732001 11-28-17

Department of the Treasury

### CHANGE OF ACCOUNTING PERIOD

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 Open to Public Inspection

Intern	al Reve	nue Service	<b></b> G	o to www.irs.g	ov/Form	<u>1990 fo</u>	or instructio	ns and	the late:	st informa		Ins	pection
A F	or the	e 2017 calend	dar year, or tax yea		JUL		2017			DEC 3			
	heck if pplicabl		of organization							D Em	ployer identifi	cation numb	er
	Addre	ss HUI	HULIAU, II	NC.									
F	Name		ousiness as							7	27-4	710855	
一	Colortal										ephone numbe		
											•	999-093	17
	terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receip										s receipts \$	5€	54,818.
Amended WAIANAE, HI 96792 H(a) Is this a										this a group re	eturn		
											r subordinates	? <u></u>	es X No
	pendii	L PO BC	X 587, WA	IANAE, H	<u>II 96</u>	<u>6792</u>	<u>2-3118 </u>				e all subordinates ir		es No
			X 501(c)(3)	501(c) (	)◀ (װ	nsert no	o.) 4947	7(a)(1) o	r 52	<b>—</b>	"No," attach a		
			HUIHULIAU		1				<del></del>		roup exemptio		
			X Corporation	Trust	Associati	ion	Other -		L Ye	ar of format	ion: 2010] <b>n</b>	1 State of legal	domicile; H1
Га	rt I	Summary				• •	m	O CI	CONT	N CII	DDODM :	VAID ENID	TCU
e			be the organization'									AND ENR	<u>ICN</u>
Governance			ox Difference									oto.	
/err			oting members of th	_			-	uisposi	eu oi mo	ie uiaii 23	3	ets.	3
é	i		dependent voting m		• •		-	e 1b)			4		3
	5		of individuals empl		-		•	-			5		0
iţi	6		of volunteers (estin	•	•			'			6		8
Activities &	7 a		ed business revenue		•	(C), line	e 12				7a	32	24,920.
_<	ь	Net unrelated	d business taxable ir	ncome from Fo	rm 990-T,	line 3	4				7b	28	37,894.
									L	Pric	r Year	Currer	
۰	8	Contributions	s and grants (Part Vi	III, line 1h)							0.	23	<u>89,898.</u>
J.	9	Program serv	rice revenue (Part VI	III, line 2g)							0.		0.
Revenue	10	Investment in	ncome (Part VIII, coli	umn (A), lines 3	3, 4, and 7	7d)					0.		0.
ш			e (Part VIII, column						ļ		0.		24,920.
_			e - add lines 8 throug					12)			0.		54,818.
			ımılar amounts paid	=					L	<u>.</u>	0.		LO,000.
		•	to or for members	-		-	(0)	5 4 O\	-		0.		0.
ses			er compensation, en	•			mn (A), lines	5-10)	F		0.		0.
Expenses			fundraising fees (Pa sing expenses (Part	•	•	e) 🛌			.0				
EX	17	Other evnens	ees (Part IX column	(Δ) lines 11a.1	114 1162	4aDI	CCEIV	En			0.		18,906.
	18	Total expens	es Add lines 13-17	(must equal Pa	art IXI colt	mir (A	ا الله الله الله الله الله الله الله ال		っこけ		0.		8,906.
	19	Revenue less	expenses Subtrac	t line 18 from l	ine 1243	v	""" [5				0.		5,912.
or es					E2-6	N	0V <b>(3)</b> 2	018		Beginning o	of Current Year		f Year
ets	20	Total assets (	(Part X, line 16)			_			18 -		10,176.		L6,088.
t Assets or	21	Total liabilitie	s (Part X, line 26)		1,	$\Omega$	DEN.	IIT	- 1	-	0.		0.
23	22		fund balances Sul	otract line 21 fr	om Il <del>ne 2</del>	<u>یر</u>	IDLIY,	<u> </u>			10,176.	51	L6,088.
	ırt II	Signatur							-				
			, I declare that I have e									knowledge an	d belief, it is
true,	correc	ct, and complete	e. Declaration of prepa		ffice <u>r) i</u> s ba	ased or	n all information	n of whi	ch prepar	er has any l		2.1	
		Signatu	re of officer	<del></del>						<del></del>	Date	- 20/8	
Sigr		1' •	•	L, CHIEF	PTM:	א אזכי	דאר העם	7T/101	D		, Date		
Her	е		ARD RUSSEL  print name and title	L, CHIEF	FINZ	ALVC.	IAL OF	TCE					
		<del>  '''</del>	•		Dropo	arer's s	ionatiire			Date	Check	PTIN	
Print/Type preparer's name Preparer's signature 11/15/18 sell-e								1, 4		11507			
	arer	Firm's name	► WARREN	AVERETT	//	w	u soll			<u> </u>	Firm's EIN	45-408	
_	Only	Firm's addres			SET N						· iiiii y Liii		
330	-··· <i>j</i>	3 200163	HUNTSVI								Phone no.25	6-533-7	7610
Mav	the II	RS discuss th	is return with the pr				tructions)					X Ye	

