#### DLN: 93493135032480

OMB No. 1545-0047

2018

# Form **990**

Department of the

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

**Return of Organization Exempt From Income Tax** 

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public

Interna	al Reve	enue Service						Inspection
A F	or th	e <b>2019</b> c		ning 07-01-2018 $$ , and ending 06-3	30-2019			
_		ipplicable:	C Name of organization HAWAII FOOD INDUSTRY ASSOCIATI			D Employer	identif	ication number
		change	THE THE PROPERTY OF THE PROPER			99-02095	07	
	ame ch itial ret	_	Doing business as					
		n/terminated						
☐ Ar	nended	d return	Number and street (or P.O. box if ma	il is not delivered to street address) Room/s	uite	E Telephone	number	
□ Ap	plication	on pending	P O BOX 235			(808) 533	3-1292	
			City or town, state or province, count HONOLULU, HI 96813	ry, and ZIP or foreign postal code				
			,			<b>G</b> Gross rece	ipts \$ 8	11,809
			<b>F</b> Name and address of principal Lauren Zirbel	officer:	H(a) Is this	a group retu	rn for	
			P O Box 235			dinates?	_	□Yes <b>☑</b> No
			Honolulu, HI 96813		H(b) Are all includ	l subordinates ed?	5	☐ Yes ☐No
I Ta	x-exer	mpt status:	☐ 501(c)(3) <b>☑</b> 501(c)(6) ◀(	insert no.) $\square$ 4947(a)(1) or $\square$ 527	If "No	," attach a lis	t. (see	instructions)
J W	ebsit	te:► ww	w.hawaiifood.com		H(c) Group	exemption n	umber	<b>&gt;</b>
<b>K</b> For	m of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Assoc	iation ☐ Other ▶	L Year of forma	tion: 1972	<b>1</b> State	of legal domicile: HI
		C						
Р	art I		<b>mary</b> scribe the organization's mission or	most significant activities:				
				most significant activities: motes the interests of Hawaii's food an	d beverage reta	ilers and sup	pliers t	hrough highly
ce	<u> </u>	effective o	overnment relations and advocacy	, members education, industry and con	nmunity relation	ıs.		
e e	-							
em	-							
λοκ	2	Check th	is box $\blacktriangleright \Box$ if the organization disc	continued its operations or disposed of	more than 25%	of its net ass	ets.	
ত >ঠ	3	Number	of voting members of the governing	g body (Part VI, line 1a)			3	9
Se	4	Number	of independent voting members of	the governing body (Part VI, line 1b)			4	9
È	5	Total nur	nber of individuals employed in cale	endar year 2018 (Part V, line 2a) .			5	(
Activities & Governance	6	Total nur	nber of volunteers (estimate if nece	essary)			6	(
4	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	(
	b	Net unre	ated business taxable income from	Form 990-T, line 34	. <u>.</u>		7b	(
					Pric	or Year		Current Year
Qı	8	Contribut	tions and grants (Part VIII, line 1h)			123,04	4	94,04
Ravenue	9	Program	service revenue (Part VIII, line 2g)			1,128,01	9	627,93
λċ	10	Investme	ent income (Part VIII, column (A), lii	nes 3, 4, and 7d )		54	.9	1,79
_	11	Other rev	enue (Part VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)		18,07		19,19
	12	Total rev	enue—add lines 8 through 11 (mus	t equal Part VIII, column (A), line 12)		1,269,68	6	742,96
	13	Grants a	nd similar amounts paid (Part IX, co	olumn (A), lines 1–3 )			0	
	14	Benefits	paid to or for members (Part IX, co	umn (A), line 4)			0	
&	15	Salaries,	other compensation, employee ber	nefits (Part IX, column (A), lines 5-10)			0	125,33
SUS	16a	Profession	nal fundraising fees (Part IX, colum	nn (A), line 11e)			0	
Expenses	b	Total fund	raising expenses (Part IX, column (D), li	ne 25) ▶ <u>0</u>				
ŭ	17	Other ex	penses (Part IX, column (A), lines 1	1a-11d, 11f-24e)		754,84	.3	919,07
	18	Total exp	enses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)		754,84	.3	1,044,40
	19	Revenue	less expenses. Subtract line 18 fro	m line 12		514,84	.3	-301,44
हुं <u>ठ</u>					Beginning	of Current Yea	ar	End of Year
Net Assets or Fund Balances		T-4 !	-t- (D-4V I: 40)			4 600 60	_	1 205 = 2
Ass I Ba	1		ets (Part X, line 16)			1,603,00	_	1,295,78
₹Š.	1		ilities (Part X, line 26)			15,71	_	9,92
		_	s or fund balances. Subtract line 2	1 from line 20		1,587,29	6	1,285,85
	art II r nena		ature Block eriury I declare that I have exami	ned this return, including accompanying	a schedules and	statements	and to	the hest of my
know	ledge	and belie		Declaration of preparer (other than off				
any k	nowle	edge.						
		11			2020	0-05-14		
Sign	1	Signat	ure of officer		Date			
Here		Laurer	Zirbel Executive Director					
			r print name and title					
			rint/Type preparer's name		Date	PT.		
Pai	d			<u>                                       </u>		ck 🔲 if   p0 -employed	136222	2
	- pare	er 🖪	irm's name 🕨 Hawaii Care Service LLC			n's EIN ▶ 71-09	983128	
	On	H	irm's address ▶ 1460 Hunakai St 1		Dho	ne no. (808) 22	7-4949	
		,			Pno	ie iiu. (808) 22	∠-4048	
			Honolulu, HI 96816					
May 1	the IR	RS discuss	this return with the preparer show	n above? (see instructions)			<b>⊻</b> γ	∕es □No

