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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Inter	rnal Revenue Se	rvice '	► The organization may have to use a copy of this return to satisfy state		ements.	<u>Inspection</u>
A	For the 2008 c	alendar y	ear, or tax year beginning 10/01/08, and ending 9/30/09)		
В	Check if applicable	Please	C Name of organization COUNCIL FOR NATIVE HAWAIIAN		D Emplo	yer identification number
	Address change	use IRS label or	ADVANCEMENT			
\Box	Name change	print or	Doing Business As Not-for-Profit Corporation		<u>91-</u>	0313383
\equiv	•	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
님	Initial return	See Specific	1050 QUEEN STREET	200	808	-596-8155
Ш	Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	epts\$ 1,618,465
	Amended return	tions.	HONOLULU HI 96814			
\Box	Application pending	F Name	and address of principal officer		H(a) Is this	a group return for
ш	rippinousion portains		BIN DANNER		affiliate	
		10	50 QUEEN STREET, SUITE 200		H(b) Are all include	
			NOLULU HI 96814		If "No,	attach a list (see instructions)
<u></u>	Tax-exempt sta	tus X	501(c) (3) ◄ (insert no.) 4947(a)(1) or 527			
J	Website:	WWW.I	AWAIIANCOUNCIL.ORG			exemption number 0
K	Type of organization	on X Cor	poration Trust Association Other L Y	rear of formation 21	001	M State of legal domicile HI
P	Part I S	Summa	γ			<u></u>
			he organization's mission or most significant activities:			
ģ	Cou		for Native Hawaiian Advancement and Subsidiari		•	
auc	non	_	corganization dedicated to providing support		_	
Ë	and	lorga	nizations that focus or deliver programs in Nat	tive comm	mitie	3.
Š	2 Check	this box	If the organization discontinued its operations or disposed of more than	25% of its asset	ts	
ص ع	3 Numbe	r of voting	members of the governing body (Part VI, line 1a)		3	<u> 15</u>
es	4 Numbe	r of indep	endent voting members of the governing body (Part VI, line 1b)		4	
_≣	5 Total n	umber of	employees (Part V, line 2a)		5	16
₹	6 Total n	umber of	volunteers (estimate if necessary)		6	30
9 4 Jill Activities & Governance	7a Total g	ross unre	ated business revenue from Part VIII, line 12, column (C)		7a	
29	b Net unr	related bu	siness taxable income from Form 990-T, line 34		7b	0
5				Prior Ye		Current Year
CANNTU SET Revenue	8 Contrib		d grants (Part VIII, line 1h)		1,758	419,089
75	9 Prograi		revenue (Part VIII, line 2g)	1,614	1,862	1,195,096
<u>≨</u> ⊆	10 Investn		ne (Part VIII, column (A), lines 3, 4, and 7d)			4,280
₹.	11 Other r	•	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,329	4 640 465
<u> </u>	12 Total re		add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,949	1,618,465
Ę	13 Grants		ar amounts paid (Part IX, column (A), lines 1-3)	74.	3,272	193,024
<i>ה</i>	14 benefit	•	or for members (Part IX, column (A), line 4)	4.4		
nses	15 Salarie		ompensation, employee benefits (Part IX, column (A), lines 5-10)	41	8,826	577,782
SUS	16a Profess		draising fees (Part IX, column (A), line 11e)		. 76	17
Exper	b Total fu		expenses (Part IX, column (1)) line 29) > 33,365			
ш	17 Outer 6	-	(Part IX, column (A), lines 11a-11d, 11f-24f)		3,870	798,057
	18 Total e	xpenses	Add lines 13-17 (must equal Part IX, column A), line 25)		5,968	1,568,880
_		ue less ex	penses. Subtract line 18 from line 12	Beginning o	4,981	49,585 End of Year
Net Assets or) [20 Total a	cooto (Do	rt X, line 16) OGDEN LIT		0,961	924,280
SSC	E 20 Total a	-	Part X, line 26)		1,097	408,225
E E	21 10tain	•	nd balances Subtract line 21 from line 20		9,864	516,055
			re Block	30.	7/004	
			Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statements of	and to the be	est of my knowledge
			is true, correct, and examplete. Declaration of preparer (other than officer) is based on all info			
Çi	gn		(bd / md		1 2	112/10
	ere	Signati	ire of Officer		Date	
• • • • • • • • • • • • • • • • • • • •		Signati	Japali Moode, Senior Vice President		Date	
		Type o	r print name and title	_		
_	'	· · · · · · · · · · · · · · · · · · ·	Date	Check	ıf	Preparer's identifying number
Pa	3171 1	Preparer's signature		self-		(see instructions)
	reparer's	orginature		1/10 employ	_	P00290849
	se Only	Firm's name	· · · · · · · · · · · · · · · · · · ·		EIN	▶ 43-1952338
-	- j r	f self-emplo			Phone	000 040 0010
		address, an	1011020207 112 30022		no 🕨	
			eturn with the preparer shown above? (see instructions)			Yes No
DA	🖎 For Privac	y act and	Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2008)

orn	n 990 (2008) COUNCIL FOR NATIVE HAWAIIAN 91-0313383	Page 2
P	art III. Statement of Program Service Accomplishments (see instructions)	
1		
(Council for Native Hawaiian Advancement and Subsidiaries (CNHA)is	a Hawaii
I	conprofit organization dedicated to providing support services to	agencies
	and organizations that focus or deliver programs in Native commun	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	X Yes No
	If "Yes," describe these new services on Schedule O	
2	Did the organization cease conducting, or make significant changes in how it conducts, any program	
3	services?	X Yes No
	•	FY tes NO
_	If "Yes," describe these changes on Schedule O	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	4 400 004	
	(Code) (Expenses \$ 1,192,971 including grants of \$) (Revenue \$)
	Community Development Programs. CNHA conducts trainings	
	and provides technical assistance to native organizations	
	and communities. CNHA also plans and coordinates events	
- 1	that provide opportunities for Native Hawaiian individuals	
ě	and organizations to network, share information, discuss	
(critical issues, and build consensus.	
		•
	·	
		•
		•
	·	
41	(Code:) (Expenses \$ 17,276 including grants of \$) (Revenue \$	
	Policy and Leadership - CNHA is an advocate of community	,
	development practitioners, provides information,	
	networking opportunities and policy reports to assist in	•
	addressing issues and finding solutions for Native	
	communities. CNHA also administers leadership development	
1	programs for native youth.	
	•	
		•
	(Code) (Expenses \$ 197,288 including grants of \$) (Revenue \$)
	Hawaiian Way Fund program - CNHA administers a	
	philanthropic fund that solicits contributions through	
	employee workplace giving. Funds collected are	
	distributed to small nonprofit organizations that	
1	perpetuate the Hawaiian culture.	
		•
	\cdot	
		•
Δ	d Other program services (Describe in Schedule O.)	
7	(Expenses \$ including grants of \$) (Revenue \$)
40	e Total program service expenses ► \$ 1,407,535 (Must equal Part IX, Line 25, column (B).)	