Form	990 (2017) HUI HULIAU, INC.	27-4710855	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	HUI HULIAU, IS A FEDERALLY RECOGNIZED NATIVE HAWAIIAN ORG	ANIZATION	
	(NHO), NOT-FOR-PROFIT 501(C)3 ENTITY CREATED TO GENERATE		
	THROUGH ITS FOR-PROFIT COMPANIES TO SUSTAIN, SUPPORT AND		
		BIAKTCII	
	HAWAII'S INDIGENOUS LANGUAGE, CULTURE AND COMMUNITY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as n	neasured by expenses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •	nd
		, the total expenses, a	iiu
	revenue, if any, for each program service reported		<del></del>
4a	(Code) (Expenses \$ 34,453. including grants of \$ 10,000.) (Revenu		,
	ONE OF THE KEY MECHANISMS TO HUI HULIAU'S SUCCESS RESIDES		
	DEVELOPMENT OF A NUMBER OF FOR-PROFIT BUSINESSES. THE CU		
	PORTFOLIO OF COMPANIES INCLUDE INTERNATIONAL CONSTRUCTION	I, INC, KAYA	. &
	ASSOCIATES, PONA AINA MANAGEMENT, LLC, HUI HULIAU TECHNOI	LOGY SERVICE	S,
	LLC, AND HUI HULIAU STAFFING, LLC.:		
	THROUGH THESE INVESTMENTS IN THE FOR-PROFIT ENTITIES, HUI	HULIAU	
	SUPPORTS KEIKI (YOUTH) PROGRAMS, EDUCATIONAL PROGRAMS, FI		
	AWARDS/SCHOLARHSIPS, KUPUNA (ELDER) SUPPORT, VETERAN SUPP		תקוו
			пвк
	PROJECTS AND PROGRAMS THAT PRESERVE THE RICH HAWAIIAN CUI	TURE.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$	)
			<u> </u>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	e \$	<u> </u>
		<del></del>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 34,453.		

Form **990** (2017)

27-4710855 Page 3

	Checklist		

			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		į	
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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, 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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			ـــــا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			٦,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			٠,,
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	┰
	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		<u> </u>
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?	406		<sub>v</sub>
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional to the organization a perhapt described in section 170(b)(1)(A)(i)? If I assembled Schedule D	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?			X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>  ^</del>
D	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		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	175		<del></del>
	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			
	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,	<u> </u>		<u></u> -
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<del></del> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?   f "Yes,"			
	complete Schedule G. Part III	19		х
			990	(2017)
				,

00-	Did the assessment on a company beautiful facilities? If the first the company of	20a	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		-22
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Х
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		1	v
	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			х
	Schedule K If "No", go to line 25a	24a		
	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	امدا		
	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	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
Þ	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			х
00	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		-21
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			
		26	х	
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	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 7701-37 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		٠,,	
	Part V, line 1	34	X	v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\vdash$	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		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	x	
	There is a contract the same reconnect to controlled activities of		. 44	

Par									
	Check if Schedule O contains a response or note to any line in this Part V								
		م ا ا		Yes	No				
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0	-						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		┨						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable garning	4-						
0-	(gambling) winnings to prize winners?	<b>l</b> 1	1c						
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<sub>2a</sub>   0							
<b>L</b>	filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b						
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions								
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	2)	3a	$\overline{\mathbf{x}}$					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b	X					
	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)?								
b	If "Yes," enter the name of the foreign country	<b>,</b>	4a		Х				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR)							
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit							
	any contributions that were not tax deductible as charitable contributions?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?								
7									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х				
b									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?								
d	If "Yes," indicate the number of Forms 8282 filed during the year		7e		x				
е									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X				
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization is the contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, or other vehicles, did the organization of cars, airplanes, did the organization		7h		<u> </u>				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	8						
0	sponsoring organization have excess business holdings at any time during the year?		-						
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a						
a b	Did the sponsoring organization make any taxable distributions under section 4300.  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		ŀ				
11	Section 501(c)(12) organizations. Enter		1						
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)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13 Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.		-		"				
b	Enter the amount of reserves the organization is required to maintain by the states in which the			ı,					
	organization is licensed to issue qualified health plans	13b	1						
c	Enter the amount of reserves on hand	13c	1	.,	<u> </u>				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b						

