# SCANNED DEC 1 0 2018

### EXTENDED TO NOVEMBER 15, 2018

Department of the Treasury Internal Revenue Service

# 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.

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

Open to Public Inspection

A	or the	2017 calendar year, or tax year beginning and e	ending					
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	HAWAII LONGLINE ASSOCIATION						
	Name change		99-0	348919				
	Initial		Room/suite	E Telephone number	r			
	Final return/	1131 NORTH NIMITZ HWY		(808)	)537 <u>-2905</u>			
	termin ated			G Gross receipts \$	1,625,602.			
	Ameno return	HONOLULO, HI 30817		H(a) Is this a group re				
	Applic		_	for subordinates	? Yes X No			
	pendir	1133 N NIMITZ HWY, HUNULULU, HI 9081/		H(b) Are all subordinates in	ncluded? Yes No			
		empt status 501(c)(3) 501(c)( 6 ) ◀ (insert no.) 4947(a)(1) &	V 7527	-	list (see instructions)			
		te: WWW.HAWAIILONGLINE.ORG	<del>-                                    </del>	H(c) Group exemptio				
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2000 N	State of legal domicile: HI			
		Briefly describe the organization's mission or most significant activities PART	TCTDA	TING AND PRO	VIDING			
õ		INPUT ON FISHERY CONSERVATION AND MANAGEN		TING AND THO	VIDING			
nan		Check this box I if the organization discontinued its operations or dispose		e than 25% of its net as	sets			
Activities & Governance		Number of voting members of the governing body (Part VI, line 1a)	300 01 11101	3	10			
ဗ္ဗ		Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
<b>م</b> ق ن		Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	0			
iţie		Total number of volunteers (estimate if necessary)		6	0			
ξį	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
⋖	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		334,802.	1,624,778.			
an a	9	Program service revenue (Part VIII, line 2g)	-	0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	EIVE	824.	824.			
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 10e		()/	0.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>₽ 2010</u>	0 335,626.	1,625,602.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8 2018	111 0.	2,000.			
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines in the salaries (Part IX, column (A), lines (A), lines (Part IX, column (A), lines		100	0.			
ses			דען א	0.	0.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0	U •				
X	1	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	597,384.	736,334.			
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		597,384.	738,334.			
		Total expenses Add lines 13·17 (must equal Part IX, column (A), line 25)	-	-261,758.	887,268.			
	19	Revenue less expenses Subtract line 18 from line 12	R	eginning of Current Year	End of Year			
ets (	20	Total assets (Part X, line 16)	- ا	984,065.	1,871,333.			
ASS	21	Total liabilities (Part X, line 26)	-	0.	0.			
Net Assets or Find Balances	22	Net assets or fund balances Subtract line 21 from line 20		984,065.	1,871,333.			
P	art II	Signature Block	•					
Unc	ler pena	alties of perjury, I declare that I have examined this return, including accompanying schedule:	s and stater	ments, and to the best of m	y knowledge and belief, it is			
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	er has any knowledge				
		Je (   V   X						
Sig	n	Signature of officer		Date				
He	re	SEAN C MARTIN, PRESIDENT						
		Type or print name and title		Data Laur E				
		Print/Type preparer's name Preparer's symature		Date Check	PTIN			
Paid EDWARD S SUEMATSU  Preparer Firm's name KHSK CPAS, INC.  Firm's EIN 99-025642								
Use Only Firm's address 1221 KAPIOLANI BLVD., SUITE 543								
_		HONOLULU, HI 96814	<del></del>	Phone no. 8 U	8-596-2077 X Yes No			
		RS discuss this return with the preparer shown above? (see instructions)		<u> </u>	<u>X</u> Yes <u>No</u> /Fοιρη <b>990</b> (2017)			
732	001 11-2	28-17 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		<b>/</b> /Ľ <mark>oľiľi jago</mark> (5017)			

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Pai	t IV Checklist of Required Schedules			
	1		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	<u>X</u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_	_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		7.7
	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,	_		<b>3</b> 7
	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	_		v
	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?	_		х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a		х
L	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ı ıa		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	1	-	
ď	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ŀ	х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	The state of the s			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		]	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	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,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X

Form 990 (2017) HAWAII LONGLINE ASSOCIATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	į	X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d		24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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,			
Ť	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	İ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	1
				(2017)

Par	Check if Schedule O contains a response or note to any line in this Part V			
	One of it do need to a response of note to any line in the var.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		103	
	Enter the number of Forms W-2G included in line 1a Enter ·0· if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			Í
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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 the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	.		
_	were not tax deductible?	6b		_
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	,		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,,,		
C	to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Ì
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			ĺ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders  11a	·		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them)  2. A size of ACC (ACC) and a second the second to the expension files form 200 in liquid form 10412	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		<del></del>
	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2017)