<u>Pa</u>	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
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? If "Yes," complete			
	Schedule C, Part II	4	х	<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			٠.,
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٠,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
9	Did the organization report an amount in Part X, line 21, 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		7.	
	Parts VI, VIII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	v
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 U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	445		
4-	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		x
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1.0	1	ж
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	<u> </u>	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	\vdash	X
20	Did the organization operate one of more hospitals? If "res," complete Schedule II "Yes," complete Schedule I, Parts I and II	21	x	
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization report more than \$5,000 on Part XI, Column (A), line 2.7 if Yes, "complete Schedule", Parts Fand in Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete		 	
20	Schedule J	23	1	x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
274	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	1		
	24b–24d and complete Schedule K. If "No," go to question 25	24a	ŀ	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
•	to defease any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a			<u> </u>	
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		<u> </u>	
_	person from a prior year? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		 	T
	disqualified person outstanding as of the end of the organization's tax year? 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, or	<u> </u>		1
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
			~~~	

# Form 990 (2008) COUNCIL FOR NATIVE HAWAIIAN Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		1	
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	4		
	employee), or an indirect business relationship through ownership of more than 35% in another entity		4.7	4.
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			5
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_ <b>X</b> _
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, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
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	ļ	<u>X</u>
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	1		
	VI	37		(2000)

Form **990** (2008)

	990 (2008) COUNCIL FOR NATIVE HAWAIIAN 91-03133	883		<del></del>		F	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance				_	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ŀ					* ,
	U.S Information Returns Enter -0- if not applicable	1a	12				, ,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable	е				<u> </u>
	gaming (gambling) winnings to prize winners?				1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ	• •				. :
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	16				<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?			2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					,	- 4
	instructions)				2.2	1	7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by					~~`
	this return? .				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthori	ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	ncıal					
	account)?				4a	<u> </u>	X
b	If "Yes," enter the name of the foreign country:						* *
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank			.,	* * ,	. 4
	and Financial Accounts.					***************************************	
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	on?			5b	<u> </u>	X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity						
	Regarding Prohibited Tax Shelter Transaction?				5¢		<u> </u>
6a	Did the organization solicit any contributions that were not tax deductible?			ě	6a	<u> </u>	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	is or					
	gifts were not tax deductible?				6b		*
7	Organizations that may receive deductible contributions under section 170(c).				,		
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more the	han				×	
	\$75?				7a	<del>                                     </del>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	_	<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	3			1_		
	required to file Form 8282?	I			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	rsona	li .		7-	-XX	X
	benefit contract?	-40			7e 7f	<del> </del>	X
f -	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	CLY					X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	26		•	7 <u>g</u>	-	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			7h		x
8	required?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section.	on			1	-	-
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spons				'	1	3
	organization, have excess business holdings at any time during the year?	Joining			8		x
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		•		<b> </b>		† <del></del>
а	Did the organization make any taxable distributions under section 4966?				9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		X
10	Section 501(c)(7) organizations. Enter.					ļ.	1
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				ļ,	<b>^</b> *
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1՝		
11	Section 501(c)(12) organizations. Enter				7	1	<b>]</b> .
	Gross income from members or shareholders	11a				1.	
b	Gross income from other sources (Do not net amounts due or paid to other sources against				7		
	amounts due or received from them.)	11b					1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					T

Form	990 (2008) COUNCIL FOR NATIVE HAWAIIAN 91-0313	383			Page 6
	rt VI Governance, Management, and Disclosure (Sections A, B, and C requ		on about policie		ago o
=	required by the Internal Revenue Code.)				
Sec	tion A. Governing Body and Management		-		
				Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe	the	· **	1/2 3	\$
	circumstances, processes, or changes in Schedule O See instructions.	ı			
1a	Enter the number of voting members of the governing body	1a   15			3
b	Enter the number of voting members that are independent	1b 15			
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		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 pe		3		x
4	Did the organization make any significant changes to its organizational documents since the prior For		•		x
5	Did the organization become aware during the year of a material diversion of the organization's assets		5		X
6	Does the organization have members or stockholders?		6	х	-
	·	nhare	<u> </u>		_
7a	Does the organization have members, stockholders, or other persons who may elect one or more mer	iibeis	7a	x	
	of the governing body?	ma?	. <u>7a</u> 7b	125	x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other personal the approval approval by members, stockholders, or other personal the approval by the approval approval to approval by members, stockholders, or other personal the approval by the ap			w. 123	- 1 Set
8	Did the organization contemporaneously document the meetings held or written actions undertaken di	unig			133
	the year by the following:		1	X	اشتغتما
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	1	x
9a	Does the organization have local chapters, branches, or affiliates?		<u>9a</u>	+	
ь	If "Yes," does the organization have written policies and procedures governing the activities of such ch	iapters,	0.5	1	
	affiliates, and branches to ensure their operations are consistent with those of the organization?		<u>9b</u>	<del>                                     </del>	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organization of the Form 990 provided to the organization's governing body before it was filed?	anizations	1.0	x	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990		. 10	<del>  ↑</del>	<del> </del> ,
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be re	аспес ат			x
600	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11	L	
Sec	tion B. Policies			Yes	No
100	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	1 168	X
12a			124	+	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could be conflicted.	u give	12b		
_	rise to conflicts?	'aa "	120	<del> </del>	<del> </del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es,	100	ļ	
40	describe in Schedule O how this is done		12c	+	x
13	Does the organization have a written whistleblower policy?		13	+ -	X
14	Does the organization have a written document retention and destruction policy?	<b>.</b>	14	<del> </del> -	
15	Did the process for determining compensation of the following persons include a review and approval	-			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and	decision	l l		
a	The organization's CEO, Executive Director, or top management official?  Other officers or key employees of the organization?		15a 15b	X	$\vdash$
b			130	1.	