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Pa	rt III Statement	t of Program Service	e Accomplis	hments		
	Check if Scho	edule O contains a respoi	nse or note to a	any line in this Part III		
1	Briefly describe the	organization's mission:				
		Association actively prom advocacy, member's edu			nd beverage retailers and supplie tions.	ers through highly effective
2	<del>-</del>	n undertake any significar		- '	which were not listed on	☐ Yes ☑ No
	If "Yes," describe th	ese new services on Sch	edule O.			
3	services?	n cease conducting, or ma 		changes in how it con	ducts, any program	□Yes ☑No
4	Section 501(c)(3) a		ns are required	to report the amount	e largest program services, as m of grants and allocations to othe	
4a	(Code:	) (Expenses \$	391,347	including grants of \$	0 ) (Revenue \$	390,726 )
	See Additional Data					
4b	(Code: See Additional Data	) (Expenses \$	268,945	including grants of \$	0 ) (Revenue \$	161,307 )
4c	(Code: See Additional Data	) (Expenses \$	61,639	including grants of \$	0 ) (Revenue \$	64,030 )
	(Code:	) (Expenses \$	29,603	including grants of \$	) (Revenue \$	11,867 )
	Mango Jam Honolulu is	a program promoting local a	griculture, local o	chefs and local made good	ls. The event includes food and craft b	ooths.
4d	Other program serv	rices (Describe in Schedu	le O.)			
	(Expenses \$	29,603 inclu	ding grants of	\$	0 ) (Revenue \$	11,867 )
4e	Total program ser	rvice expenses ▶	751,5	34		

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Par	tiv 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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
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 similar amounts as defined in Revenue Procedure 98-19?  If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?  If "Yes," complete Schedule D, Part I	6		No
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		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
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		No
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI.	11a		No
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		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	!	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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		No
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(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	18	Vaa	

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

18

19

20a

20b

21

22

Yes

Νo

Nο

Nο

No

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19

21

22

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Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.  Did the organization engage in an excess benefit 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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			

1a

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a.*Enter -0-* if not applicable .

