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0		<u></u>	9	Short Form			1906	OMB No. 1545-1150	7
	90-EZ	Daturn of		ion Exemp		income '			-
Form 🐨	JU-LA	1	_	-				2018	
	· •]	Under section 501(c), 5	27, or 4947(a)(1) (or the internal Revo	enue Code (e	хсерт рпуате	•		•
•	•	▶ Do not ente	r social security	numbers on this fo	orm as it ma	v be made pu	blic.	Open to Public	C
Department	t of the Treasury	ĺ	_					Inspection	
	venue Service			OEZ for instruction					
		ar year, or tax year begi		JULY 1	, 2018,	and ending	JUNE :		=-
B Check if		C Name of organization					D Employer is	dentification number	3
	s change	HOLOHOLO MINISTRIE			, 1991	1.0		47-4335623	
∐ Name o ☐ Initial re	-	Number and street (or P.O.	. box, if mail is not de	elivered to street addre	ess) (7	Room/suite	E Telephone r	number	•
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4 [esearch organization o	perated in conju	nction with a nos	pitai descrit	ea in secuo	אונרון(סוט אר מ	ylini. Enter the	
		ame, city, and state:							
5 [ation operated for the		lege or university	owned or	operated by	a governmer	ntal unit described in	•
)(b)(1)(A)(iv). (Complete							
£.,£] A federal e	tate or local governme	ent or dovernmen	ntal unit described	noitsea ni l	170/b)/11/A	wl_		
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A I	Par	t II	Balance Sneets (see the instructions to	,		D 11		
-			Check if the organization used Schedule	O to respond to a	ny question in this	(A) Beginning of year	ï	(B) End of year
	22	Cast	n, savings, and investments		ŀ	20,483	22	
	23		and buildings			20,483	23	6,227 0
	24		er assets (describe in Schedule O)			10,745		8,703
	25 ·		il assets			31,228		14,930
	26					8,747		7,940
	27		assets or fund balances (line 27 of column		i-	22,481		6,990
a [Part		Statement of Program Service Accom					
			Check if the organization used Schedule					Expenses
V	Vhat	is the	organization's primary exempt purpose?					quired for section I(c)(3) and 501(c)(4)
Γ)esci	ribe th	e organization's program service accompli	shments for each o	f its three largest p	rogram services.		anizations; optional for
			ed by expenses. In a clear and concise m				oth	ers.)
p	erso	ns ber	nefited, and other relevant information for ea	nch program title.			Ĺ	
2	28	TRAIN	ING & SUPPORTING MISSIONARIES: WE TAU	GHT 10 STUDENTS IN	NOUR 3-MONTH DTS	PROGRAM AND		
		THEN	TOOK THEM ON A 2-MONTH OUTREACH MISS	SION'S TRIP TO THAI	LAND AND THE PHIL	IPPINES. WE		ļ
		SUPPO	ORTED 12 LOCAL MISSIONARIES HERE IN HW	AII THIS YEAR.				
	Ø	(Grant	s \$ 19,370) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28	a 38,982
	29 [LOCAL	OUTREACH MINISTRIES: OUR LOCAL OUTR	EACH MINISTRIES T	HIS YEAR INCLUDED	: OUR WEEKLY	ļ	
	9	CRUZ'	YOUTH GROUP OF 45 TEENAGERS, OUR ANN	IUAL SOCCER TOUR	NAMENT FOR THE	OMMUNITY FOR		
	-		OPLE, AND OUR WEEKLY FOOD PROGRAM I	OR 100 YOUNG HIG	H SCHOOL FOOTBA	LL PLAYERS.		
	-	(Grant:				▶ 🛘	29	17,071
;			ATED BUSINESS INCOME SERVICE: WE RAN			MONTHS THIS		
	-	YEAR	FOR A LOCAL FLORIST COMPANY MAKING 3	DELIVERIES A WEE	К.		ł	
	-							_ [
	-	(Grants		includes foreign gra			30a	2,845
,			program services (describe in Schedule O)					
		(Grant	s \$) If this amount program service expenses (add lines 28a t	includes foreign gra			31a	
_	oz Part		List of Officers, Directors, Trustees, and Key				_==	
L.	- er t	IA	Check if the organization used Schedule					
			Office if the organization used ochedule		(c) Reportable	(d) Health benefits,	Ť	· · · · <u> </u>
			(a) Name and title	(b) Average hours per week	compensation	contributions to employ		
				devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
p	ΔΙΙΙ	CHINE	N, PRESIDENT		<u> </u>		十	···
	<u> </u>	<u> </u>		2	11,775		اه	2,400
ח	ORE	EN CH	INEN, VICE PRESIDENT				1	2,100
	<u> </u>		Man, viol i liborati	2	o	•	اه	80
Α	NTH	ONY B	UTINDARO, SECRETARY		· · · · · · · · · · · · · · · · · · ·		1	
				2			اه	175
8	RAN	DIE BL	OSSER, TREASURER					
_				2	2,168	<u> </u>	0	50
J	ONA	S MAH	OE, BOARD MEMBER				T	
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S	UMM	IER BU	ITINDARO, BOARD MEMBER			}		
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A	NDY	BLOS	SER, BOARD MEMBER					
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,	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				•
		instructions for fact v.) Oneck if the organization used schedule of to respond to any question in this	Fait	Yes	No	•
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		<i>'</i>	,
2	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~	· 13
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				
,	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	7	-	
	~ c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓	7
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a				
	ь 38а	Did the organization file Form 1120-POL for this year?	37b	\vdash		
	JOA	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	7		2
	ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 5,200	-	H	1	192
	39	Section 501(c)(7) organizations. Enter:			ĺ	
	a '					
	b	Gross receipts, included on line 9, for public use of club facilities				
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь			?
	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,	100			ري
	d	4955, and 4958				
	e	40c reimbursed by the organization				
		transaction? If "Yes," complete Form 8886-T	40e		~	
	41 42a		308-85	A-7A26		
	42a	Located at ► 75-5863 KUAKINI HWY, KAILUA-KONA, HAWAII ZIP + 4 ►	96740			
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		~	
		If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
	С	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? .	42c			
		If "Yes," enter the name of the foreign country ▶				
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	• <u> </u>	
				Yes	No	
-	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a			
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		-	
		Did the organization receive any payments for indoor tanning services during the year?	44c		V	
	d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d			
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
	b	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," Form 990 and Schedule R may need to be completed instead of			<u> </u>	
		Form 990-EZ. See instructions	45b			
		-	ሰሰሰ	E7		

