apporting
b		Type II. A supporting org	•		tion with it	s sunnort	ed organizatio	n(s) by ba	vino
	,	control or management o	-				-		=
		organization(s) You mus			arrie perse	nis triat oc	ontroi or mane	ge the sup	ported
_		Type III functionally inte			in connec	tion with:	and functiona	lly integrate	ad with
•	· —	its supported organization	-	_				ny mitograti	ou with,
c		Type III non-functionally		•		-	1	ted organi	zation(s)
•	·	that is not functionally int	· · · ·					. *	• •
		requirement (see instruct		• •				s an attorn	14011033
e		Check this box if the orga	*	•	-			II Type III	
٠		functionally integrated, or					, ро ., . , ро	, . , po	
•	Ente	er the number of supported of	• •						
		vide the following information		d organization(s)					_
		(i) Name of supported	(II) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
		-		above (ecc members)				-	
							<u> </u>		
			-				·-		
								 	
Tot	al								

	edule A (Form 990 or 990·EZ) 2019 H	<u>AWAII FAM</u>	ILY FORUM			<u>94-32</u>	71901 Page.2
Pa	It II Support Schedule for	-					,
	(Complete only if you checke			-	on failed to qualify	under Part III. If th	ne organization
_	fails to qualify under the tests	ilsted below, plea	ise complete Part	III)			
	ction A. Public Support	1.					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received \(Do not					/	
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities					/	
	furnished by a governmental unit to		ı				
	the organization without charge					Ý	
4	Total. Add lines 1 through 3						
5	The portion of total contributions	\	•		-/-	-	-
	by each person (other than a	\ \ \					
	governmental unit or publicly	\ \					
	supported organization) included	\					
	on line 1 that exceeds 2% of the	\!	:		<i>y</i>		
	amount shown on line 11,			/			
	column (f)		\				
	Public support. Subtract line 5 from line 4				1		
	ction B. Total Support	1	$\overline{}$		1		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(ć) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			/		ļ	
8	Gross income from interest,		\ /	1			
	dividends, payments received on		l X				
	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						
44	assets (Explain in Part VI)			 \	 		
	Total support. Add lines 7 through 10			\	\	12	
	Gross receipts from related activities,	' '/	•	rd fourth or fifth t			
13	First five years. If the Form 990 is for organization, check this box and stor	/ -	s ilist, second, tilii	a, iourni, or mari	ax year as a section)	▶□
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2019/(// 		column (fl)		14	%
15				JOIGHT (1))		15	<u> </u>
	33 1/3% support test - 2019./if the			n line 13, and line	14 is 33 1/3% on		
	stop here. The organization qualifies	_					▶ □
b	33 1/3% support test - 2018. If the				d line 15 is 33 1/3%	6 or more, check	this box
	and stop here. The organization qual	=					▶□
17a	10% -facts-and-circumstances tes		_		e 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop	here. Explain in Pa	rt VI how the orga	anization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		ightharpoons
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	\$ 10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explai	n in Part VI how th	ne \
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publ	licly supported org	anızatıon	\ ▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or <u>17</u>	b, check this box	and see instructio	ns \
					Sch	edule A (Form 99	0 or 990 (EZ) 2019
							\
							\
	/						\
9320	22 09-25-19			1.4			\

Schedule A (Form 990 or 990-EZ) 2019 HAWAII FAMILY FORUM 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

Sec	ction A. Public Support	elow, please comp	nete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4)	127		(4)		
•	membership fees received (Do not						
	include any "unusual grants ")	120,568.	175 289	117 396	194 206	105 644	713,103.
•	,	120,500.	173,203.	111,3300	174,200.	103,044.	713,103.
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in			:			
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						-
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
_	Total, Add lines 1 through 5	120,568.	175,289.	117,396.	194,206.	105,644.	713,103.
	Amounts included on lines 1, 2, and	120,300.	113,203.	111,3300	174,200.	100,044.	_/13,103.
78	• • • • • • • • • • • • • • • • • • • •						^
L	3 received from disqualified persons Amounts included on lines 2 and 3 received	-					0.
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						•
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						713,103.
	ction B. Total Support			•			
Cale	indar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
-	Amounts from line 6	120,568.	175,289.	117,396.	194,206.	105,644.	713,103.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,				:		
	and income from similar sources	4.	5.	35.	30.	22.	96.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	4.	5.	35.	30.	22.	96.
	Net income from unrelated business			331	301		
•	activities not included in line 10b,						
	whether or not the business is			•			
40	regularly carried on Other income Do not include gain	-	· <u>-</u>			-	
12	or loss from the sale of capital						
	assets (Explain in Part VI)	100 550	175 004	115 101	104 026	105 666	E4 2 4 0 0
	Total support (Add lines 9, 10c, 11, and 12)		175,294.				713,199.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,
_	check this box and stop here					-	
	ction C. Computation of Publ						
15	Public support percentage for 2019 (I			column (f))			99.99 %
16	Public support percentage from 2018					16	<u>99.99 %</u>
Se	ction D. Computation of Inves	stment Incom	e Percentage		 		
17	Investment income percentage for 20	119 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.01 %
18	Investment income percentage from					18	.01 %
198	a 33 1/3% support tests - 2019. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box a						►LXJ
k	33 1/3% support tests - 2018. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	▶□
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u> </u>
	23 09-25-19		·			edule A (Form 990	or 990-EZ) 2019