Yes

Yes | Form **990** (2018)

12

0

**1**c

No

13c

14a

14b

No

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

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	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Na 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		onse to	lines 🔽
_Se	ection A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a		Yes	No
	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  1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	€.)	
		$\longrightarrow$	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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 taxable entity during the year?	16a		No
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?	16b		'
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website $\square$ Another's website $ olimits$ Upon request $\square$ Other (explain in Schedule O)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►LAUREN ZIRBEL POBOX 235 HONOLULU, HI 968133302 (808) 533-1292			

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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
<b>(A)</b> Name and Title	(B) Average hours per week (list any volume		ne bo	x, ι n of	t ch unle: ficer	s pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organions	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
(1) JOE CARTER CHAIRMAN	0	х		x				0	0	0	
(2) CHARLIE GUSTAFSON VICE CHAIRMAN	1	х		х				0	0	0	
(3) EDDIE ASATO TREASURER/SECRETARY	0	х		x				0	0	0	
(4) JOHN ERICKSON IMMEDIATE PAST CHAIR	0	X						0	0	0	
(5) STAN BROWN ADVISOR/DIRECTOR	0	X		x				0	0	0	
(6) JOHN SCHIFF ADVISOR/DIRECTOR	0	х		х				0	0	0	
(7) PAUL KOSASA ADVISOR/DIRECTOR	1 0	Х		X				0	0	0	
(8) BEAU OSHIRO DIRECTOR	0	х						0	0	0	
(9) TOBY TANIGUCHI DIRECTOR	0	х						0	0	0	
(10) LAUREN ZIRBEL CEO/EXECUTIVE DIRECTOR	40	Х		x				122,426	0	0	

Part VII

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

(A) (B) (C) (D) (E) (F)

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	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	ne b	ox, ι n of	t cho unles ficer	eck moss pers and a	son	Repo comp fro organiz	( <b>D)</b> ortable ensation m the cation (W-	(E) Reportable compensatio from related organizations ( 2/1099-MISO	n d (W-	Estima amount o compens from	ited f other sation the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	2/109				organizati relati organiza	ed
c	Sub-Total	art VII <b>, Section</b>				<u> </u>	<b>*</b>			122,426		0		0
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos				e) who	rece	eived mo	ore than \$1	.00,000	•		
													Yes	No
3	Did the organization list any <b>former</b> of line 1a? <i>If "Yes," complete Schedule 3</i>										l employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the			
5	Did any person listed on line 1a receiver services rendered to the organization											5		No No
S	ection B. Independent Contract	ors												110
1	Complete this table for your five high from the organization. Report compe											mpen	sation	
		(A) and business addre									(B) cription of services		(C Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$  0

								fı	unction	revenue	tax uı	nder sections
	1	a Federated campaign	ns	1a		0		re	evenue		5	12 - 514
nts ints		<b>b</b> Membership dues .			9	4,045						
3ra nou		c Fundraising events		1c		0						
ţ\$, [		<b>d</b> Related organization		1d		0						
Gif Ilai		e Government grants (co	ontributions)	1e		0						
ıtions, er Sim		f All other contributions, and similar amounts no above		1f		0						
Contributions, Gifts, Grants and Other Similar Amounts		<ul><li>g Noncash contribution</li><li>in lines 1a - 1f:\$</li><li>h Total. Add lines 1a-</li></ul>		0	<b>.</b>	•						
9		Trotal Add Intesta		usiness Code	94,045							
же	2:	a MADE IN HAWAII FESTIV	VAL				3	90,726	390	,726	0	0
ever		CONVENTIONS & MEETI				90009	1	61,307	161	,307	0	0
⊕ SE		PUBLICATION				90009		64,030	64	-,030	0	0
rvic	١,	J MANGO IAM				90009		11,867	11	,867	0	0
۲. چ						30003	79					
Program Service Revenue	6	e ————————————————————————————————————	rvice revenue					0		0	0	0
₽ F					_	627,93	0					
		JTotal. Add lines 2a-2 Investment income (ir			nterest and	other				<u> </u>		
		similar amounts) .				<b>•</b> ]	1,79		1,799		0	0
	ı	Income from investme				. —		0	0		0	0
	5	Royalties	(i) Rea		(ii) Perso	onal	'	1			٠	-
	6	a Gross rents	(1) 1100		(,							
	ı	<b>b</b> Less: rental expenses										
		c Rental income or (loss)		0		0						
	۱ '	d Net rental income or				<b>•</b>		-				
	78	(i) Securities (ii) Other  7a Gross amount from sales of assets other than inventory				ner						
		<b>b</b> Less: cost or other basis and sales expenses										
	ı	· · · · · ·	Gain or (loss) 0 0 0 1 Net gain or (loss)									
Other Revenue	l	a Gross income from fu	undraising evolution of the desired on line 1c).	ents of		88,035						
Rev		<b>b</b> Less: direct expenses	s	b		68,840						
ıer	l	<b>c</b> Net income or (loss)			ents	<u> </u>	19,19	5			0	19,195
Off	9	a Gross income from gasee Part IV, line 19		ies. a								
		<b>b</b> Less: direct expenses	s	b								
	l	c Net income or (loss)		activit	ies	<b>•</b>						
	10	aGross sales of invent returns and allowanc		a								
		<b>b</b> Less: cost of goods s	old	b								
	L	C Net income or (loss)		invent	ory	<u> </u>						
	1:	Miscellaneous <b>1a</b>	Code									
		b										
	۱ '	c										
		All ablances			•							
	l	<b>d</b> All other revenue . <b>e Total.</b> Add lines 11a-				<b>•</b>						
							1	0				
	1	<b>2 Total revenue.</b> See	instructions.	• •		<b>&gt;</b>	742,96	9	629,729		0	19,195
											Forr	n <b>990</b> (2018)

