832001 12-31-18

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for dations)

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information Internal Revenue Service

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Open to Public Inspection

Α	For the	e 2018 calendar year, or tax year beginning and	ending						
В	Check if applicable	C Name of organization		D E	mployer identifi	cation number			
Ę	Addre chang Name	• HAWAII LONGLINE ASSOCIATION			00.0	240010			
⊢	Name chang Initial	······································			99-0348919				
	return Final return	1131 NORTH NIMITZ HWY	Room/sui	te E T	elephone numbe 808))537-2905			
Г	City or town, state or province, country, and ZIP or foreign postal code Amended return City or town, state or province, country, and ZIP or foreign postal code HONOLULU, HI 96817				ross receipts \$	1,597,153.			
	return Applic			┦'''''	for subordinates				
_	pendi	1133 N NIMITZ HWY, HONOLULU, HI 96817	\sim	AUD	Are all subordinates in				
$\overline{}$	Tay.ey	empt status 501(c)(3) _X 501(c)(6) ◀ (insert no.) 4947(a)(1) o	or LL 5	٠٠٠ المنتب		list. (see instructions)			
		e: WWW.HAWAIILONGLINE.ORG	э. <u>С</u>	ч	Group exemption				
		organization: X Corporation Trust Association Other	I Ve			1 State of legal domicile; HI			
	art I	Summary	16.00	u. 01 10111	1841011, 2000 11	y Otate or logar contribile, 122			
Ь.		Briefly describe the organization's mission or most significant activities. PART	CTPA	TING	AND PRO	VIDING			
Activities & Governance		INPUT ON FISHERY CONSERVATION AND MANAGEN			11112 2110	1222110			
na,	1 .	Check this box If the organization discontinued its operations or dispose		ero thon	OFFIC of the nest on				
Ver			sea or mo	re man	1 1	10			
မ္	1	Number of voting members of the governing body (Part VI, line 1a)			3	10			
∞ŏ ″^	1	Number of independent voting members of the governing body (Part VI, line 1b)			4	0			
ţį		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5	10			
₹	1	Total number of volunteers (estimate if necessary)			6	0.			
¥	1	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
_	D	Net unrelated business taxable income from Form 990-T, line 38			7b				
		0	-		ior Year	Current Year			
e e	1	Contributions and grants (Part VIII, line 1h)	-	<u> </u>	624,778.	1,596,326.			
Revenue	l .	Program service revenue (Part VIII, line 2g)	<u> </u>		0.	0.			
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>		824.	827.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		0.	1 507 153			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		Ι,	625,602.	1,597,153.			
	!	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L		2,000.	0.			
	l	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>		0.	0.			
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	-		0.	0.			
ë	1	Professional fundraising fees (Part IX, column (A), line 11e)	<u>,</u>		0.	0.			
ä	ı	Total fundraising expenses (Part IX, column (D), line 25)	0.		726 224	006 220			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>		736,334.	996,230.			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>		738,334.	996,230.			
. 40	19	Revenue less expenses Subtract line 18 from line 12	\longrightarrow		887,268.	600,923.			
Assets or Balances		11/6/9 DECENTED	-,,		of Current Year	End of Year			
Sse	20	Fotal assets (Part X, line 16) PRECEIVED Fotal liabilities (Part X, line 26). Net assets or fund balances Subtract line 21 from line 20 0.2 2010	1	Ι,	871,333.	2,472,256.			
귷	21	Total liabilities (Part X, line 26).	》		0.	0.450.056			
쯚	22	Net assets or fund balances Subtract line 21 from the PIF (0.2.2019	31	⊥,	871,333.	2,472,256.			
		Signature Block	<u>.</u>						
		tios of perjury, I declare that I have examined this return, including accompanying schedules	-1		-	knowledge and belief, it is			
truc,	correct	, and complete. Declaration of preparer (other than officer) is baced on all thormption of whi	ich prepar	er has an	y knowledge				
		Cionatura of affines		_A_	Data .				
Sign Signature of officer Date Compared to the compared to									
Her	Here SEAN C MARTIN, PRESIDENT								
		Type or print name and title			<u> </u>	/			
_	. 1	Print/Type preparer's name	•	Date	Check	PTIN			
Paid		MELANIE A KING	219 il self-employe	4 self-employed P00220997					
Preparer Firm's name CW ASSOCIATES, CPAS Firm's EIN 26-						26-1659234			
Use Only Firm's address 700 BISHOP STREET, SUITE 1040									
		HONOLULU, HI 96813			Phone no. 8 0 8	3-531-1040			
May	the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No			