40-	Describe the process in Schedule O (see instructions)	ant	€3		
16a		ent	16-		X
	with a taxable entity during the year?	-1-	16a	<del> </del>	<del>  ^</del>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate a satisfication in joint westure arrangements under applicable federal tox law and taken store to eaf		* *		1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safe	eguaru			1
<del></del>	the organization's exempt status with respect to such arrangements?	•	<u>1</u> 6b	<u> </u>	<u> </u>
	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed HI	F04/.3/63			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (	501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest			
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and		oos		
	organization: ▶ Council for Native Hawaiian Advance 1050 Queen S	street, Su	1C8 400		

HI 96814

Honolulu

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the o	rganization did not compe	ensate	e an	y offi	cer,	direc	ector, trustee, or key employee							
(A)	(B)				<b>&gt;</b> )			(D)	(E)	(F)				
Name and Title	Average hours per week	individual trustee or director	Institution	Officer		Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations				
MICHAEL NAHO	OPII	+	$\vdash$			Н								
DIRECTOR	1	1						0	0	0				
ALVIN PARKER		1						,						
CHAIR	1			]				0	0	0				
MICHELLE KAU	HANE													
DIRECTOR	1							0	0	0				
MEL SOONG			l											
DIRECTOR	1		L					0	0	0				
LANCE HOLDEN	<u> </u>													
DIRECTOR	1		<u> </u>					0	0	0				
ANDREW AH PO	<b>)</b>													
DIRECTOR	1							0	0	0				
WILLIAM ORNE	LLAS					1								
DIRECTOR	1	<u> </u>	L					0	0	0				
LI GARCIA BA							ŀ							
DIRECTOR	11		匚			<b>└</b>		0	0	0				
PHILIP KAHUI		1												
DIRECTOR	11			_		_		0	0	0				
JOHN JENSEN		1				1		_	_	_				
DIRECTOR	11		<u> </u>	_	<u> </u>	ـــــ	ļ	0	0	0				
LEINA'ALA K			ŀ		l		ŀ	_	_	_				
DIRECTOR	1	_		┞-	<u> </u>	↓	_	0	0	0				
HAROLD JOHNS		1						_	_					
DIRECTOR	1	1	<u> </u>	_	Ь	<u> </u>	<u> </u>	0	0	0				
PUNI KEKAUO				1		1		_	_	_				
DIRECTOR	1	4	_	<u> </u>	<u> </u>		<u> </u>	0	0	0				
ROBERT LINDS	1							_	_	_				
DIRECTOR	1	+	$\vdash$	$\vdash$	$\vdash$	╄	├	0	0	0				
MAILE MEYER			1		1					_				
DIRECTOR	1	+	₽-	<del> </del>	<u> </u>	╄		0	0	0				
THOMAS MCCLI			1					_		_				
DIRECTOR	1	+	$\vdash$	$\vdash$	├-	┼	$\vdash$	0	0	0				
		_			L	<b>_</b>	L	l						

Га			l cc.	, 100			yees	, a	d Highest Compensated		<u> </u>
	(A) Name and title	(B) Average hours per	-	_	checl	_	hat ap		(D)  Reportable  compensation	(E)  Reportable compensation	(F) Estimated amount of
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
							_				
	•										
						_					
				_	_	_	ļ				
							_				
	•		_		_						
					-	-					
	_			_			_	-			
1b	Total	<u> </u>			<u>.</u>	l .	<u> </u>	Ļ			
2		lividuals (including those in	1a)	who	rece	eived	mor	e th	an \$100,000 in reportable o	compensation from the	
3 4 5	employee on line 1a For any individual li the organization and individual Did any person liste services rendered to	a? If "Yes," complete Sche sted on line 1a, is the sum d related organizations gre ed on line 1a receive or acc o the organization? If "Yes	dule of re ater	J for eport than comp	suc able \$15 pens	th ind com 0,00	dividu npens 10? If	ial satic "Ye n ar	on and other compensation s," complete Schedule J fo on unrelated organization for such person	from or such	Yes No 3 X 4 X 5 X
Sec 1	ction B. Independent Complete this table	for your five highest comp	ensa	ited	inde	pend	dent o	cont	ractors that received more	than \$100,000 of	<del></del>
	compensation from	(A) Name and business address							Descrip	(B) otion of services	(C) Compensation
								_			
								-		<del></del>	,
								T	,		
2		lependent contractors (incl	udın	tho	se ir	י (1 ר	who i	ece	ived more than \$100,000 in	1	0
DAA	Compensation nom	ine organization									Form <b>990</b> (200

art V	III Statement of Rev	CHU	5					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>월</b> 1a	Federated campaigns	<u>1a</u>						
g b	Membership dues	1b		43,921				
E C	Fundraising events	1c						
E E	Related organizations	1d						
E e	Government grants (contributions)	1e						·
and other similar amounts amounts and other similar amounts and other similar amounts and other similar amounts amounts and other similar amounts amounts amount amount amounts amounts amount amount amounts amounts amount amount amount amounts amount	All other contributions, gifts, grants, and similar amounts not included above	1f	3	75,168			,	
일 9	Noncash contributions included in lines	1a-1f	<b>\$</b> .					
" h	Total. Add lines 1a-1f			<u>, . ▶                                  </u>	419,089			
				Busn. Code	1 105 006	1 105 006		
2   2a	Program Service Re	venu	8		1,195,096	1,195,096		
5   b	••			<del></del>				<del></del>
[ C	•			<del> </del>			<del></del>	<del></del>
g d			• •	<u> </u>				
5 4	All other program service re-					-		
2   'a	Total. Add lines 2a-2f	venue		<b>•</b>	1,195,096		*	· · ·
		a divic	lends, intere	est, and				
1	other similar amounts)			<b>•</b>	4,280			4,280
4	Income from investment of t	ax-exe	empt bond p	oroceeds ►				
5	Royalties			▶ .				
ļ	(ı) Rea	1	(11) 1	Personal				
6a	Gross Rents			·				. *
ь	Less rental exps					, , ,	*	- 4
c	Rental inc or (loss)					<del></del>		
_d	Net rental income or (loss)			<b>•</b>				
'a	Gross amount from sales of assets (i) Securi	ties	(11	i) Other	*			
	other than inventory				1		4	
þ	Less cost or other					, ,	,	
	basis & sales exps				,		*	
	Gain or (loss)				· ·			
d	Net gain or (loss) Gross income from fundraising e	·						
	(not including \$	vents						
	of contributions reported on line	1c)						
Š	See Part IV, line 18	.0).	a				*	
Omer Revenue	Less. direct expenses		<u></u>				*	
Š   c	Net income or (loss) from fu	ındraıs	ing events	<b>•</b>			**	Manual and and and and and and
	Gross income from gaming activ							
	See Part IV, line 19		а			i		
ь	Less direct expenses		ь					
	Net income or (loss) from ga	aming	activities					
	Gross sales of inventory, les					·		
	returns and allowances		a					
Ь	Less. cost of goods sold		ь					
<u></u> c	Net income or (loss) from sa	ales of	inventory	<u> </u>				
<u> </u>	Miscellaneous Reve	nue		Busn. Code				
11a	Ì			$\vdash$				
b								
c			•	<b>—</b>				
d								
12	Total. Add lines 11a-11d Total Revenue. Add lines 1	L ^	0 4 5 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) but are not required to complete columns (B) (C) a

	All other organizations must co	mplete column (A) but are	e not required to complet	te columns (B), (C), and (D	)
	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 governments and		,		
-	organizations in the U.S. See Part IV, line 21	163,024	163,024		
2	Grants and other assistance to individuals in				
_	the U.S See Part IV, line 22	30,000	30,000		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees	171,157	92,488	70,111	8,558
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	278,038	275,101	1,812	1,125
8	Pension plan contributions (include section 401(k)				• • •
	and section 403(b) employer contributions)				
9	Other employee benefits	92,393	74,983	14,611	2,799
10	Payroll taxes	36,194	29,623	5,714	857
11	Fees for services (non-employees):	•			
а	Management	28,615	28,569	46	
b	Legal				
С	Accounting	33,389	33,389		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	17			17
f	Investment management fees				
g	Other	31,901	30,180	1,721	
12	Advertising and promotion	47,705	47,705		
13	Office expenses	55,950	56,420	-654	184
14	Information technology	3,009	1,623	1,386	
15	Royalties				
16	Occupancy	105,065	103,176	1,618	271
17	Travel	89,861	89,547	202	112
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,849	3,849		
20	Interest	1,779		1,779	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	33,099	27,086	5,300	713
23	Insurance	7,533	7,150	249	134
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together	·			
	and labeled miscellaneous may not exceed	ĺ			
	5% of total expenses shown on line 25 below.)				