or	m 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns. All other orga	nizations must com	plete column (A).	
	Check if Schedule O contains a response or note to any	line in 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) Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	125,339			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
i	a Management	38,039			
	b Legal	0			
	c Accounting	46,730			
	d Lobbying	0			
	e Professional fundraising services. See Part IV, line 17	0			
1	f Investment management fees	0			
9	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	232,596			
12	Advertising and promotion	74,541			
13	Office expenses	34,416			
14	Information technology	5,251			
15	Royalties	0			
16	Occupancy	2,226			
	Travel	4,612			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	268,945			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	26,145			
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 O.)				
	a EXHIBITION HALL RENTAL	76,596			
	b PUBLICATION	61,638			
	c GENERAL EXCISE TAX	16,258			
	d BANK & MERCHANT FEES	14,823			
	e All other expenses	16,254			
25	Total functional expenses. Add lines 1 through 24e	1,044,409	0	0	0
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).				

Form 990 (2018)

2

3

Liabilities

Fund Balances

Assets or 30

Net

28

29

31

32

33

34

End of year

(A)

Beginning of year

1,408,048

194,959

1

2

3

4

5

6

8

9

10c 11

12

13

14

15

16

17 18

19

20

21

22 23

24

25

26

27 0

28

30

31 32

33

34

0 29

15.711

1.587.296

1,587,296

1,603,007

1.603.007

15,711

Page **11** 

1,096,781

196,501

2.500

1.295.782

9.926

9.926

0

0

1.285.856

1,285,856

1,295,782

Form **990** (2018)

### Check if Schedule O contains a response or note to any line in this Part IX .

Cash-non-interest-bearing .

Savings and temporary cash investments . . . Pledges and grants receivable, net . . . Accounts receivable, net .

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 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 employees' beneficiary organizations (see instructions) Complete

Part II of Schedule L . . . Assets Notes and loans receivable, net

Inventories for sale or use .

Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D

10b

Less: accumulated depreciation Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

Investments-program-related. See Part IV, line 11

11 12 13 14 Intangible assets . . . . 15 Other assets. See Part IV, line 11 .

16 **Total assets.**Add lines 1 through 15 (must equal line 34) . . . 17 Accounts payable and accrued expenses

18 Grants payable . . 19 Deferred revenue . . . 20

Tax-exempt bond liabilities . . .