732005 11-28-17

HAWAII LONGLINE ASSOCIATION 99-0348919 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 No Yes 10 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. b Enter the number of voting members included in line 1a, above, who are independent 10 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 X 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 X 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: 8 a The governing body? 8a X 8ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 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) Yes 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, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h Х 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 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 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 15a a The organization's CEO, Executive Director, or top management official 15b b Other officers or key employees of the organization 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 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 List the states with which a copy of this Form 990 is required to be filed ▶HI 17 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 18 for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request 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 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records -STUART SHIMAZU - (808)537-2905

1133 NORTH NIMITZ HWY, HONOLULU 96817 Form 990 (2017) 732006 11-28-17

# 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

		l	111126			пре	isat	ed any current officer, o	(E)	(F)		
<b>(A)</b> Name and Title	(B) Average			Pos	C) ition	1		Reportable	Reportable	(F) Estimated		
Name and Title	hours per	(do	(do not check more than one box, unless person is both an			than	one h an	compensation	compensation	estimated amount of		
	week					x/trus		from	from related	other		
	(list any	į						the	organizations	compensation		
	hours for	gre				E		organization	(W-2/1099-MISC)	from the		
	related	ee o	stee			ınsat		(W-2/1099-MISC)		organization		
	organizations	Individual trustee or director	Institutional trustee		oyee	Ē				and related		
	below	nd ua	totto	   ==	E E	lest c	ig.			organizations		
	line)	힐	랿	Officer	Key	Highest compensated emptoyee	For					
(1) SEAN MARTIN	0.00											
PRES, DIR		X		X				0.	0.	0.		
(2) SEAN DANG	0.00											
DIR		X						0.	0.	0.		
(3) TOM HAHN	0.00			1	Ì	ļ			_	_		
SEC_DIR		X		X	<u> </u>			0.	0.	0.		
(4) JOHN HALL	0.00									_		
DIR		X						0.	0.	0.		
(5) RICHARD GALLIMORE	0.00	ļ					l					
DIR		X	<u> </u>	<u> </u>	_	<u> </u>		0.	0.	_ 0,		
(6) FRANK GOTO	0.00	]				l						
TREAS, DIR		X	<u> </u>	X		<u> </u>		0.	0.	0.		
(7) JINO KIM	0.00	1										
DIR		X	<u> </u>	_		<u> </u>	_	0.		0.		
(8) JONGIL PAIK	0.00				l							
DIR		X	<u> </u>	_	<u> </u>			0.	0.	0.		
(9) LELAND OLDENBURG	0.00		ļ									
DIR		X	<u> </u>		ļ	ļ		0.	0.	_0		
(10) ROGER DANG	0.00	ļ					ļ					
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			$\perp$			.L	L	<u> </u>	L	Form <b>990</b> (2017		

Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
, (A)	(B)	(C)		(D)	(E)			(F)					
Name and title	Average			one	Reportable	Reportable			tımate				
	hours per	box	box, unless person is both an officer and a director/trustee)		· ·	compensation			ount	of			
	week (list any	_	$\overline{}$	a director/trustee)			,	from	from related	- 1		other	4.6-
	hours for	Irect						the	organization: (W-2/1099-MIS			pensa om the	
	related	9	ig Eg			sated		organization (W-2/1099-MISC)	(44-271099-14113	, , ,		anızatı	
	organizations	ruste	l E	1	8	шреп		(***27*1033*141130)			_	i relat	
	below	deal	l fe	_	힅	st co	<u></u>					nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	ᇤ				J		
					<u> </u>								
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				<u> </u>									
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·	<u> </u>		<u> </u>			L	<u></u>		-	_			^
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d Total (add lines 1b and 1c)			. landa		<b>L</b>	ابد (م		<del></del>	000 of reportable				<u> </u>
2 Total number of individuals (including but r	iot ilmited to tr	iose	HSTE	eo a	DOV	e) wi	no r	eceived more than \$100	,000 of reportable	ie			0
compensation from the organization								<del> </del>				Yes	No
3 Did the organization list any former officer,	director or tri	ieto	o ka	w or	mole	waa	or	highest compensated e	molovee on	ſ			
line 1a? If "Yes," complete Schedule J for s			e, ke	y ei	пріс	уее	, UI	nighest compensated e	inployee on		3		Х
			amn.	once	ation	2 20/	d 0+	har companyation from	the organization		-		
4 For any individual listed on line 1a, is the si and related organizations greater than \$15	•		-					•	tile Organization	1	4		Х
5 Did any person listed on line 1a receive or									dual for services				
rendered to the organization? If "Yes," com	•				-		Cia	ted organization or man	0000110130141003		5		Х
Section B. Independent Contractors	ipiete deriedar	<u></u>	0, 0,	<u> </u>	perc	3011							
Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	npens	ation f	rom	
the organization Report compensation for													
(A)								(B)	<u></u>	_	(0	;)	
Name and business	address							Description of s	ervices	С	ompe	nsatio	n
STOEL RIVES LLP, 210 SOU	TH MAIN	S'	TRI	EE'	Г	ST	E						
100, SALT LAKE CITY, UT	84111							LEGAL SERVIC	ES		17	3,2	92.
													_
											<u>.</u>		_
											_		
2 Total number of independent contractors (	<del>-</del>	not li	ımıte	d to	tho	se li	sted	d above) who received n	nore than				
\$100,000 of compensation from the organ	zation_					Τ		<del> </del>			Form	000	004 =
													21 1 7 /