11 85	0-EZ (2018)									>age 4	,
	1				 				Yes		•
,					campaign activities on				<u> </u>		•
					C, Part I	· · · ·	<u></u> .	- 46	<u></u>	0	E
ŗŧ			Organizations	•							•
	All:	section 501(c)(organization:	s must answer qu	estions 47-49b and	52, and com	plete the	e tables f	or lin	es	
	50 a	and 51.									
	Che	ock if the organi	zation used Sci	hedule O to respon	d to any question in t	his Part VI	<u></u> .	<u></u> .	<u> </u>		
				· ·					Yes	No	
7	Did the o	organization eng	age in lobbying	activities or have a	section 501(h) election	n in effect du	ring the	tax			
	year? If "	Yes," complete ?	Schedule C, Parl	t#	<i>.</i>			- 47		1	D
3	Is the org	anization a scho	ol as described in	n section 170(b)(1)(A)	(ii)? if "Yes," complete ?	Schedule E		. 48		1	E
la	Did the o	rganization male	e amy transfers to	o an exempt non-ch	aritable related organia	ration?		. 49a		1	
Þ	If "Yes,"	was the related o	organization a se	ection 527 organizati	on?			. 49b			
)					nsated employees (oth						•
	employee	s) who each rec	served more than	\$100,000 of compe	nsation from the organ			enter "N	one."		
				(b) Average	(c) Reportable	(d) Health be contributions to		(c) Estimate	d serve		
	(a) Nam	e and tills of each on	aployee	facus per week devoted to position	compensation (Forms W-2/1099-46SC)	benefit plans, an	d deferred	Oppor coru			
				OBPORTO EL PASMON	7 Unis 11-21 (053-465C)	compens	tion				
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				er \$100,000			1				
f	Complete	this table for t	he organization	s five highest comp	ensated independent	contractors v	vho each	received	more	than	•
	Complete \$100,000	this table for to of compensation	he organization's on from the orga	s five highest comp nization. If there is n	ensated independent one, enter "None."					than	•
	Complete \$100,000	this table for to of compensation	he organization	s five highest comp nization. If there is n	ensated independent			received Compensation		than	
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1e	Complete \$100,000 (a) Nam	e this table for t of compensation end tusiness address	he organization on from the orga ess of each independ	s five highest comp nization. If there is n lent contractor	ensated independent one, enter "None." (b) Type of serv		(c)	Compensation		than	
ne d	Complete \$100,000 (a) Nam	e this table for t of compensation end tusiness address address address	he organization on from the orga ess of each independ	s five highest comp nization. If there is n lent contractor	ensated independent one, enter "None." (b) Type of serv	ice	(c)	Compensation		than	
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Form 990-EZ (2018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	Employer identification number
HOLOHOLO MINISTRIES	47-4335623
Part I Reason for Public Charity Status (All organizations must complete this part I	art.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only on	e box.)
1 A church, convention of churches, or association of churches described in section 170	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ	<u>,,,</u>
2 🗀 A bassital as a accounting bassital conden amonization described in easting 470/hH4	MANAM