Form	990 (2018) HAWAII LONGLINE			99	<u>-0348919</u>	Page 2
Pai	t III Statement of Program Service Accomp	lishments				
	Check if Schedule O contains a response or note to	any line in this Part III				
1	Briefly describe the organization's mission ADVANCE THE INTERESTS OF THE		SHING IN	DUSTRY IN	THE	
	HAWAII-PACIFIC REGION					
2	Did the organization undertake any significant program se	rvices during the year v	which were not l	isted on the		<u></u>
	prior Form 990 or 990-EZ?				Yes	X No
_	If "Yes," describe these new services on Schedule O	4 abaaaaa in bassi da aa	d		□ vos	X No
3	Did the organization cease conducting, or make significant if "Yes," describe these changes on Schedule O	t changes in now it con	ducts, any proc	gram services?	res	الكفيا ١٩٥
4	Describe the organization's program service accomplishm	ents for each of its thre	e largest progra	am services, as meas	sured by expense:	6
	Section 501(c)(3) and 501(c)(4) organizations are required					
	revenue, if any, for each program service reported					
4a	(Code) (Expenses \$ HELPED TO FORMULATE FISHERY R	Including grants of \$	ANTO ECITA) (Revenue \$	ים זיים מוזיי)
	CONSERVATION MEASURES	EGULATIONS	HIND ESIA	DUIDII DEA	TORTHE	
	CONDERVATION MEADORED	· 				
				· · · · · · · · · · · · · · · · · · ·		
						
						
				·		
		-			· - -	
		-				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
						
						
		_				
		 -			1.00	
		<u>.</u>		154 / 1557		
		· · · · · · · · · · · · · · · · · · ·				
4-				\ (D		
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>	
		•				
						
				- .		
4d	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue	\$		
<u>4e</u>	Total program service expenses				Form 9	90 (2018)
					. 5.111	- ,,,

Form 990 (2018) HAWAII LONGLINE ASSOCIATION
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		Х
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		х
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	N/	A
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			7,7
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
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		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
а	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	-		
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	·			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
_	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 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			v
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
ים	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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 1? If "Yes," complete Schedule I, Parts I and II	21		X

Page 4

HAWAII LONGLINE ASSOCIATION

Checklist of Required Schedules (continued)

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J 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 X 24a Schedule K If "No," go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit N/A 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 N/A 25b 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 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х 26 complete Schedule L, Part II 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 X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? Х 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? N/A 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? X Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Ō b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (2018) 832004 12-31-18

Form 990 (2018) HAWAII LONGLINE ASSOCIATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

116	A AMERICAL TOTAL CONTROL OF THE CONT				Tv	T NI=		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	I	1		Yes	No		
	filed for the calendar year ending with or within the year covered by this return	2a		0				
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		•	2b		- MANAGEMENT		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					N. Y.		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		X		
b	If "Yes," has it filed a Form 990 T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other		rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial	ассоц	ınt)?	4a	<u> </u>	X		
b	If "Yes," enter the name of the foreign country			. 2.3				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b	1	X		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		<u>5c</u>	 	├─		
6a		he org	janization solicit			v		
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>		
þ	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts					
_	were not tax deductible?		N/A	6b	- SECTION 65	32.2.50		
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 se	rucec	•			اعدائمت		
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	II VILES	provided to the payo	7b	 			
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rea	rured	"	<u> </u>			
С	to file Form 8282?	, as i c	40.1.00	7c				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 d			(((((((((((((((((((
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		X		
f								
g	If the organization received a contribution of qualified intellectual property, did the organization file F		899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			? 7h				
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?		N/A	8	at Second	1.00 7.4		
9	Sponsoring organizations maintaining donor advised funds.		/-		金冠			
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a	₩	├		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b	* \\$#\$.4.2.25	18845-964		
10	Section 501(c)(7) organizations. Enter	1	1					
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a		\dashv				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_10b	1	\dashv				
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders N/A	11a	1					
a	Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against	110		$\dashv ::$				
U	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		?	12a	i Audicie	-		
	If "Yes." enter the amount of tax-exempt interest received or accrued during the year N/A	12b	1	23.5	1882	253		
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?		N/A	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		•					
	organization is licensed to issue qualified health plans	13b			1.7			
С	Enter the amount of reserves on hand	13c	<u> </u>	-	1.00	100		
	Did the organization receive any payments for indoor tanning services during the tax year?	=		14a	├-	Х		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b	1-	├		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eratio	n or		1			
	excess parachute payment(s) during the year?			15	(Mar. 1949)	X		
	If "Yes," see instructions and file Form 4720, Schedule N					X		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	ome?	16				
	If "Yes," complete Form 4720, Schedule O			For		(2018)		
				cun	330	120101		