INC. 27-4710855 Form 990 (2017) HUI HULIAU. Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 3 b Enter the number of voting members included in 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 X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? 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 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed -Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

State the name, address, and telephone number of the person who possesses the organization's books and records

statements available to the public during the tax year

ADRIAN SILVA - 412-999-0937 PO BOX 587, WAIANAE, HI 96

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Form	990	(201	7۱

HUI HULIAU, INC.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/bustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ADRIAN NAKEA SILVA	1.00									
BOARD CHARIMAN	1 00	X	_					0.	0.	0
(2) DERYL WRIGHT CHIEF EXECUTIVE OFFICER	1.00	x		x				0.	0.	0
(3) SHAVON OKAMURA	1.00	₽	├─	ı^	┝	$\vdash$		<u> </u>		
BOARD MEMBER	1.00	X						0.	0.	0
										- "
					ļ 					
				_						
		_								_

Part VII   Section A. Officers, Directors, Trus		<u>ploy</u>	ees,			ghes	t C	ompensated Employee	s (continued)	—		
(A)	(B)	·		(D)	(E)		(F)					
Name and title	Average	I (do not check more than o						Reportable	Reportable		Estimate	
	hours per week					s both or/trus		compensation	compensation from related		amount other	
	(list any	ĕ		Г			Ė	from the	organizations	١,	compensa	
	hours for	Individual trustee or director				Ļ		organization	(W-2/1099-MISC		from th	
	related	5 o a	stee			nsate		(W-2/1099-MISC)	(1. 2. 1000 11100	′	organizat	
	organizations	trust	Institutional trustee		a A	Highest compensated employee		,			and relat	
	below	vidua	tutio	   5	Key employee	lest c	盲			'	organızatı	ons
· · · · · · · · · · · · · · · · · · ·	line)	힐	重	Officer	Xe.	音覧	Former			_		
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	<b>†</b>	┢	i			ļ				十		
		1				l						
1b Sub-total							<b></b>	0.	(	o.		0.
c Total from continuation sheets to Part VI	I. Section A						•	0.		o . l		0.
d Total (add lines 1b and 1c)	.,						<b>•</b>	0.	(	0.		0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable		-	
compensation from the organization									·			0
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee,	or l	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4 For any individual listed on line 1a, is the su		le cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" cc	mple	ete S	Sche	edule	J f	or such individual		L	4	X
5 Did any person listed on line 1a receive or a	accrue comper	ısatı	on f	om	any	unre	elate	ed organization or individ	lual for services	_	_	<u> </u>
rendered to the organization? If "Yes." corr	plete Schedul	e J f	or su	ıch ,	oers	on					5	X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest co</li> </ol>										nsatio	n from	
the organization Report compensation for	the calendar y	ear e	endır	ng w	ıth c	or wi	thin	the organization's tax y	ear			
(A)			~~	_				(B)		C	(C)	
Name and business	address	N	INC	<u> </u>			-	Description of s	ervices		npensatio	<u>лт</u>
							$\dashv$		·			
							$\dashv$					
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<del></del>	<del></del>						┪					
							$\dashv$		<del></del>	_		
2 Total number of independent contractors (ii	ncluding but n	ot b	miter	d to	thos	ما مع	ted	ahove) who received me	ore than			
\$100,000 of compensation from the organic	_	J. III				)	, tou	above, who received his	o, o u iail			
w 100,000 of compensation from the organi.	Lation				<del>`</del>			·			QQA	

Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue , Grants 1 a Federated campaigns 1b **b** Membership dues c Fundraising events 1c 1d d Rolated organizations 1ę e Government grants (contributions) f All other contributions, gifts, grants, and 239,898 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 239,898 h Total. Add lines 1a-1f Business\_Code f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents h Less rental expenses c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (riot Revenue including \$ \_ contributions reported on line 1c) See Part IV, line 18 Other I b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Rovenue 11 a PASSTHROUGH ENTITY INC 236110 289,680. 289,680. 35,240. b PASSTHROUGH ENTITY INC 541330 35,240. d All other revenue 324,920. e Total. Add lines 11a-11d 564,818. 324,920. Ō. Total revenue. See instructions.