2 1 2 3 3 3 3 5 5 6 1 5 5 6 1 5 5 6 1 7 7 8 6 6 1 7 8 6 1 7 8 7 8 6 1 7 8 7 8 6 1 7 8 7 8 7 8 7 8 7 8 7 8 7	ar year (or fiscal year beginning in) > Gifts, grants, contributions, and membership fees received. (Do not nekude any "unusual grants.")	(a) 2014 (a) 2014	(b) 2015 (b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 (ii i	Giffs, grants, contributions, and membership fees received. (Do not netude any "unusual grants.")						
2 1 1 2 1 3 1 5 1 5 5 1 5 5 6 F Section Calendary 7 7 8 () 5 8 9 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	membership fees received. (Do not include any "unusual grants.")	(a) 2014		(c) 2016	(d) 2017	(e) 2018	(f) Total
3 1 f	organization's benefit and either paid to or expended on its behalf. The value of services or facilities imished by a governmental unit to the organization without charge. Total. Add thes 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 in B. Total Support Amounts from line 4 Gross income from interest, dividends, cayments received on securities loans, rents, royalties, and income from similar sources	(a) 2014		(c) 2016	(d) 2017	(e) 2018	(f) Total
6 I Section Calenda 7 / 8 (inmished by a governmental unit to the organization without charge Fotal. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (i) Public support. Subtract line 5 from line 4 in B. Total Support ar year (or fiscal year beginning in) Amounts from line 4	(a) 2014		(c) 2016	(d) 2017	(e) 2018	(f) Total
5 7 6 8 6 F Section Calenda 7 7 8 6 7 8 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (i). Public support. Subtract line 5 from line 4 in B. Total Support ar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	(a) 2014		(c) 2016	(d) 2017	(e) 2018	(f) Total
6 I Section Calenda 7 / 8 (each person (other than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 in B. Total Support ar year (or fiscal year beginning in) Amounts from line 4	(a) 2014		(c) 2016	(d) 2017	(e) 2018	(f) Total
Section Calenda 7 / 8 (F F 9 N	n B. Total Support ar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, bayments received on securities loans, rents, royalties, and income from similar sources	(a) 2014		(c) 2016	(d) 2017	(e) 2018	(f) Total
Calenda 7 / 8 (F 7 / 8 (F 7 / 8 / 9 / 8	ar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, bayments received on securities loans, rents, royalties, and income from similar sources	(a) 2014		(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
8 (F F S S S S S S S S S S S S S S S S S	Gross income from interest, dividends, bayments received on securities loans, rents, royalties, and income from similar sources						
r \$ 1 9 8	rents, royalties, and income from similar sources		/			1 :	•
i	Net income from unrelated business						
	activities, whether or not the business s regularly carried on						
ŀ	Other income. Do not include gain or oss from the sale of capital assets Explain in Part VI.)						
	Cotal support. Add lines 7 through 10						
	<u>.</u>						
				,			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	3,072	63,283	108,760	100,425	42,408	317,948
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities			1	3	i	
	furnished in any activity that is related to the organization's tax-exempt purpose			2,294	10,972	2,692	15,958
3	Gross receipts from activities that are not an						<u></u>
•	unrelated trade or business under section 513				2,600	į	2,600
4	Tax revenues levied for the					 †	<u> </u>
~	organization's benefit and either paid to					į	
	or expended on its behalf	ļ		1		ì	
E	The value of services or facilities						
5	furnished by a governmental unit to the		į				
	organization without charge						
	•	3,072	63,283	111,054	113,997	45,100	336,506
6	Total. Add lines 1 through 5	3,012	03,283	111,034	(13,77)	43,100	330,200
72	received from disqualified persons .	0	20,089	25,000	44,170	6,250	95,508
	•	U	20,085	25,000	44,130	6,250	73,300
Þ	Amounts included on lines 2 and 3						
	received from other than disqualified					İ	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	· I		22.000	25 600	44.170	6 350	95,508
C	Add lines 7a and 7b	0	20,088	25,000	44,170	6,250	75,506
8	Public support. (Subtract line 7c from					1	040.000
CE	line 6.)						240,998
	on B. Total Support	(-) 0014	(h) 001E	(a) 0010	(d) 2017	(e) 2018	(f) Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016 111,054	113,997	45,100	336,506
9	Amounts from line 6	3,072	63,283	111,054	113,777	43,100	330,303
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.					1	
	•						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975	_	~		2 ***	5 050	0F 93F
	·	0	7,175	5 200	7,150	5,850	25,375 25,375
-	Add lines 10a and 10b	0	7,175	5,200	7,150	5,850	25,375
11	Net income from unrelated business			İ		i	
	activities not included in line 10b, whether or not the business is regularly carried on					•	
							