а	- · · · · · · · · · · · · · · · · · · ·	199,805	199,805		<del></del>
b	Printing	54,938	53,450	-297	1,785
С	Miscellaneous	22,458	12,603	8,821	1,034
d	Repair and Maintenance	16,294	1,726	884	13,684
е	Telephone and Fax	13,561	9,902	3,653	2 006
f	All other expenses	49,246	36,136	11,024	2,086
25	Total functional expenses. Add lines 1 through 24f	1,568,880	1,407,535	127,980	33,365
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				Form 990 (2008)

<u> P</u>	art X	Balance Sheet		<u> </u>	(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			283,286	1	383,633
	2	Savings and temporary cash investments		<u> </u>	269,215		52,234
	3	Pledges and grants receivable, net		Ī		3	
	4	Accounts receivable, net		F	535,087	4	397,640
	5	Receivables from current and former officers, directors,	trustees key	, ·			33.1,030
	ľ	employees, or other related parties. Complete Part II of		·		5	
	6	Receivables from other disqualified persons (as defined		on			
		4958(f)(1)) and persons described in section 4958(c)(3)(		!			
	l	Part II of Schedule L	(-,-	_		6	
S	7	Notes and loans receivable, net	•	• [	68,171	7	961
set	8	Inventories for sale or use	•			8	
Assets	9	Prepaid expenses and deferred charges		.	24,537	9	30,289
•	10a	•	10a	264,938	*	*	
	ь	Less: accumulated depreciation. Complete			*	, *	*
		Part VI of Schedule D	10b	205,415	80,665	10c	59,523
	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 34	4)		1,260,961	16	924,280
	17	Accounts payable and accrued expenses			560,536	17	119,563
	18	Grants payable		<u>_</u>		18	
	19	Deferred revenue .	L	198,061	19	268,912	
<b>/A</b>	20	Tax-exempt bond liabilities .		<u>_</u>		20	
<u>ë</u>	21	Escrow account liability. Complete Part IV of Schedule I		21			
Liabilities	22	Payables to current and former officers, directors, truste			*	×	*** **
jak		employees, highest compensated employees, and disqu	ualified	-	* * *		
_		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	d parties	_	30 500	23	10 750
	24	Unsecured notes and loans payable		-	32,500		19,750
	25	Other liabilities. Complete Part X of Schedule D	•	-	701 007	25	400 225
	26	Total liabilities. Add lines 17 through 25			791,097	26	408,225
nces	1		<b>K</b> ∫ and		*	. •	
ä		complete lines 27 through 29, and lines 33 and 34.			469,864		516 NEE
Balar	27	Unrestricted net assets		}-	409,004	27	516,055
<u>Б</u>	28	Temporarily restricted net assets		-		28	
Fund	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check he				29	· · · · · · · · · · · · · · · · · · ·
Ē			re 🗾		* *	*	
9	30	and complete lines 30 through 34.  Capital stock or trust principal, or current funds				30	~ /
Assets	31	Paid-in or capital surplus, or land, building, or equipmen	t fund	F		31	
SS	32	Retained earnings, endowment, accumulated income, or	•	<u>,</u>		32	
¥.	33	Total net assets or fund balances	outer fullus	'	469,864		516,055
Net	34	Total liabilities and net assets/fund balances		•	1,260,961		924,280
	art )				1/200/501	_ 54	324/200
<del></del>							Yes No
1	Ac	counting method used to prepare the Form 990: 🔲 🤇	Cash 🗶	Accrual Oth	ner		
2	a W	ere the organization's financial statements compiled or re	viewed by ar	n independent account	ant?		2a X
1	b W	ere the organization's financial statements audited by an i	independent	accountant?			2b X
	c If	'Yes" to lines 2a or 2b, does the organization have a com-	mittee that a	ssumes responsibility	for oversight of		
		e audit, review, or compilation of its financial statements		•			2c X
3		a result of a federal award, was the organization required	d to undergo	an audit or audits as s	set forth in		
		e Single Audit Act and OMB Circular A-133?					3a X
	b If	'Yes," did the organization undergo the required audit or a	audits?				3b

## SCHEDULE A

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

COUNCIL FOR NATIVE HAWAIIAN **ADVANCEMENT** 

Employer Identification number 91-0313383

Pa	rt l'	Reaso	on for Public Charity	Status (All organizations	s must o	omplet	e this	oart.) (	see ir	structi	ions)			
he o	orgai	nization is not	a private foundation becaus	se it is: (Please check only one	organızatı	on )								
1	П	A church, cor	vention of churches, or ass	ociation of churches described	in section	170(b)(1	)(A)(i).							
2	П		cribed in section 170(b)(1)(											
3	П			ce organization described in se	ction 170	(b)(1)(A)(i	iii). (Atta	ch Sche	dule H	)				
4	П	· ·	· ·	d in conjunction with a hospital							spital's nam	ne.		
		city, and state	=	,			` '		•		•			
5	П	•		of a college or university owned	or operat	ed by a do	ovemme	entat unit	t descri	bed in		•		
-	ш	•	)(1)(A)(iv). (Complete Part	· ·	•	, ,								
6				overnmental unit described in s	section 17	′0(b)(1)(A	)(v).							
7	Н	•	•	substantial part of its support fr				rom the	genera	oldua l				
•	ш	_	section 170(b)(1)(A)(vi). (Co		o a gov				901.0.0	разз				
8	П			170(b)(1)(A)(vi). (Complete Par	t II.)									
	X	•			-	contributi	ions. me	mbersh	ip fees.	and gro	SS			
•	An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
		• •	•	0, 1975 See section 509(a)(2)	•			•						
10	$\Box$	An organizatı	on organized and operated	exclusively to test for public sat	ety See s	ection 50	09(a)(4).	(see ins	struction	ns)				
11	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he functio	ns of, or	to carry	out the	·				
		purposes of c	ne or more publicly support	ted organizations described in s	ection 50	9(a)(1) or	section	509(a)(2	2). See :	section				
		<b>509(a)(3).</b> Ch	eck the box that describes t	the type of supporting organizat	tion and co	omplete lir	nes 11e	through	11h.					
		a Type	I <b>b</b> Type II	c Type III-Function	nally Integ	rated	d	🗌 Тур	e III-Ot	her				
е		By checking t	his box, I certify that the org	ganization is not controlled direc	ctly or indi	rectly by c	one or m	ore disc	ualified					
		persons othe	r than foundation managers	and other than one or more pu	ıblicly sup _l	oorted org	janizatio	ns desc	rıbed ın	section				
		509(a)(1) or s	ection 509(a)(2).											
f		If the organiz	ation received a written dete	ermination from the IRS that it is	s a Type I	Type II, o	or Type	III suppo	orting				_	
		-	check this box										Ш	
g		Since August	: 17, 2006, has the organiza	ition accepted any gift or contrib	oution fron	n any of th	ne							
		following per											т	
			•	ontrols, either alone or together	with pers	ons descr	ibed in (	11)				Yes	No_	
		, ,	• •	of the supported organization?	•						11g(		+-	
		•	member of a person descri	**						•	11g(	$\neg \neg$	┼	
		• •	•	described in (i) or (ii) above?							11g(	(11)]	<u> </u>	
h		Provide the t	ollowing information about t	the organizations the organizati	on suppor	τs.								