Form 990 (2017) HUI HULIAU, INC.
Part IX Statement of Functional Expenses

SECU	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons			ripiete coluiriii (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
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			, i	·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch O.)			20	
12	Advertising and promotion	65.	33.	32.	
13	Office expenses	10,872.	5,436.	5,436.	
14	Information technology				
15	Royalties				
16	Occupancy	0.67	402	404	
17	Travel	967.	483.	484.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	. + L <sup>1</sup> 1/ <sub>2</sub>	i i	n m	The state of the s
_	amount, list line 24e expenses on Schedule (1)  CONSULTING EXPENSES	35,000.	17,500.	17,500.	
a b	TAXES	1,783.	891.	892.	
C	MEALS AND ENTERTAINMENT	146.	73.	73.	
d		73.	37.	36.	
_	All other expenses	, , ,		30.	
25	Total functional expenses. Add lines 1 through 24e	58,906.	34,453.	24,453.	0.
26	Joint costs. Complete this line only if the organization	,			3.0
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		,		

Form 990 (2017)
Part X | Balance Sheet

		Olympia (Orbadala Oranda)	a An annu luna un Albira David V			
		Check if Schedule O contains a response or not	e to any line in this Part X			<u></u>
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		10,176.	1	184,119.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
	_	trustees, key employees, and highest compensa				
		Part II of Schedule L		0.	5	2,064.
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	•		
		employers and sponsoring organizations of sect				
s		employees' beneficiary organizations (see instr)	0.	6	0.	
Assets	7	Notes and loans receivable, net	·		7	4,985.
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other	1 1			
		basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1 [		12	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		0.	15	324,920.
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	10,176.	16	516,088.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			_20	
	21	Escrow or custodial account liability Complete I	Part IV of Schedule D		21	
S	22	Loans and other payables to current and former				
ij	į	key employees, highest compensated employee	s, and disqualified persons.			
Liabilities	ŀ	Complete Part II of Schedule L			22	
ب	23	Secured mortgages and notes payable to unrela	ited third parties		23	
	24	Unsecured notes and loans payable to unrelated	· .		24	
	25	Other liabilities (including federal income tax, pa			1	
	1	parties, and other liabilities not included on lines	s 17-24) Complete Part X of			
	l	Schedule D	}	0.	25	
	26	Total liabilities. Add lines 17 through 25	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		26	0.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 an	d 34.	10,176.	27	516,088.
and	27	Unrestricted net assets	ŀ	10,170.	28	310,0001
Bal	28	Temporarily restricted net assets	ŀ		29	
ם	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (A	SC 959) shock hara		25	
Ē			SC 956), Check here			
Net Assets or Fund Balances	30	and complete lines 30 through 34.  Capital stock or trust principal, or current funds	ł	· · · · · · · · · · · · · · · · · · ·	30	
set	30 31	Paid-in or capital surplus, or land, building, or ed			31	
As	32	Retained earnings, endowment, accumulated in	' '		32	
ş	33	Total net assets or fund balances	oome, or earer fulles	10,176.	33	516,088.
_	34	Total liabilities and net assets/fund balances	Ì	10,176.	34	516,088.

_	990 (2017) HUI HULIAU, INC.	<u>27-47</u>	L0855	Pag	<sub>le</sub> 1
Par	t 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		1,81	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,90	
3	Revenue less expenses Subtract line 2 from line 1	3		91	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10	,17	/6
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	516	5,08	<u>88</u>
Par	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	e O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	ed on a			
	separate basis, consolidated basis, or both			.	
	Separate basis Consolidated basis Both consolidated and separate basis		.		_
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audıt,			٠,
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule O		T	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit	.	I	
	Act and OMB Circular A-133?	ŭ	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit		$\Box$	
	, , , , , , , , , , , , , , , , , , , ,				
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	- 1	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