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
40	` ' '						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2 070	20.450	444 774	404 443	50.050	3/4 004
4.4	First five years. If the Form 990 is for the	3,072	70,458		121,147	50,950	361,881
14	organization, check this box and stop her	_			-	ar as a secuoi	_
C4	on C. Computation of Public Suppor			· · · · · ·			· · ► 🗵
				12 coh (A)		45	%
15 16	Public support percentage for 2018 (line 8 Public support percentage from 2017 Sch		_			15	
	on D. Computation of Investment Inc			· · · · ·	· · · · · ·	1 10 1	
17	Investment income percentage for 2018 (w line 12 color	mp (fl)	17	%
18	Investment income percentage from 2017	•		•	•	18	
19a	331/s% support tests—2018. If the organi						
134	17 is not more than 331/3%, check this box						
L	331s% support tests—2017. If the organiz	-	_	•		-	_
b	line 18 is not more than 331/8%, check this t						
20		-	-	•			
20	Private foundation. If the organization di	u HOL CHECK 8	DOX OIT 11718 14,	ושמ, טו ושט, כ			
					JCII	edule A (Form 990	4 53V TAJ 2V 10

SCHEDULE L

Transactions With Interested Persons

OMB No 1545-0047

(Form 990 or 990-EZ)

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

Attach to Form 990 or Form 990-EZ.