21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

persons. Complete Part II of Schedule L . 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

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

24 Total liabilities. Add lines 17 through 25 .

26 complete lines 27 through 29, and lines 33 and 34. 27

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Form	990 (2018)				Page <b>12</b>
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			742,969
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,044,409
3	Revenue less expenses. Subtract line 2 from line 1	3			-301,440
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,587,296
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		1	,285,856
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	3b		

#### Additional Data

**Software ID:** 18007995

**Software Version:** v1.00

**EIN:** 99-0209507

Name: HAWAII FOOD INDUSTRY ASSOCIATION

Form 990 (2018) Form 990, Part III, Line 4a:

PRODUCE THE MADE IN HAWAII FESTIVAL TO PROMOTE HAWAII MADE PRODUCTS IN SPONSORSHIP WITH PRIVATE AND PUBLIC SPONSORS. THE FESTIVAL IS A THREE DAY EVENT AND FEATURES NEARLY 400 EXHIBITORS WHO SHOWCASE FOOD PRODUCTS, BOOKS, GIFTS, APPAREL AND JEWELRY, ARTS AND CRAFTS, PRODUCE, AND MANY MORE HOME GROWN PRODUCTS FROM AROUND THE 50TH STATE.

#### Form 990, Part III, Line 4b: PROVIDE RELATED MATERIALS AND SERVICES, PRODUCE ANNUAL FOOD INDUSTRY CONVENTION, PARTICIPATE IN CONFERENCES AND MEETINGS, PUBLIC MEETINGS FOR

WORKSHOPS AND COMMITTEE ACTIVITIES FOR MEMBERS AND OTHERS TO MAINTAIN HIGH STANDARDS OF FEFICIENCY AND INTEGRITY IN THE FOOD INDUSTRY.

INDUSTRY AND ECONOMIC DEVELOPMENT.

Form 990, Part III, Line 4c: PUBLISH EDUCATIONAL MAGAZINE WITH INFORMATION RELATIVE TO INDUSTRY UPDATES AND NEW AND REVISED GOVERNMENT LAWS. SCHEDULE C (Form 990 or 990-

EZ)

3

5

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

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

DLN: 93493135032480

OMB No. 1545-0047

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

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 • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** HAWAII FOOD INDUSTRY ASSOCIATION 99-0209507 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) ...... Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 ...... 1 Enter the amount of any excise tax incurred by organization managers under section 4955 ...... 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt

function activities .....

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year?

5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.											
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of politica contributions received and promptly and directly delivered to a separate political organization. If none, enter -0							
1												
2												
3												
1												
5												

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Page 2

A	Check If the filing organization belongs to a expenses, and share of excess lobby		st in Part IV each a	affiliated group m	ember's name, a	address, EIN,
В	Check ▶ ☐ if the filing organization checked box	· ,	provisions apply.			
	Limits on Lobbyir (The term "expenditures" mean	ng Expenditures	,		a) Filing anization's totals	<b>(b)</b> Affiliated group totals
 1a	Total lobbying expenditures to influence public opi	inion (grass roots lobbying	ı)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobbying)				
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount. Enter the amount fro	om the following table in	both			
	If the amount on line 1e, column (a) or (b) is	s: The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on line	e 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	excess over \$500,00	0.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	excess over \$1,000,	000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the 6	excess over \$1,500,0	00.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a. If zero or less, enter	r -0				
i	Subtract line 1f from line 1c. If zero or less, enter	-0				
j	If there is an amount other than zero on either line section 4911 tax for this year?					☐ Yes ☐ No
	(Some organizations that made	Averaging Period Un a section 501(h) ele e the separate instru	ction do not ha	ave to comple		five
	Lobbying Ex	penditures During 4	-Year Averagii	ng Period	T	1
	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					

activity.

Part III-B

Part IV

Return Reference

1 2

3

answered "Yes."

expenses for which the section 527(f) tax was paid).

**Supplemental Information** 

1

Νo

94,045

9,405

9,405

9,405

0

(b)

Amount

(a)

No

Yes

2a

2b

2c

3

4

5

Schedule C (Form 990 or 990EZ) 2018

#### 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? ..... Grants to other organizations for lobbying purposes? ..... Direct contact with legislators, their staffs, government officials, or a legislative body? ..... Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ......

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

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:

Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ..... 2a If "Yes," enter the amount of any tax incurred under section 4912 .....

Did the organization agree to carry over lobbying and political expenditures from the prior year? .....

Dues, assessments and similar amounts from members

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Current year ..... Carryover from last year .....

Total .....

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

Taxable amount of lobbying and political expenditures (see instructions) ......