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
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Yes No 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 1 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) 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 За 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 3b 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 Зс 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. 4a 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 4h 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 4c 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) 5a 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? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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. 6 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). 7 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). 8 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. 9a 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. 9b 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. 9с 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 10a

932024 09-25-19

10b

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)

」Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 HAWAI	I FAMILY	FORUM		94-3271901 Page 8
Part VI	Supplemental Information. F Part IV, Section A, lines 1, 2, 3b, 3c, line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Part (See instructions)	Provide the expla lb, 4c, 5a, 6, 9a, 3, Part IV, Sectio	nations require 9b, 9c, 11a, 1 n E, lines 1c, 2	1b, and 11c, Part IV, Section B, line a, 2b, 3a, and 3b, Part V, line 1; Pa	a or 17b; Part III, line 12, es 1 and 2, Part IV, Section C, art V, Section B, line 1e; Part V,
				-	
					·

		9.4 9.4 9.1.9 9.9 1.2.9 94.2 https://doi.org/			
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		·			

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

 Section 501(c)(4), (Name of organization 	S), or (o) organizat	ions Complete Fait III		F	nployer identification numbe		
HAWAII FAMILY FORUM					94-3271901		
Part I-A Comp	lete if the org	anization is exempt un	der section 501(c	or is a section 52	organization		
Tartin John		amzation to oxompt an		,			
1 Provide a deserio	tion of the organiz	ation's direct and indirect politi	ical campaign activities	s in Part IV			
2 Political campaign	•	·	ical campaign activities		\$		
3 Volunteer hours for	• •			•	Ψ		
5 Volument modern	or political campai	g// 404/11.00					
Part I-B Comp	lete if the org	anization is exempt un	der section 501(c	:)(3).			
1 Enter the amount	of any excise tax	incurred by the organization un	nder section 4955	•	\$		
2 Enter the amount	of any excise tax	ncurred by organization manag	gers under section 495		\$		
3 If the organization	n incurred a section	n 4955 tax, did it file Form 4720	0 for this year?		Yes No		
4a Was a correction	made?				Yes No		
b If "Yes," describe	ın Part IV						
Part I-C Comp	olete if the org	anization is exempt un	der section 501(c				
		by the filing organization for s			^ \$		
2 Enter the amount	of the filing organi	zation's funds contributed to c	other organizations for	_			
exempt function a					* \$		
3 Total exempt fund	ction expenditures	Add lines 1 and 2. Enter here	and on Form 1120-PO				
line 17b				•	* \$		
4 Did the filing orga		1120-POL for this year?	5NN - (- H 1 507 -		L Yes No		
4 Did the filing orga5 Enter the names,	addresses and en	nployer identification number (E	•	political organizations to w	Yes Nowhich the filing organization		
Did the filing orgaEnter the names, made payments.	addresses and en For each organizat	nployer identification number (E tion listed, enter the amount pa	aid from the filing organ	political organizations to v nization's funds. Also ente	Yes Nowhich the filing organization or the amount of political		
Did the filing orga Enter the names, made payments. contributions received.	addresses and en For each organizate eived that were pro	nployer identification number (E	aid from the filing organ a separate political or	political organizations to w nization's funds. Also ente ganization, such as a sep	Yes Nowhich the filing organization or the amount of political		
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932041 11-26-19

LHA

1,570.

Schedule C (Form 990 or 990-EZ) 2019

252

1.724

392.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

31,754.

3,938.

Schedule C (Form 990 or 990 EZ) 2019 HAWAII FAMILY FORUM 94-32719 (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)).

For e	nch "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying activity	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers?					
_	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-	_			
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i				•	
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5) or se	ction	•	
Га	501(c)(6).	1011 30 1(0)	(0), 01 36	Clon		
	301(0)(0).			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization make only inmediate lobbying expenditures of \$2,000 or less: Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior vea				
	t III-B Complete if the organization is exempt under section 501(c)(4), sect			ction		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				e 3, is	
	answered "Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
C	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	-			
	expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information					
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated grou	p list), Part II	l-A, lines 1 a	and 2 (see		
ınstr	uctions); and Part II-B, line 1 Also, complete this part for any additional information					
					 	
						
		Schedu	le C (Form	990 or 990)-EZ) 2019	

932043 11-26-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HAWAII FAMILY FORUM

Employer identification number 94-3271901

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TRADITIONAL JUDEO-CHRISTIAN FAMILY VALUES.
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) (2019)