## **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.

2017

Open to Public Inspection

Name of the organization **Employer identification number** 27-4710855 HUI HULIAU, INC. Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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 acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (III) Type of organization ing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2017 HUI HULIAU, INC. 27-4710855 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	0.	5,000.	11,150.	135,160.	239,898.	391,208.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	ĺ					,
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		5,000.	11,150.	135,160.	239,898.	391,208.
5	The portion of total contributions				1		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	1					
	amount shown on line 11,						•
	column (f)						
_6_	Public support. Subtract line 5 from line 4	<u> </u>		•			391,208.
	ction B. Total Support	1			<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4		5,000.	11,150.	135,160.	239,898.	391,208.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
	activities, whether or not the		0	_		207 004	207 004
	business is regularly carried on	0.	0.	0.	0.	287,894.	287,894.
10	Other income Do not include gain						
	or loss from the sale of capital			1			
	assets (Explain in Part VI)						679,102.
	Total support. Add lines 7 through 10					40.	0/9,102.
	Gross receipts from related activities,	•	•			501(-)(2)	
13	First five years. If the Form 990 is for	-	s first, second, third	d, tourth, or titth ta	ix year as a section	1 501(c)(3)	. □
Sec	organization, check this box and storection C. Computation of Publi	o nere C Support Per	centage				
	Public support percentage for 2017 (I			oluma (fi)		14	57.61 %
	Public support percentage for 2017 (i		•	olumin (1 <i>))</i>		15	%
	33 1/3% support test - 2017. If the			line 13 and line			
102	stop here. The organization qualifies				14 15 33 1/3/00/11	ore, creek tris box	> X
	33 1/3% support test - 2016. If the		-		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual				11116 13 13 00 17070	or more, oncox an	<b>▶</b> □
47.	10% -facts-and-circumstances test				13 16a or 16b a	and line 14 is 10%.	or more
178							
	and if the organization meets the "fact meets the "facts-and-circumstances"			•	•	it vi now the organ	<b>▶</b>
	10% -facts-and-circumstances test	_				17a and line 15 ie	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		<b>▶</b> □
1Ω	Private foundation. If the organization		-				
	Trivate loundation. If the organization	and not offered a	20% 011 1110 10, 106	<u>., .00, .74, 01 171</u>		edule A (Form 990	

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the boxon line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e)<sub>2</sub>2017 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 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 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) (b) 2014 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part/VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15 % 16 16 Public support percentage from 2016 Schedule A, Part III, line 15 <u>%</u> Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 🧗 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### 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	Supp	orting	Organ	izations

			100	
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			_
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		L
2	Did the organization have any supported organization that does not have an IRS determination of status			ĺ
	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		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			L
	(b) and (c) below	3a		
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			<u> </u>
	organization made the determination	3b		
С	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	3c		
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		
ь	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	4b		
С	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? // "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			ĺ
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			ĺ
	(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		L
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		L
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			l
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			l

Part VI.
 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)

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

- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

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

6

7

8

9a

9b

9с

10a

10b

Sche		-471085	5 P	age 5
Par	र्ति IV Supporting Organizations <sub>(continued)</sub>		,	,
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b	<b> </b>	-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  tion B. Type I Supporting Organizations	11c	<u> </u>	
<u> </u>	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	NO
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	į ,	1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,		ł	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			İ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	_	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	1	1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			,
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			<b></b>
500	the supported organization(s).	1 1	L	
Sec	tion D. All Type III Supporting Organizations		I.,	Г
4	Did the average term arounds to each of its averaged average by the last day of the fifth mouth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<del>-</del>		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			_
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	;tions).		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	e instructions)		г
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
h	that these activities constituted substantially all of its activities  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		<u> </u>	
U	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	<u> </u>		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990 or 990-EZ) 2017 HUI HULIAU, INC.			27-4710855 Page 6
Pa		ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	•	n Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must o	_		·
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		•	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			ļ <b>!</b>
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6	•	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
	Distributable Amount Subtract line 5 from line 4 unless subject to			

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

Schedule A (Form 990 or 990-EZ) 2017

emergency temporary reduction (see instructions)

instructions)

Schedule A (Form 990 or 990-EZ) 2017

a Excess from 2013
b Fxcess from 2014
c Excess from 2015
d Excess from 2016
e Excess from 2017

#### SCHEDULE L

**Transactions With Interested Persons** 

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

	F Organization	UI HUL	IA	U, INC.						27		108		on na	
Part I							on 501(c)(4), and 501								
	Complete if the o						art IV, line 25a or 25b	or or	Form 990-EZ, Pa	art V, I	ne 40	b	T		
1 (a) Nam	ne of disqualified p	person	(b) F	Relationship bety			ified (c	:) De	escription of tran	sactio	n		(q)	(d) Corrected	
(4) (14)	- Con dioqualilios p			person and or	ganiza	ition		(b) bescription of transact					Y,	es	No
							<del></del>						†		
													1		
							" '								
													+	$\dashv$	
2 Enter t		incurred by t	he o	rganization mana	agers	or disc	jualified persons duri	ng t	he year under		• \$				
	he amount of tax,	if any, on line	e 2, a	above, reimburs	ed by	the org	ganization				<b>\$</b>				
B 11 1			14												
Part II	Loans to and														
	reported an amo	•					, Part V, line 38a or F	orm	1990, Part IV, IIIn	e 26, d	or it th	e orga	nizatio	on	
(a)	Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) Original	(f	) Balance due	(g)	ln .	(h) Ap by bo	proved	1 (1) **	ritten
intere	ested person	with organiza	ation	of loan	organi	n the zation?	principal amount		-	defa	r	comm	ıttee?	-	ment?
ADRIAN	NAKEA SI	BOARD	СН	VRHTCT.R	То	From X	2,064.		2,064.	Yes	No X	Yes	No	Yes	No X
DKIM	NAKEA DI	DOMED	CII	VHIICHH		<del>  ^</del>	2,004.		2,0041			-11			<del>                                     </del>
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rotal Part III	Grants or As	sistance	Ben	efiting Inter	ested	Per	sons.		2,004.	<u> </u>		·			
	Complete if the	organization	ansv	vered "Yes" on f	orm 9	90, Pa	art IV, line 27.					_			
(a) Na	ame of interested p	person	(	(b) Relationship interested pers the organiza	on an		(c) Amount of assistance		(d) Type assistan				) Purp assista	ose of ance	•
			$\vdash$								+				
			$\vdash$					$\dashv$		_	-+				
								$\dashv$	<u>.</u>	-	$\neg$	_			
			<u> </u>	· See							-				