(i)		e of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the		mount o	f	
	org	janization		(described on lines 1–9 above or IRC section		document?		nization in of your	organizat	zed in the	Su	pport		
				(see instructions))	30.000			port?	l,, ,	S ?				
					Yes	No	Yes	No	Yes	No				
								1						
					1	ļ	L		ļ	<b> </b>				
				1				ŀ	Ì					
					+	<del> </del>	<u> </u>	<u> </u>	<u> </u>					
		•			+	<del>                                     </del>			1	<del>                                     </del>	_			
					1									
		<del></del>			1	<del> </del>	<del>                                     </del>	<del>                                     </del>						
		·							1					
Γ∩ta	1			Time   10   10   10   10   10   10   10   1	** \$450° \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LD***	. × * .	1200	L	r · · · ·				

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

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Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") <u>260,</u>951 435,672 362,477 423,132 419,089 1,901,321 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 1,675,839 1,740,216 1,304,694 1,196,096 7,531,707 organization's tax-exempt purpose 1,614,862 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 1,936,790 2,175,888 1,667,171 2,037,994 1,615,185 9,433,028 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from 1,936,790 2,175,888 1,667,171 2,037,994 1,615,185 75. (2012/06/14/4/15/27/15) 使からなどを **含**さらされ line 6) 9,433,028 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 1,936,790 2,037,994 1,615,185 9,433,028 2,175,888 1,667,171 Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 176 7,270 9,795 4,280 26,043 4.522 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 176 4,522 7,270 9,795 4,280 26,043 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 62,030 -6,840 55,190 13 Total support. (Add lines 9, 10c, 11, 2,242,440 1,674,441 2,040,949 1,936,966 9.30 4 St. J. B. B. S. and 12.) 9,514,261 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 99.1462 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 98.1876 % Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 17 0.2737 0.1884 % Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 18 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support tests—2007. 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

Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008 COUNCIL FOR NATIVE HAWAIIAN

91-0313383

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**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Part III, Line 12 - Other Income Detail

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55,190

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

#### **Political Campaign and Lobbying Activities**

OMB No 1545-0047 **Open to Public** 

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ To be completed by organizations described below.

Inspection: ▶ Attach to Form 990 or Form 990-EZ. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations. Complete Part III

Nar	ne of organization COUNCIL FOR NATIVE ADVANCEMENT	HAWAIIAN		Employer identifi 91-03133	
Pa	rt I-A To be completed by all organization		1 501(c) and se	ection 527 organiz	zations.
-	See the instructions for Schedule C				·
1	Provide a description of the organization's direct and	indirect political campaign activiti	es in Part IV.		
2	Political expenditures		•	▶\$	<del></del>
3	Volunteer hours				
Pa	rt I-B To be completed by all organization		1 501(c)(3).		
	See the instructions for Schedule C	for details.			
1	Enter the amount of any excise tax incurred by the or	ganization under section 4955		▶ \$	<b></b>
2	Enter the amount of any excise tax incurred by organi	zation managers under section 4	955	▶ \$ _ ,	
3	If the organization incurred a section 4955 tax, did it f	le Form 4720 for this year?			Yes No
4a	Was a correction made?				∐ Yes ∐ No
b	If "Yes," describe in Part IV.				
Pa	rt I-C: To be completed by all organization		n 501(c), exce _l	pt section 501(c)(3	3).
	See the instructions for Schedule C	for details.			
1	Enter the amount directly expended by the filing organize	ation for section 527 exempt fun	ction		
	activities .			▶ \$ :	
2	Enter the amount of the filing organization's funds conti	buted to other organizations for	section		
	527 exempt function activities			<b>▶</b> \$	
3	Total of direct and indirect exempt function expenditure	s Add lines 1 and 2 and enter he	re and		
	on Form 1120-POL, line 17b			▶\$	
4	Did the filing organization file Form 1120-POL for this y	ear?			Yes No
5	State the names, addresses and employer identification	n number (EIN) of all section 527	political organizati	ons to which payments	
	were made Enter the amount paid and indicate if the a	mount was paid from the filing or	ganization's funds	or were political	
	contributions received and promptly and directly deliver	ed to a separate political organiza	ation, such as a se	parate segregated fund	
	or a political action committee (PAC) If additional space				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			-		
DAA	For Privacy Act and Paperwork Reduction Act Notice	 e, see the instructions for Form	990.	Schedule C (Forn	n 990 or 990-EZ) 2008

che	dule C (Form 990 or 990-EZ) 2008 CO	UNCIL FOR N	ATIVE HAWAI	IAN	91-031338	Page 2
	rt II-A To be completed by or	ganizations exer	npt under section	n 501(c)(3) that fi	led Form 5768	
	(election under section					
\ C	Check ▶ if the filing organization					<del></del>
3 C	Check ▶ ☐ if the filing organization			ntrol" provisions	apply.	
	Limits on Lo	bying Expendit	ures	<del></del>	(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts	paid or incurred.	orga	nization's totals	group totals
1a	Total lobbying expenditures to influence p					
b	Total lobbying expenditures to influence a	legislative body (dire	ct lobbying)		6,750	
C	Total lobbying expenditures (add lines 1a	and 1b)			6,750	
d	Other exempt purpose expenditures				1,565,524	<u></u>
е	Total exempt purpose expenditures (add !	ines 1c and 1d)			1,572,274	
f	Lobbying nontaxable amount. Enter the a	mount from the follow	ing table in both			
_	columns.	<del></del> .			228,614	
- [	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta	xable amount is:			-4
L	Not over \$500,000	20% of the amount or	n line 1e			. , ", ", ", ", ", ", ", ", ", ", ", ", "
L	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,000	)		* 3
L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000,0	00		. * *
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,00	0	·  ,	, ×**
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 259	% of line 1f)			57,154	<del> </del>
	Subtract line 1g from line 1a. Enter -0- if I	•		<u> </u>	0	
	Subtract line 1f from line 1c. Enter -0- if li			L	0	
J	If there is an amount other than zero on e	other line 1h or line 1i,	did the organization fil	e Form 4720 reporting	9	п. п.
	section 4911 tax for this year?					Yes No
		4-Year Averagin	ng Period Under S	Section 501(h)		
	(Some organizations the				omplete all of th	e five
			ions for lines 2a			
			res During 4-Yea			<del></del>
		bying Expenditu	les During 4-Tea	Averaging Ferr	<u> </u>	T
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total
	beginning in/	(a) 2000	(5) 2000	(0) 2007	(4) 2000	(6) 10.0.
2a	Lobbying non-taxable amount		242,810	251,298	228,614	722,722
b	Lobbying ceiling amount	***	,	è «· ·		
	(150% of line 2a, column(e))			* ** `		1,084,083
c	Total lobbying expenditures					22 22
		<del></del>	6,750	6,750	6,750	20,250
d	Grassroots non-taxable amount		60 700	<i>6</i> 0 005	En 15	100 601
			60,702	62,825	57,154	180,681
е	Grassroots ceiling amount	su 4 1,	-	<b>*</b>		271.022

Schedule C (Form 990 or 990-EZ) 2008

f Grassroots lobbying expenditures

- Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C, Part II-A, Explanation of Four Year Averaging For year of 2005, there was no lobbying expenses.