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

						X			
	Check if Schedule O contains a response or note to any line in this Part VI				-	لها			
Sec	tion A. Governing Body and Management								
		1 . 1	1.0	YYY:&	Yes	No Sr≅- ri			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10		10 m				
	If there are material differences in voting rights among members of the governing body, or if the governing					1			
	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	1b	10						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any of	ther						
	officer, director, trustee, or key employee?			2	X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supe	ervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form S	90 was filed	lo.	4		X			
5									
6	Did the organization have members or stockholders?			6	Х				
	Did the organization have members, stockholders, or other persons who had the power to elect or a	nooint one o	r						
, a	more members of the governing body?	э р ол	<i>'</i>	7a		х			
	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders	or						
р	• •	NOCKI IOIGEIS	, 01	7b		х			
_	persons other than the governing body?	r hy tha falloy	wno	76					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ir by the follow	villy.		X				
а	The governing body?			8a	X				
ь	Each committee with authority to act on behalf of the governing body?			8b	_^_				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the				v			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code)						
					Yes	No			
	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affili	ates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filin	g the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		Х			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?		12b					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		9						
	in Schedule O how this was done			12c					
13	Did the organization have a written whistleblower policy?			13		Х			
14	Did the organization have a written document retention and destruction policy?			14		X			
15	Did the process for determining compensation of the following persons include a review and approve	al by indeper	ndent	3000	``\Y`\`\\				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
9	The organization's CEO, Executive Director, or top management official			15a	AND THE PERSON NAMED IN	X			
h	Other officers or key employees of the organization			15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			:		in the			
16^	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a							
ioa		none wan a		16a	لسلمحتب	X			
_	taxable entity during the year?	ta ita partiair	aation	102	250200				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the state of th		Janon			X 3 14			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	nization s		46h	تغشكن	لنسيدا			
	exempt status with respect to such arrangements?			16b					
	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►HI								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990-T (Se	ction 501(c)(3)	s only	availa	able			
	for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website X Upon request Other (explain	ın Schedule	· O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of inter	est policy, and	d finan	cıal				
	statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and reco	ords 🕨						
	LYNN AKAGI - (808)537-2905								
	1133 NORTH NIMITZ HWY, HONOLULU, HI 96817								
832004	12-31-18			Form	990	(2018)			

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

X Check this box if neither the organiz	k this box if neither the organization nor any related organization compensi													
(A)	(B)	(c)					(D)	(E)	(F)					
Name and Title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated							
	hours per	box			h an tee)	compensation	compensation	amount of						
	week	\vdash				T	Ι,	from the	from related	other compensation				
	(list any hours for	Inect				L		organization	organizations (W-2/1099-MISC)	from the				
	related	e or d	eg Eg			satec		(W-2/1099-MISC)	(***2/1033 141100)	organization				
	organizations	ndividual trustee or director	i i		yee	in de		(** 2, 135557)		and related				
	below	dual	l g	_	eg m	S se	 			organizations				
	line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former							
(1) SEAN MARTIN	0.13													
PRESIDENT, DIRECTOR		X		Х	L	L		0.	0.	0.				
(2) ROGER DANG	0.13]						_	_	_				
VICE PRESIDENT, DIRECTOR		<u> x</u>	<u> </u>	Х	Ш			0.	0.	0.				
(3) MIKE GOTO	0.13]												
TREASURER, DIRECTOR		X	_	X	$ldsymbol{oxed}$	$oxed{oxed}$	<u> </u>	0.	0.	0.				
(4) KHANG DANG	0.13						ļ		_					
SECRETARY, DIRECTOR		X	<u> </u>	X	╙	-	<u> </u>	0.	0.	0.				
(5) JIM COOK	0.13	ļ.,			ļ			0.	0.	_				
DIRECTOR	0 12	X	<u> </u>	 	⊢	\vdash	<u> </u>	<u> </u>	U •	0.				
(6) RICHARD GALIMORE	0.13	x						0.	0.	0.				
DIRECTOR	0.13	<u> </u>	├	-	⊢	┢	\vdash	<u> </u>	0.	0.				
(7) JOHN MYKING	0.13	x						0.	0.	0.				
DIRECTOR (8) VINH TRAN	0.13	^		-	├─	┼	\vdash	- 0.						
DIRECTOR	0.13	X						0.	0.	0.				
(9) KIM LU	0.13		\vdash	\vdash	╁	 	╁							
DIRECTOR		x						0.	0.	0.				
(10) CALVIN HUYHN	0.13	T			Г									
DIRECTOR		X						0.	0.	0.				
					<u> </u>									
				<u> </u>	<u> </u>									
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832007 12-31-18