Form	990 (			NE ASSOC	IATION		99-034	8919 Page <b>9</b>
Pai	( VII	J		er este te enville	o vo thuo Dort \/III			
	•	Check if Schedule O cont	ains a response	or note to any lin	(A) Total revenue	(B) Related or oxempt function revenue	(C) Unrelated husiness revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1c 1d 1d 1e 1s, and 1f 1f	3,000.	1,624,778.			
Program Service Revenue		All other program service reve		Business Code				
	3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tal Royalties	x-exempt bond p	proceeds	824.			824.
	С	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(II) Other				
Other Revenue	8 a	Gross income from fundraisin including \$	of of see a					
	9 a b	Gross income from gaming an Part IV, line 19 Less direct expenses	ctivities. See a b					
	10 a	Net income or (loss) from gan Gross sales of inventory, less and allowances Less cost of goods sold	returns a b					
	11 a	-	ne	Business Code				
	C							

0.

,625,602.

e Total. Add lines 11a-11d

Form 990 (2017) HAWAII LONGLINE ASSOCIATION

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns All_othe	er organizations must c	complete column (A)						
	Check if Schedule O contains a response or note to any line in this Part IX									
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  · Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21	2,000.								
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									
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	İ			•					
	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			<u> </u>						
10	Payroll taxes	-		<u> </u>	<del>-</del>					
11	Fees for services (non-employees)									
а	Management	005 630								
b	Legal	207,630.	··							
C	Accounting	2,800.	<del></del>							
d	Lobbying		<del> </del>	<del> </del>						
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other (If line 11g amount exceeds 10% of line 25,									
40	column (A) amount, list line 11g expenses on Sch 0 )	4,912.			<del></del>					
12	Advertising and promotion	19.	<u> </u>	<del>                                     </del>						
13	Office expenses Information technology									
14	Royalties									
15 16	Occupancy		<u> </u>							
17	Travel	16,688.								
18	Payments of travel or entertainment expenses	10,000	<del></del>							
10	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	2,907.								
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)									
	amount, list line 24e expenses on Schedule 0.)	275 000		*						
a	RESEARCH ACTIVITIES	375,000.			· -					
b	OUTSIDE SERVICES	125,808. 570.								
C	DUES		<u> </u>							
d	All other constraints	-								
	All other expensesAdd lines 1 through 24s	738,334.								
25	Total functional expenses. Add lines 1 through 24e	130,334.		<del> </del>						
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined			ļ						
	educational campaign and fundraising solicitation.	ŀ								
	Check here if following SOP 98-2 (ASC 958-720)	Ì								

Pa	rt X	Balance Sheet			
	•	Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	468,867.	1	1,356,011.
	2	Savings and temporary cash investments	514,198.	2	<u>515,322.</u>
	3	Pledges and grants receivable, net		3_	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	_
	12	Investments - other securities See Part IV, line 11	1,000.	12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	984,065.	16	1,871,333.
	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 Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
ij	}	key employees, highest compensated employees, and disqualified persons	•		,
Liabilities	ļ	Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	0.	25 26	
	26	Total liabilities. Add lines 17 through 25		26	- 0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			,
Ses		complete lines 27 through 29, and lines 33 and 34.		27	
<u>a</u>	27	Unrestricted net assets		28	
Ва	28	Temporarily restricted net assets		29	
Net Assets or Fund Balances	29	Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here		23	
Ę					
Š	200	and complete lines 30 through 34.	0.	30	0.
set	30	Capital stock or trust principal, or current funds	0.	31	0.
t As	31	Paid-in or capital surplus, or land, building, or equipment fund	984,065.	-	1,871,333.
Š	32	Retained earnings, endowment, accumulated income, or other funds	984,065.		1,871,333.
	33	Total liabilities and not assets/fund balances	984,065.		1,871,333.
	34	Total liabilities and net assets/fund balances	704,003.	<u> </u>	<u> </u>

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

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

HAWAII LONGLINE ASSOCIATION	99-0348919
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS ELECT THE GOVERNING BODY BUT DO NOT HAVE THE RIGHT	T TO APPROVE THE
DECISIONS OF THE GOVERNING BODY. THE MEMBERS DO NOT RECEIVE	/E ANY ASSETS OF
THE ORGANIZATION UPON DISSOLUTION	
<del></del>	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS GIVEN TO THE PRESIDENT FOR REVIEW AND SIGN	NATURE BEFORE
FILING	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQU	JEST. CONTACT
INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.	