2c 3

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Publicing Inspection

Name of the organization

COUNCIL FOR NATIVE HAWAIIAN

Employer identification number

	OVANCEMENT		91-0313383
	Organizations Maintaining Donor Advised Futhe organization answered "Yes" to Form 990,	Inds or Other Similar Funds or	
	the organization answered Tes to Form 550,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised	
-	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	The state of the s	
	used only for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pε	irt II. Conservation Easements. Complete if the org	anization answered "Yes" to Fo	orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply).	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically i	mportant land area
	Protection of natural habitat	Preservation of certified histori	c structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conservation	contribution in the form of a conservation	on easement
	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure in	, ,	2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06	2d
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organi	zation during
	the taxable year		
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, violations, and	П., П.,
	enforcement of the conservation easements it holds?		∐ Yes ☐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforc		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section	☐ Yes ☐ No
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easer		
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements tha	t describes
	the organization's accounting for conservation easements  art III.  Organizations Maintaining Collections of Art	Historical Traccures or Othe	r Similar Assata
	organizations Maintaining Collections of Art Complete if the organization answered "Yes" to	to Form 990. Part IV. line 8	i Jilliai Assets.
	Complete if the organization answered Teo t		

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- **b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
  - (i) Revenues included in Form 990, Part VIII, line 1
  - (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

	\$ <u></u>	_	_	_	_	_	_
<b>&gt;</b>	<b>\$</b> _	_	_	_	_	_	
the		_	_				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sche		OR NATIVE HAY		<u>91-03</u>					age 2
	rt III   Organizations Maintaining					Assets	(contin	ued)	
3	Using the organization's accession and other items (check all that apply).	records, check any of the	e following that are a	significant use of its	collection				
а	Public exhibition	d Loan	or exchange program	ns					
b	Scholarly research	e 🔲 Other							
С	Preservation for future generations								
4	Provide a description of the organization's co Part XIV.	llections and explain how	they further the orga	nızatıon's exempt pu	ırpose in				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of art, be maintained as part of	historical treasures, the organization's co	or other similar		🔲	Yes		No
Pa	rt IV Trust, Escrow and Custod	ial Arrangements. (	Complete if orga	nization answer	ed "Yes"	to Forr	n 990,		
	Part IV, line 9, or reported a						_		
1a	Is the organization an agent, trustee, custodia	an or other intermediary fo	or contributions or oth	ner assets not				]	
	included on Form 990, Part X?						Yes	$\sqcup$	No
b	If "Yes," explain the arrangement in Part XIV	and complete the followin	ig table.						
							Amoun	t	
С	Beginning balance				1c				
d	Additions during the year				1 <u>d</u>				
е	Distributions during the year				1e				
f	Ending balance				1 <u>f</u>				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?					Yes		No
b	If "Yes," explain the arrangement in Part XIV.								
Pa	rt V Endowment Funds. Comp	lete if organization a	answered "Yes" 1	o Form 990, Pa	<u>ırt IV, line</u>	<del>)</del> 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance		^ `:		<u> </u>			<i>*</i> 'a	100
b	Contributions .		. ^,* ,	# 1 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*	* *	^ĝ `:	x4 3
c	Investment earnings or losses	· .	75 335 1	/* · • -	a ir "	4 -		î.	. 1, 2,4
d	Grants or scholarships		, ×, · ·	, 24, A	* * ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	,	·	Ŷ^	1, ×.3
е	Other expenditures for facilities					y W.	13, 140		
	and programs		· · · · · · · · · · · · · · · · · · ·		A 50 TK ()	*		<i>y</i>	\$ Sec. 3.
f	Administrative expenses			· • * * * * * * * * * * * * * * * * * *	. ,*	* > \ <u>_</u>	. %		· ,
g	End of year balance		4, 85	* ,	<u>l</u>	,# _, , *			^ ^
2	Provide the estimated percentage of the year	r end balance held as [.]							
а	Board designated or quasi-endowment   _	%							
b	Permanent endowment ▶%								
C	Term endowment ▶ %								
За	Are there endowment funds not in the posse	ssion of the organization t	that are held and adn	ninistered for the				_	T
	organization by.							Yes	No
	(i) unrelated organizations	••					3a(i)	ļ	┼
	(ii) related organizations						3a(II)		<del> </del>
b	If "Yes" to 3a(II), are the related organizations			•			_3b	<u> </u>	<u> </u>
4	Describe in Part XIV the intended uses of the			0. D. 1. V. F. 4	^				
Pa	rt VI Investments—Land, Build						4 10		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot basis (other		preciation		(d) Bool	value	
1a	Land							_	
b	Buildings								
C	Leasehold improvements								
d	Equipment			000	00=	_			<u> </u>
	Other			,938	205,4	_			523
Tota	I. Add lines 1a-1e. (Column (d) should equal	Form 990, Part X, column	(B), line 10(c).)	<del>-</del>		<u> </u>			<u>523</u>
						C-b-d-1	- D /C	- 000	N 0000

Schedule D (Form 990) 2008 COUNCIL I	FOR NATIVE HAV	WAIIAN	91-0313383	Page 3
Part VII Investments—Other Secu	rities. See Form 990	), Part X, line 12.		
(a) Description of security or cat		(b) Book value	(c) Method of valuation.	
(including name of security)	· · · · · · · · · · · · · · · · · · ·		Cost or end-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests	•			
Other				
_ <b></b> _				
_ <b> </b>			<del> </del>	
_ <b></b>				
Total. (Column (b) should equal Form 990, Part X	. col (B) line 12.)		<u> </u>	
Part VIII Investments—Program R	, + , - , - , - , - , - , - , - , -	0 Part X line 13		<del>,</del>
(a) Description of investment		(b) Book value	(c) Method of valuation	
(a) Dodd phon of mrooms in	,,,,,	(5, 200	Cost or end-of-year market value	
	<del></del>			
			*	
Total. (Column (b) should equal Form 990, Part X			* * * */	
Part IX Other Assets. See Form 9				
	(a) Description		<b>(b)</b> Bool	k value
<del></del>				
	-			
Total. (Column (b) should equal Form 990, Part X	, col. (B) line 15.)		<b>&gt;</b>	
Part X Other Liabilities. See For	m 990, Part X, line 2	5.		