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

Schedule L (Form 990 or 990-EZ) 2017

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► 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

Employer identification number

Nam	e of the organization	Employer identification number	
<u> </u>	HUI HULIAU, INC.	d Francis on Other Circles Francis	27-4710855
Pa			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		0.5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	L Yes L N
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes N
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e g , recreation or e	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	_
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	<u></u> _
	violations, and enforcement of the conservation easements it	holds?	Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes N
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemen	nt and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amount
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		► \$

Sche		IAU, INC.						<u> 10855</u>	
Par	t III. Organizations Maintaining C	ollections of Ar	<u>t, Historical T</u>	reasures, or O	ther S	<u>imilar A</u>	ssets	(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that are	a signif	ficant use	of its c	ollection it	ems
	(check all that apply)								
а	Public exhibition	c	l 🔲 Loan or e	xchange programs					
b	Scholarly research	e	e Dther						
C	Preservation for future generations						,		
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization's	exempt	purpose ii	n Part	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	easures, or other su	mılar as:	sets		_	
<u></u>	to be sold to raise funds rather than to be ma							Yes	No_
Par			ete if the organiza	tion answered "Yes	s" on Fo	rm 990, Pa	art IV, I	ıne 9, or	
	reported an amount on Form 990, Pa					<del></del>			
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	ons or other assets	not incl	uded	_	7	
	on Form 990, Part X?						<u> </u>	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				-		
						<del></del>		Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e		•	
f On	Ending balance  Did the organization include an amount on Fe	orm 990 Part V lina	21 for accress or	custodial account	liability?			Yes	No
	If "Yes," explain the arrangement in Part XIII							_ 162	
Par	· · · · · · · · · · · · · · · · · · ·								
		(a) Current year	(b) Prior year	(c) Two years ba		Three years	s back	(e) Four v	ears back
1a	Beginning of year balance	(a) canon jour	(5)	(-)	1 (4)			(0) : 00: )	
Ь	Contributions				Ì				
C	Net investment earnings, gains, and losses					-			
d	Grants or scholarships								
е	Other expenditures for facilities	,							
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column	(a)) held as					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administered f	or the o	rganizatio	n	_	
	by								<u>es No</u>
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations			_				3a(ii)	-
	If "Yes" on line 3a(ii), are the related organiza	•		?				_3b	
Bar	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds	<del></del>					
Fai			Contill in a 44 a	Can Farm 000 Da		- 10			
	Complete if the organization answere	T					<del></del>	AD Deel	
	Description of property	(a) Cost or of basis (investre	1 ' '	ost or other is (other)		imulated ciation		(d) Book	value
	Land	Dasis (iiivesti	nerty bas	is (outer)	gebie	oiatiOH	+		
-	Land					-	-	•	
	Buildings				-	<del></del>	+		
	Leasehold improvements	<del></del>							
	Equipment Other			<del></del>					
	. Add lines 1a through 1e (Column (d) must e	oual Form 900 Do-	Y column /P\ line	1001					0.
	ICOMITTION TO THE TOTAL THE TOTAL TO T	Guar i Viili 33V. Pall	a. committei. Illie	twist					