Internal Revenue Service

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

Name o	of the organization	- 40	WWW.M.S.GOVIF	Gilloo	7107 0130	acaons and	uic ida	Employ	er ide	ntificat	ion nu	mber		•
HOLO	HOLO MINISTRIES									47-	43356	23		
Par								01(c)(29) organiz 5a or 25b, or Fo				V, line	40b.	
1	(a) Name of discussified		(b) Relationship be	etween o	disqualified	i person and		(c) Description	af ban				(d) Cor	rected?
	(a) Name of disqualified	person		organiza	ation		<u> </u>	(c) Description	1 OT UE	nsacuo	n 		Yes	No
_(1)														
(2)						 	ļ							L
(3)							ļ							ļ <u>.</u>
(4)							ļ						<u> </u>	
(5)							├						ļ	-
(6)	Enter the amount	of tox incurre	d by the organ	oizatio	n manac	nore or dis	qualif	ied persons du	ring t	bo ve	97		L	Щ
2	under section 4958		-				quaii	led persons du	ilig u	ile ye	ean De	, ,		
3	Enter the amount o						izatio		•	•	• 4	<u>`</u>		
•	Litter the amount o	i tax, ii airy, or	i iiie z, above,	CHILD	u1304 D)	, the organ	Zau-		• •	•	•	'		
Part	Complete if th	e organization	rested Person answered "Ye ount on Form 9	s" on	Form 99 art X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or Form 99	00, Pa	ırt IV,	line 2	6; or 1	f the	
(a) N	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or on the nization?	(e) Origi principal an		(f) Balance due	(g) tn d	default?	by bo	proved pard or nittee?	r agreement	
				То	From	<u> </u>			Yes	No	Yes	No	Yes	No
	PAUL CHINEN	PRESIDENT	PROGRAMS	1		<u></u> :	50,237	5,200		1	1		✓	
(2)		 		ļ	_	ļ			ļ	ļ	<u> </u>	<u> </u>		
(3)		ļ			<u> </u>			·····	<u> </u>	-	<u> </u>			
(4)		 	 	-	+	ļ			-	-	<u> </u>			
<u>(5)</u> (6)		 	 -							-	ļ			
(7)				 	+	 		 	 	┢		├		
(8)		-	 	\vdash	1				-		<u> </u>		-	
(9)	· 	İ	1		1									
(10)					T									
Total							.▶	\$						
Part	Grants or Ass	sistance Bene	fiting Interest answered "Ye	ed Pe	rsons.		ine 27							
(a)	Name of interested persor		ship between inter and the organization		(c) Amount	of assistance	(d) Type of assistanc	e 	(ө	Purpo	se of a	ssistan	ce
(1)							L			ļ				
(2)							ļ							
(3)		 -					├			<u> </u>				
(4)							├			├				
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(6)			····				 			}				
(7) (8)														—–
_ (9)				 	_		 			 				
(10)							 			 				
7.5/														

Part IV	Business Transactions Involvi Complete if the organization and	ing Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.	-	
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation's nues?
					Yes	No
(1)		<u> </u>		·	_	
(2)		 				
(4)						
(5)						
(6)		•				
(7)		ļ		 		ļ
(8)					_	
(9) (10)						
Part V	Supplemental Information. Provide additional information for	or responses to questions	on Schedule L (see	instructions).		L
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					····	

SCHEDULE U (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.

2019

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Department of the Treasury Internal Revenue Service

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

HOLOHOLO MINISTRIES	Employer identification number
AULUNDED ISSISSISSISSISSISSISSISSISSISSISSISSISS	47-4335623
OTHER REVENUE-990EZ-PART 1, LINE 8-They run an unrelated Floral Delivery S	Service 3 days a week to raise funds for their organization
GRANTS-990EZ-PART 1, LINE 10-Four Student Scholarships of \$500 each totalis	ng \$2 000, Konawaena High School -\$600, YWAM Ship Gift
Ministry-\$500, Camp Agape-Gift-\$250. Island Breeze Ministry-Gift-\$200, Cal Chin	en-Gift-\$100, Brett Curtis-Gift \$100, D. Chinen-Gift-\$80
Total Grants-\$3,830	
	·
<u> </u>	A A
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