(a) Description of liability		(b) Amount		
Federal income taxes				
				4 4
			4	
	· · · -		4	
			<b>_</b>	
			-	
			4	
			4	
		ļ <u></u>	-	
That (Only 10) the Harman Co.	/ not (D) !! OF !		<del>- </del>	`
Total. (Column (b) should equal Form 990, Part X		tomonto that consists the con-	L	
In Part XIV, provide the text of the footnote to the	organization's financial sta	tements that reports the o	organization's liability for	

uncertain tax positions under FIN 48

Schedule D	(Form 990) 2008 COUNCIL FOR NATIVE HAWAIIAN	91-03133	<u>83</u>	Page 4
Part XI	Reconciliation of Change in Net Assets from Form 990 t	o Financial Statements		
1 Total	revenue (Form 990, Part VIII, column (A), line 12)		1	1,618,465
2 Total	expenses (Form 990, Part IX, column (A), line 25)		2	<u>1,568,880</u>
3 Exce	ss or (deficit) for the year. Subtract line 2 from line 1		3	49,585
4 Net u	Inrealized gains (losses) on investments		4	
5 Dona	ated services and use of facilities		5	
6 Inves	stment expenses		6	
7 Prior	period adjustments .		7	
8 Othe	r (Describe in Part XIV)		8	-87,245
9 Tota	adjustments (net) Add lines 4-8		9	<u>-87,245</u>
	ss or (deficit) for the year per financial statements. Combine lines 3 and 9		10	-37,660
Part XI	Reconciliation of Revenue per Audited Financial Statem	<u>ents With Revenue per R</u>	eturn	
1 Total	revenue, gains, and other support per audited financial statements		1	1,542,620
2 Amo	unts included on line 1 but not on Form 990, Part VIII, line 12.	1		
a Netι	ınrealized gains on investments	2a		
<b>b</b> Dona	ated services and use of facilities	2b		
c Reco	overies of prior year grants	2c		
<b>d</b> Othe	r (Describe ın Part XIV)	_2d	1000	
e Add	lines 2a through 2d		2e	
3 Subt	ract line 2e from line 1	f I	3	1,542,620
	unts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inves	stment expenses not included on Form 990, Part VIII, line 7b	4a	- 2	
	r (Describe in Part XIV)	4b 75,84!		== 04=
	lines <b>4a</b> and <b>4b</b>		4c	75,845
	revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)		5	1,618,465
	Reconciliation of Expenses per Audited Financial States	ments with Expenses per	Return	1 500 200
	I expenses and losses per audited financial statements		الا الور مطمر	1,580,280
	unts included on line 1 but not on Form 990, Part IX, line 25:	اما		
	ated services and use of facilities	2a		
	year adjustments	2c 2c	144	
	res reported on Form 990, Part IX, line 25	2d		
	er (Describe in Part XIV)	_ <u>zu</u> ]	2e	
	lines 2a through 2d	•	3	1,580,280
	ract line <b>2e</b> from line 1 ounts included on Form 990, Part IX, line 25, but not on line 1:	[ ]	\$ 0 m	1/300/200
	stment expenses not included on Form 990, Part VIII, line 7b	4a		
	er (Describe in Part XIV)	4b -11,40	กได้เรา	
	lines 4a and 4b	11/10	4c	-11,400
	I expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	• •	5	1,568,880
	Value Supplemental Information		<u> </u>	
Complete and 2b; Pa	this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, art V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2 <b>t XI, Line 8 - Reconcilation of Changes</b>	2d and 4b		
_			_\$	0
_Con	solidation subsidiary		_	75,845
			-' 	
_P <u>a</u> r	t XII, Line 2d - Revenue Amounts Includ	d <u>ed_in_Financi</u> a <u>l</u> s	o <u>t</u>	her
			\$	0
	<b> </b>			

	orm 990) 2008				HAWAI	IAN			91	-03:	<u> 133</u>	83				Page 5
Part XIV	Supplemen	ntal Informa	ition (continu	ied)		_										
_Part	XII,_Lir	<u> 4b -</u>	Revenue	• Ywonn	ts Ir	<u>clud</u>	i <u>e</u> d_	o <u>n</u> ]	<u>Ret</u> u	ı <u>r</u> n_	0	<u>the</u> :	r			
Conso	lidation	subsid	liary									\$		7	5,84	5
					<b>-</b>		- <b>-</b>				_					
_Part	XIII, Li	ne_4b	Expens	e Amou	nts_1	nclu	ı <u>d</u> e <u>d</u>	<u>o</u> n	<u>Re</u> t	<u>urn</u>	<u>-</u> .	<u>Oth</u>	e <u>r</u> _			
Congo	lidation	. subsid	li aver									ė		_1	1 40	0
_course	TIGALIO	r amario	rary					<b>-</b> ·			_				T. 40	<b>-</b> -
	<b>_</b>															
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

Governments, and Individuals in the U.S.

1545-0047	. 80
OMB No	20

•

Open to Public Inspection

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

ĝ  $\mathbf{X}$ Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on (**n**) Employer identification number non-cash assistance (g) Description of 91-0313383 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV appraisal, assistance other) assistance 10,000 22,000 20,992 5,250 20,694 5,550 20,634 6,500 5,840 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (c) IRC section if applicable m m m 99-0223456 99-1061980 99-0226903 94-3274865 99-0342736 99-0350425 99-0242181 99-0222998 99-0524409 COUNCIL FOR NATIVE HAWAIIAN General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? ANAHOLA HAWAIIAN HOME ASSOCIATION ні 96713 HI 96817 96822 HI 96744 HI 96744 HI 96732 96703 96807 96792 (a) Name and address of organization COMMUNITY DEVELOPMENT PACIFIC HANA HI S CULTURAL CENTER ADVANCEMENT 描 H Ħ H HULA PRESERVATION SOCIETY or government 1833 VANCOUVER PLACE KIPAHULU OHANA INC 46-403 HAIKU ROAD HUI KU MAOLI OLA 1525 BERNICE ST. ONE CAMERON WAY KAALA FARM INC Name of the organization BISHOP MUSEUM HAWAII MAOLI P.O.BOX 1135 P.O.BOX 6457 P.O.BOX 646 P.O.BOX 630 P.O.BOX 454 HONOLULU HONOLULU HONOLULU Parti Part II ANAHOLA KANEOHE KANEOHE KAHULUI WAINAE ผ

- Enter total number of section 501(c)(3) and government organizations
  - Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

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Schedule I (Fo	Schedule I (Form 990) 2008 COUNCIL FOR NATIVE HAWAIIAN	NATIVE HAWAII	IAN 9:	91-0313383		Page 2
Rart III.	Grants and Other Assistance to Individuals in the Use Schedule I-1 (Form 990) if additional space is r	to Individuals in the	e United States. Corr needed.	plete if the organiza	<b>United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. needed.	rm 990, Part IV, line 22.
<u> </u>	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
HOME P	HOME PURCHASE DOWN PMTS	4	30,000			
.Part IV	Supplemental Information. Complete this part to pr	omplete this part to	provide the informatic	on required in Part I,	ovide the information required in Part I, line 2, and any other additional information.	onal information.

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Open to Public Inspection OMB No 1545-0047 2008 **Employer identification number** (h) Purpose of grant or assistance 91-0313383 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash ▶ Attach to Form 990 to list additional information for assistance Part II and Part III, Schedule I (Form 990). (c) IRC Code section (d) Amount of cash grant 7,792 6,250 14,050 12,472 if applicable COUNCIL FOR NATIVE HAWAIIAN Enter total number of Section 501(c)(3) and government organizations 99-0309110 99-0354676 32-0192911 71-0903791 (P) EIN ١ ١ 1 ١ ١ I 1 SUITE 1 E 2 Į ı ١ ١ ١ 96743 HI 96825 7192 KALANIANAOLE HWY, SUITE D201 HI 96744 96792 ١ I ł 1 ı ١ ADVANCEMENT Enter total number of other organizations (a) Name and address of organization I ١ l 1 MOKU OLA EDUCATION FOUNDATION ΙĦ H ١ ١ ١ ١ ļ ١ 1 I ١ WALANAE COAST COALITION 85-670 FARRINGTON HWY ŀ ı ١ 1 ١ ١ 1 ١ Ī ł ١ 1 THE KOHALA CENTER Department of the Treasury Internal Revenue Service Name of the organization ļ P.O.BOX 437462 ı 1 ١ İ Ī PAEPAE O HEEIA **SCHEDULE 1-1** _ P.O. BOX 6355 ١ ı ١ ١ ١ 1 ١ ١ (Form 990) HONOLULU WAIANAE KANEOHE KAMUELA İ ١ 1 ١ ١ Part ١ İ l I ١ ١

Schedule I-1 (Form 990) 2008

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

(a) Type of grant or assistance recipients					
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance ••
				-	•

**SCHEDULE O** 

**Supplemental Information to Form 990** 

(Form 990)

➤ Attach to Form 990. To be completed by organizations to provide additional Information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Publicationspection

Department of the Treasury Internal Revenue Service Name of the organization

COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT

Employer Identification number 91-0313383

Form 990 - Organization's Mission or Most Significant Activities

CNHA's primary expertise is in community development technical assistance &

training, public policy, education and the coordination of events and

conferences focused on native community development issues.