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ТТАШАН	LONGLINE	ASSOCTATION

rai	Section A. Officers, Directors, Trus	tees, Ney Em	pioy	ees_	, an	<u>a Hi</u>	<u>gne</u>	St L	Jompensated Employe	es (continueu)			
	(A)	(B)	(C)		(D)	(E)		(F)					
	Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Estimate	ed
		hours per	box	, unte cer an	ss pe	rson	ıs bot	h an	compensation	compensation	{	amount	
		week (list any	⊢	J. U.	<u> </u>	T		1	from from relate			other	
		hours for	Jirecto	gillege		the organization	organizations (W-2/1099-MISC)		mpensa from th				
		related	20 8	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	- 1	rganizat	
		organizations	trust	al tru		yee	adwo					ind relat	
		below	ndividual trustee or director	institutional trustee	ļ ģ	Key employee	Highest compensated employee	ē			or	ganızatı	ions
		line)	횰	ta f	Officer	Ke	૱	호			—		
				l									
			L	L				_					
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			1		ŀ			ĺ					
1b	Sub-total							▶	0.	C			0.
С	Total from continuation sheets to Part V	I, Section A						ightharpoons	0.		•		0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	0.	<u> </u>	•		0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable			C
	compensation from the organization									-		Yes	No
_	5.00								hb		Γ	103	140
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			е, ке	ey er	npic	yee	, or	nignest compensated e	mpioyee on	3	-	X
4	For any individual listed on line 1a, is the su			mn	ones	ation	an/	d 0t	her compensation from	the organization	3	- 	
7	and related organizations greater than \$15									the organization	4	_	X
5	Did any person listed on line 1a receive or a									idual for services			
	rendered to the organization? If "Yes," com							٠.۵.	organization of the		5		X
Sec	tion B. Independent Contractors												•
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of compe	nsatio	n from	
	the organization Report compensation for	-											
	(A)								(B)		-	(C)	
	Name and business	address	N	INC	3				Description of s	services	Comp	pensatio	on
								_					
										···			
													
	Total number of independent contractors (neludina but -	ot I	mıta	d +~	the	ee !	l	d above) who received a	nore than	 ;		
2	Total number of independent contractors (i \$100,000 of compensation from the organi		iot II	mie	u lu		se III	シにでし	above, who received i	iore triair	•	. ^	
	4.00,000 or compensation from the organi						-				Forr	n 990 ((2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Unrelated Related or Total revenue business exempt function sections 512 - 514 revenue revenue 1 a Federated campaigns 596,326 **b** Membership dues 1b 1c c Fundraising events d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 1,596,326 Total. Add lines 1a-1f **Business Code** f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 827 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (ii) Personal 6 a Gross rents b 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 (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **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 Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d **▶** 1,597,153. Total revenue. See instructions 12

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Form 990 (2018)

	rt IX Statement of Functional Expens				
Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All oti	her organizations must c	omplete column (A)	
	Check if Schedule O contains a respo		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			36-14-14-14-14-14-14-14-14-14-14-14-14-14-	
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	, , , , , ,				
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	349,507.			-
c	Accounting	2,800.			
d	Lobbying	8,000.			
е	Professional fundraising services. See Part IV, line 17		15565	The letter than	
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5,490.			
13	Office expenses	62.			
14	Information technology				
15	Royalties			***	
16	Occupancy	1,349.			
17	Travel	1,349.		<u> </u>	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,852.			
19 20	Conferences, conventions, and meetings Interest	1,052.		·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			-	
23	Insurance	2,907.			
24	Other expenses. Itemize expenses not covered			77743407	55.4577.777.18350
	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.)			2.07.00	
а	RESEARCH ACTIVITIES	500,000.			
ь	OUTSIDE SERVICES	123,673.			
С	DUES AND SUBSCRIPTIONS	590.			
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	996,230.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				,
	educational campaign and fundraising solicitation.			}	
	Check here if following SOP 98-2 (ASC 958-720)	ŀ	l	l	