Schedule D (Form 990) 2017

/- 1 Ilaaa	Complete if the organization answered "Yes"		_		
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or end	-of-year market value
1) Financia	al derivatives				
2) Closely	-held equity interests				
3) Other					
(A)					
(B)					
(C)		·-···			
(D)					
(E)					
(F)					
(G)					
(H)	· · · · · · · · · · · · · · · · · · ·				
	b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"		e 11c. See Form 990,	Part X, line 13	
	(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or end	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
			<del></del>		•
(8)					
(8) (9) Fotal. (Col. (	b) must equal Form 990, Part X, col. (B) line 13.)				
(8) (9) Fotal. (Col. (	Other Assets.  Complete if the organization answered "Yes"	on Form 990, Part IV, lin Description	e 11d See Form 990,	Part X, line 15	(b) Book value
(8) (9) Total. (Col. ( Part IX	Other Assets.  Complete if the organization answered "Yes"  (a)  YA ASSOCIATES, INC.	Description	e 11d See Form 990,	Part X, line 15	35,240
(8) (9) Total. (Col. ( Part IX	Other Assets.  Complete if the organization answered "Yes"  (a)	Description	e 11d See Form 990,	Part X, line 15	
(8) (9) Total. (Col. ( Part IX	Other Assets.  Complete if the organization answered "Yes"  (a)  YA ASSOCIATES, INC.	Description	e 11d See Form 990,	Part X, line 15	35,240
(8) (9) Total. (Col. ( Part IX) (1) KA (2) IN	Other Assets.  Complete if the organization answered "Yes"  (a)  YA ASSOCIATES, INC.	Description	e 11d See Form 990,	Part X, line 15	35,240
(8) (9) Total. (Col. ( Part IX) (1) KA (2) IN (3)	Other Assets.  Complete if the organization answered "Yes"  (a)  YA ASSOCIATES, INC.	Description	e 11d See Form 990,	Part X, line 15	35,240
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4)	Other Assets.  Complete if the organization answered "Yes"  (a)  YA ASSOCIATES, INC.	Description	e 11d See Form 990,	Part X, line 15	35,240
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"  (a)  YA ASSOCIATES, INC.	Description	e 11d See Form 990,	Part X, line 15	35,240
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)  YA ASSOCIATES, INC.	Description	e 11d See Form 990,	Part X, line 15	35,240
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"  (a)  YA ASSOCIATES, INC.	Description	e 11d See Form 990,	Part X, line 15	35,240 289,680
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.	Description  N, INC.		•	35,240
(8) (9)  Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9)  Total. (Column 1)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9)  Fotal. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9)  Fotal. (Col. (Part X)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.		•	35,240 289,680
(8) (9)  Fotal. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9)  Fotal. (Col. (Part X)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9)  [otal. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9)  [otal. (Col. (Part X)  1.	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9)  Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9)  Total. (Col.)  Part X  1. (1) Fec	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9)  Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (Part X)  I. (1) Fec. (2)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X)  1. (1) Fec (2) (3)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9) Total. (Columna Part X)  1. (1) Fecces (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9) Total. (Columna Part X)  1. (1) Fecces (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Fecce (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.	e 11e or 11f. See Forr	•	35,240 289,680
(8) (9) Total. (Col. (Part IX)  (1) KA (2) IN (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X)  1. (1) Fecce (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"  (a)  AYA ASSOCIATES, INC.  ITERNATIONAL CONSTRUCTION  ITERNATIONAL CONSTRUCTION  Other Liabilities.  Complete if the organization answered "Yes"  (a) Description of liability	Description  N, INC.	e 11e or 11f. See Forn	•	35,240 289,680

Sche	edule D (Form 990) 2017 HUI HULIAU, INC.		27-4710855 Page 4
	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	_2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	<del> </del>
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 4- 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII)	4a 4b	<del></del>
b	Add lines 4a and 4b	[ 40 ]	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	
b	Other (Describe in Part XIII.)	4b	
	·		
C	Add lines 4a and 4b		4c
5 Pa	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.		5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5
<b>Pa</b> l	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18 rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, F	5

732054 10-09-17

Schedule D (Form 990) 2017

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

HUI HULIAU

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

2017	Open to Public	

OMB No 1545-0047

**Employer identification number** 

27-4710855

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

% ⊠ GENERAL EXPENSES FOR THE (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any CHOOL Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 10,000. cash grant (c) IRC section (if applicable) 99-0226111 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government ніго, ні 96720 AHA PUNANA LEO 96 PUUHONU PL Part I Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line i table
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2017)

27-4710855

Page 2

Schedule I (Form 990) (2017) HUL HULLAU, INC.

| Part III: | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

| Part III: | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

| Part III: | Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(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 noncash assistance
*Partivi Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	ured in Part I, line	2, Part III, column	(b), and any other ad	ditional information	
SCHEDULE I PART I LINE 2					
HUI HULIAU DOES NOT REQUIRE AN ACCO	UNTING O	F DONATION	ACCOUNTING OF DONATIONS GRANTED.	•	
		:			

### **SCHEDULE 0**

(Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

2017

Department of the Treasury Internal Revenue Service

Name of the organization HUI HULIAU, INC.