Form 990, Part III, Line 2
Hawaiian Way Fund Program

Form 990, Part III, Line 3

Program Name changed.

(PY) Training and Counseling Center Programs (CY) Community Development

(PY) Information and Outreach (CY) Policy and Leadership

(PY) Events Programs (CY) Community Development

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The Organization is a not-for-profit corporation with members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights
The Organization's members elect the board of directors.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 CNHA President and and Senior Vice President review the 990 prior to filing.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Page 2

Name of the organization

COUNCIL FOR NATIVE HAWAIIAN

Employer identification number 91-0313383

Compensation for President & CEO is reviewed and approved by the Board of Directors in conjunction with approval of the organization's annual budget.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation for Senior Vice President is reviewed and approved by the

President & CEO and does take into account comparability data.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation These documents are not made available to the public.

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OMB No 1545-0047 Schedule R (Form 990) 2008 Open to Public Inspection (F)
Direct controlling
entity 2008 Employer identification number 91-0313383 (F) Direct controlling entity (E)
Public charity status
(if section 501(c)(3)) (E) End-of-year assets ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (D) Exempt Code section (D) Total income Related Organizations and Unrelated Partnerships Legal domicile (state or foreign country) Legal domicile (state or foreign country) ▶ See separate instructions. (B) Primary activity (B) Primary activity For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA Identification of Related Tax-Exempt Organizations COUNCIL FOR NATIVE HAWAIIAN Identification of Disregarded Entities (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity ADVANCEMENT Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R Part ! Partil (Form 990)

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Schedule R (Form 990) 2008

Page 2

91-0313383

COUNCIL FOR NATIVE HAWAIIAN

General or managing partner? Schedule R (Form 990) 2008 755,500 100.000000 1,200 100.000000 Yes No Percentage ownership amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets Share of g (H)
Disproportionate Yes No (G) Share of end-of-year 1,378,000 1,200 Share of total income (F) Share of total income Type of entity (C corp., S corp. or trust) υ U Predominant income (related, (D)
Direct controlling investment, unrelated) Identification of Related Organizations Taxable as a Corporation or Trust (D)

Direct controlling pentity Legal domicile foreign country) Identification of Related Organizations Taxable as a Partnership (state or H Ħ (C)
Legal
domicile
(state or
foreign
country) DOC. DIGIT MANAGEMENT Primary activity (B) Primary activity HAWAIIAN HOMESTEAD TECHNOLOGY INC 41-1537 KALANIANAOLE HWY STE 314 HI 96795 HI 96814 Name, address, and EIN of related organization (A)
Name, address, and EIN of related organization 1050 QUEEN ST. STE 200 CNHA ENTERPRISES INC 20-2912347 HONOLULU WAIMANA Part IV Part III ₩ A

Schedule R (Form 990) 2008

Page 3

91-0313383

COUNCIL FOR NATIVE HAWAIIAN

91-0313383

Page 4

Schedule R (Form 990) 2008 COUNCIL FOR NATIVE HAWAIIAN

Unrelated Organizations Taxable as a Partnership Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

alor ging er?	S N	×			į				) 2008
(H) General or managing partner?	Yes				 				rm 990
(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		N/A							Schedule R (Form 990) 2008
ortonate	S S	×							ļ
(F) Disproportionate allocations?	Yes								
(E) Share of end-of-year assets			i						
(D) Are all partners section 501(c)(3) organizations?	ટ	×							
(D) Are all partn section 501(c)(3)	Yes								
(C) Legal domicile (state or foreign country)									
(B) Primary activity									
(A) (B) Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Legal do Lega		NONE				:		:	

Form 4562

Department of the Treasury Internal Revenue Service

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172 2008

Attachment Sequence No. 67

Name(s) shown on return

COUNCIL FOR NATIVE HAWAIIAN ADVANCEMENT

See separate instructions.

Identifying number

91-0313383

Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 5 (b) Cost (business use only) (a) Description of property (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 33,099 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (g) Depreciation deduction (a) Classification of property yéar placed in (business/investment use period only-see instructions) service 19a 3-year property 5-year property b 7-year property d 10-year property 15-year property f 20-year property S/L 25 yrs. g 25-year property S/L h Residential rental 27 5 yrs MM property ММ S/L 27 5 yrs MM Nonresidential real 39 yrs. S/L property MM S/L Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year S/L 40 yrs MM c 40-vear Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 33,099 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr. 22 For assets shown above and placed in service during the current year, 23 enter the portion of the basis attributable to section 263A costs

Totals

Forms	Oth	er Notes and	Loans Receiv	able				
990 / 990-PF		2008						
LL Name	For calendar year 2008, o	or tax year beginning	10/01/08	, and ending	9/30/0 Employ	ver Identification Number		
	ATIVE HAWAIIAN		91-0313383					
ADVANCEMENT								
Form 990, Par	t X, Line 7 -	<u>Additional</u>	<u>Informatio</u>	n				
	Name of borrower		Relationship to disqualified person					
(1) Loan Receiv	able							
(2)		-		-				
(3)	<del> </del>	<del></del>				<del> </del>		
(5)			<del></del>					
(6)								
(7)								
(8)								
(9)								
(10)		****	<u> </u>		* * *	~ , <b>, , , , , </b>		
Original amount		Maturity				Interest		
borrowed (1)	Date of loan	date	<u> </u>	epayment terms		rate		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9) (10)	··							
(10)	* * * * * *	£ 7.	- 17 ( ) ******	*, *	, , 4	Spring 1		
Secu	urity provided by borrower			Purpos	se of loan			
(1)						<del> </del>		
(2)		· · · · ·						
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(10)		` .	· · · · · · · · · · · · · · · · · · ·		·			
Considera	tion from the debut lander		Balance due at	Balance d		Fair market value		
(1)	tion furnished by lender	<del></del>	beginning of year 68,171	end of y	961	(990-PF only)		
(2)			<u> </u>					
(3)								
(4)								
(5)				<del>                                     </del>				
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(7)		<del></del>		<del> </del>				
(8) (9)		-						
(10)								

961

68,171