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

С	c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).					
		Yes	No		
1	Were substantially all (90% or more) dues received nondeductible by members?		No		
2	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		No		

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1: Part I-B, line 4: Part I-C, line 5: Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

Explanation

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

-	I rest, enter the amount of any tax meaned areas section 1922 minutes			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or s 501(c)(6).	ection		
			Yes	No
	Were substantially all (90% or more) dues received nondeductible by members?			No

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE G (Form 990 or 990-EZ)

## **Supplemental Information Regarding**

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

DLN: 93493135032480 OMB No. 1545-0047

Department of the Treasury Attach to Form 990 or Form 990-EZ. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization HAWAII FOOD INDUSTRY ASSOCIATION 99-0209507 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Sche	dule G (Form 990 or 990-EZ) 2018						Page 3	
11	Does the organization conduct ga	ming activities with nonmembers	5?		☐ Yes	Пио		
12	Is the organization a grantor, ber formed to administer charitable g		member of a partnership or other entity		□Yes			
13	Indicate the percentage of gamin	g activity conducted in:						
а	The organization's facility .			13a			%	
b	An outside facility			13b			%	
14	Enter the name and address of th	e person who prepares the organ	nization's gaming/special events books and r	ecords:				
	Name							
	Address •							
	revenue?		m the organization receives gaming		□Yes	□No		
b	If "Yes," enter the amount of gam amount of gaming revenue retain		anization ▶ \$ and tl 	ne				
С	If "Yes," enter name and address	of the third party:						
	Name •							
	Address►							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation	• \$						
	Description of services provided	·						
	☐ Director/officer	☐ Employee	☐ Independent contractor					
17	Mandatory distributions:							
а	Is the organization required unde retain the state gaming license?		stributions from the gaming proceeds to		☐Yes	□No		
b	Enter the amount of distributions in the organization's own exempt		Ited to other exempt organizations or spent \$		33			
Pai	t IV Supplemental Inform	nation. Provide the explanat	ions required by Part I, line 2b, column licable. Also provide any additional info				 s.	
	Return Reference		Explanation					

efile GRAPH	IC print - I	DO NOT PROCESS	As Filed Data -		DLN	: 93493135032480
SCHEDUL	E O	Supplement	tal Informatio	on to Form 990 or 9	90-EZ	OMB No. 1545-0047
(Form 990 or EZ)	990-	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 <a href="mailto:www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.			ions on	2018
Department of the T	reasury				ı	Open to Public Inspection
HAWAII FOOD INDUSTRY ASSOCIATION				99-0209507	tification number	
990 Schedul	e O, Supple	emental Informatio	n			
Return Reference				Explanation		
Form 990, Part VI, Section A, Line 3	tion delegat	ed control over manage	ment duties to LSZ Co perates the Associatio	Section A, Line 3 - The organiza onsulting, LLC. LSZ is under con n following an annual budget a on a regular basis.		

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,	Form 990, Part VI, Section B, Line 11b - Form 990 is reviewed by the Executive Director an
Part VI,	d members of the Board of Directors before filing.
Section B,	-
Line 11b	

Return Explanation
Reference

990 Schedule O, Supplemental Information

ity of the Board.

Line 12c

Form 990,	Form 990, Part VI, Section B, Line 12c - Officers and Directors are required to disclose t
Part VI,	heir interests that could give rise to conflicts. If a conflict of interest transaction ne
Section B,	eds to be authorized, the transaction is required to be approved and ratified by the major

990 Schedule O, Supplemental Information

Return Explanation

Reference	
Form 990,	Form 990, Part VI, Section C, Line 19 - The Organization makes its governing documents, co
Part VI,	nflict of interest policy and financial statements available to the public upon written re
Section C,	quest to the Executive Director.
Line 19	

Return Explanation

990 Schedule O, Supplemental Information

11g

Reference Form 990, Part IX, Line 11a - MADE IN HAWAII MANAGEMENT EXPENSES: ICES \$72,545; SHOW MANAG l Form 990. EMENT \$71,582; SECURITY \$16,762; ENTERTAINERS - \$10,471; COOKING DEMONSTRATION - \$7.314; H Part IX. Line FIA CONSULTING & OTHER CONTRACTS - \$25.003; MANGO JAM SHOW MANAGEMENT - \$14.459