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art X	Balance Sheet	<u> </u>		
	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	1,356,011.	1	1,955,782
2	Savings and temporary cash investments	515,322.	2	516,474
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	-	4	
5	Loans and other receivables from current and former officers, directors,			7 19 14 18 18 18 18 18 18 18 18 18 18 18 18 18
	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	73-107-27-20-04-20-0		7 10 10 10 10 10 10 10 10 10 10 10 10 10
•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
7	Notes and loans receivable, net	,	7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment cost or other .		****	
'0"	basis. Complete Part VI of Schedule D			
١ ,	Less accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11		12	-
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,871,333.	16	2,472,25
17	Accounts payable and accrued expenses		17	
18	Grants payable	<u></u>	18	
19	Deferred revenue		19	-
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,		3333	8
	key employees, highest compensated employees, and disqualified persons			
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	· -
25	Other liabilities (including federal income tax, payables to related third		- -	
23	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D .		25	
26	Total liabilities. Add lines 17 through 25	0.	26	
+=~	Organizations that follow SFAS 117 (ASC 958), check here			1.33 2.75 5.35
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	•-
29	Permanently restricted net assets	11 11-2	29	
23	Organizations that do not follow SFAS 117 (ASC 958), check here	A STATE OF THE STA	65.3	
	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	Ô.	30	
	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	
31		1,871,333.	32	2,472,25
32	Retained earnings, endowment, accumulated income, or other funds	1,871,333.	33	2,472,25
27 28 29 30 31 32 33	Total net assets or fund balances	1,871,333.	34	2,472,25
34	Total liabilities and net assets/fund balances	1,0/1,555.	34	Form 990 (20

Form	1.990 (2018) HAWAII LONGLINE ASSOCIATION	99-(0348919	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
			4 505		- -
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,597		
2	Total expenses (must equal Part IX, column (A), line 25)	2	996		
3	Revenue less expenses Subtract line 2 from line 1	3	600		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,871	. , 3.	<u> 33.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	·-		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,472	, 2	<u>56.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				ᆜ
			\$300 A SAN	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 Schedule	0			
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 reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		المستعدد الم	1.25.57	القرنية
Ь	Were the organization's financial statements audited by an independent accountant?		2b	97 5 7383.	X ********
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,			25.00
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	DAMÉR!	55.75.75.98
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		300000 4	700	23
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audi			v
	Act and OMB Circular A-133?		3a		_X_
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audi	l l		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	39U (2018)

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

Tax) (see separate instructions), then				
 Section 501(c)(4), (5), or (6) organiza 	tions Complete Part III			
Name of organization			E	mployer identification number
HAWAII	LONGLINE ASSOCIAT	ION		99-0348919
Part I-A Complete if the org	janization is exempt unde	er section 501(c)	or is a section 52	organization.
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campaign 	ures	il campaign activities ir		\$
Part I-B Complete if the org	janization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax				\$
2 Enter the amount of any excise tax	incurred by organization manage.	rs under section 4955	J	▶\$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction made?				└── Yes └── No
b If "Yes," describe in Part IV		.,	 	04/ \/0\
Part I-C Complete if the org	janization is exempt unde	er section 501(c),		
 Enter the amount directly expended 	, , ,			> \$
2 Enter the amount of the filing organ	ization's funds contributed to oth	er organizations for se	ection 527	
exempt function activities			•	- \$
3 Total exempt function expenditures	Add lines 1 and 2 Enter here ar	id on Form 1120-POL,		
line 17b	4400 BOL (surthus uses 0		•	▶ \$ Yes
 Did the filing organization file Form Enter the names, addresses and er made payments. For each organization contributions received that were propolitical action committee (PAC). If 	nployer identification number (EIN tion listed, enter the amount paid omptly and directly delivered to a	from the filing organiz separate political orga	ation's funds Also ent anization, such as a se	which the filing organization er the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization' funds If none, enter	s contributions received and
77				
	,			