Employer identification number 27-4710855

FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL MEMBERS ARE PROVIDED A DRAFT COPY OF THE 990 PREPARED BY THEIR
ACCOUNTANT. THE FORM 990 IS FILED AFTER BOARD REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD MONITORS ANY CHANGES THAT COULD GIVE RISE TO CONFLICTS.
FORM 990, PART VI, SECTION C, LINE 19:
HUI HULIAU WOULD MAKE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES,
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

2017

OMB No 1545-0047

Open to Public Inspection

Employer identification number 27-4710855 Direct controlling entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. 38,014. End-of-year assets e <1,026.> Total Income Ð Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 foreign country) HAWAII Primary activity MANAGEMENT INC. HUI HULIAU, - 27-4762534 Name, address, and EIN (if applicable) of disregarded entity PONO AINA MANAGEMENT, LLC 84-1042 MAUNA OLU STREET Name of the organization WAIANAE, HI 96792 Part II Parti

	Section 512(b)(13)	۲۷)	N <sub>o</sub>							
6)	Section 5 confr	enti	Yes							
(J)	Direct controlling	entity								
(e)	Public chanty	status (if section	501(c)(3))							
( <del>p</del> )		section								
(2)	Legal domicile (state or	foreign country)					•			
(q)	Primary activity									
(a)	Name, address, and EIN	of related organization								

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

Schedule R (Form 990) 2017

27-4710855

Page 2

Schedule R (Form 990) 2017 HUI HULIAU, INC.

Part III Identification of Related Organizations Taxable as a Parthership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

	6									
(a)	(Q)	<u>©</u>	<b>(</b> D)	(e)	E	(6)	Ξ	€	8	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, exclined from tax under	Share of total income	Share of end-of-year	Oisproportionate allocations?	Code V-UBI	General or managing partner?	General or Percentage managing ownership partner?
		toreign country)		sections 512-514)		desers	Yes No	K-1 (Form 1065)	Yes No	
									L	
	1									
	1									

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax wear

organizations treated as a corporation or trust during the tax year	uring the tax year								
(a)	(q)	(o)	(p)	(e)	(u)	(6)	(y)	(i) °	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	<u>م</u> ہے	Percentage ownership	Section 512(b)(13) controlled entity?	- @ B ~
		country)		or trust)		assets	<u> </u>	Yes	2
INTERNATIONAL CONSTRUCTION, INC									
20-0738499, PO BOX 11, KAAAWA, HI 96730	CONSTRUCTION	HI		S CORP	289,680.	701,863.	29,348	_	×
KAYA ASSOCIATES, INC 84-1624495									
806 GOVERNORS DRIVE SUITE 210									
HUNTSVILLE, AL 35801	ENGINEERING SERVICES	AL		S CORP	35,240.	1,385,531.	33.70%		×

Schedule R (Form 990) 2017

Page 3

Yes

1a 2 ဗ္

ed "Yes" on Form 990, Part IV, line 34, 35b, or 36	
Organizations. Complete if the organization answered "Yes" on Form	or IV of this schedule
Transactions With Related Organizations.	omplete line 1 if any entity is listed in Parts II, III, or IV
Part V Trai	Note: Comple

	actions with one or more related organizations listed in Parts II-IV?	
	he following transac	
	engage in any of t	
	ır, did the organizatior	
-	During the tax year,	

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
  - d Loans or loan guarantees to or for related organization(s)
    - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Purchase of assets from related organization(s) Sale of assets to related organization(s)

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- i Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)

ir transfer of cash or property from related organization(s)	answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
s Other transfer of co	2 If the answer to an

(a) (b) (c) (d)	(q)	(c)	(p)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) INTERNATIONAL CONSTRUCTION, INC.	ນ	239,898.	239,898.BOOK VALUE
(2) PONO AINA MANAGEMENT, LLC	Ħ	6,000.	6,000.BOOK VALUE
(6)			
(4)			
(5)			
(9)		:	

732163 09-11-17

Schedule R (Form 990) 2017

. Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

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name, address, and Elin of entity	Primary activity	e e	riedominam incume (related, unrelated, excluded from tax und	501(c)(3) 601 (c)(3) 101 (c) (3)	total	end-of-year	tionate allocations?	amount in box 20 managing ownership of Schedule K-1 partners	managing partner?	ownership
		country)	sections 512-514) Ye		income	assets	Yes No	(Form 1065)	Yes No	
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Schedule F	R (Fòrm 990) 2017 HUI HULIAU, INC.	2/-4/10855 Page 5
Part VII	Supplemental Information.	
	Provide additional information for responses to questions on Schedule R. See instructions	
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