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

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990-EZ) 2018	HAWAII LONG	LINE ASSOCI	ATION		348919 Page 2
Part ILA Complete if the or	ganization is exer	mpt under sectio	n 501(c)(3) and fil	led Form 5768 (el	ection under
section 501(h)).					
	ation belongs to an affi		Part IV each affiliated	I group member's nam	e, address, EIN,
. —	are of excess lobbying				
B Check Lifthe filing organiz	ation checked box A ar	nd "limited control" pro	visions apply		
Lim (The term "exper	(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditures to inf	fluence public opinion (grass roots lobbying)			
b Total lobbying expenditures to inf	luence a legislative boo	dy (direct lobbying)		•	
c Total lobbying expenditures (add	lines 1a and 1b)			_	
d Other exempt purpose expenditu	res				
e Total exempt purpose expenditur	es (add lines 1c and 1c	t)			
f Lobbying nontaxable amount En	ter the amount from the	e following table in bot	h columns		and the second s
If the amount on line 1e, column (a)	If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:				
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,00	00,000 \$100,00	00 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17	7,000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000		
Over \$17,000,000	\$1,000,	000			
g Grassroots nontaxable amount (e	•				
h Subtract line 1g from line 1a If ze		•			
Subtract line 1f from line 1c If ze			. (1 5 4700		
j If there is an amount other than z reporting section 4911 tax for this		line 11, did the organiza	ation file Form 4720		Yes No
•		eraging Period Under			
(Some organizations				of the five columns b	elow.
		ate instructions for lin		<u></u>	
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount			-		<u> </u>
b Lobbying ceiling amount					
(150% of line 2a, column(e))	ACCEPTANTAL PORT STORY				
c Total lobbying expenditures					
d Grassroots nontaxable amount	WITTEN AND AND AND AND AND AND AND AND AND AN	NEWSCOOK TO BE SEE THE SECTION OF TH	THE STATE OF THE S	Compression of the Compression o	
e Grassroots ceiling amount (150% of line 2d, column (e))					
6 Crassroots Johnwas avanaditura			,		

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 HAWAII LONGLINE ASSOCIATION 99-034891 [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	nes 1a through 1, below, provide in Part IV a detailed description (a)		(b)	
of the lobbying activity		Yes No		Amount	
b c d	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements?				
f g	6 111 2 2 2 2 2 2 2				
b c d	Total Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 1: III-A Complete if the organization is exempt under section 501(c)(4), section	20 501(c)	(5) or se	ection	
<u> </u>	501(c)(6).	JII 30 I (C)	(5), 01 56	CHOII	
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c)	(5), or se	Yes ection t III-A, lir	No X X X x ne 3, is
1 2	answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	cal	1	1,596	5,326.
b	Current year Carryover from last year Total		2a 2b 2c		3,000.
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and processing the control of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying the control of the exceeds the organization agree to carryover to the exceeds the organization agree to carryover to the exceeds the organization agree to carryover the exceeds the		3		
	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) t.lV. Supplemental Information		5	8	0.
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group uctions), and Part II-B, line 1. Also, complete this part for any additional information		I-A, lines 1	and 2 (see	
		Schedu	ıle C (Form	1 990 or 990	D-EZ) 2018

832043 11-08-18

SCHEDULE O (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection Employer identification number

Name of the organization HAWAII LONGLINE ASSOCIATION	Employer identification number 99-0348919
FORM 990, PART VI, SECTION A, LINE 2:	
ROGER DANG AND KHANG DANG HAVE A FAMILY RELATIONSHIP. SEA	N MARTIN AND JIM
COOK HAVE A BUSINESS RELATIONSHIP.	
FORM 990, PART VI, SECTION A, LINE 6:	•
MEMBERS ELECT THE GOVERNING BODY BUT DO NOT HAVE THE RIGH	T TO APPROVE THE
DECISIONS OF THE GOVERNING BODY. THE MEMBERS DO NOT RECEI	VE ANY ASSETS OF
THE ORGANIZATION UPON DISSOLUTION	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS GIVEN TO THE PRESIDENT FOR REVIEW AND SIG	NATURE BEFORE
FILING	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQ	UEST. CONTACT
INFORMATION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.	
	

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

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