SCANNED MAR 2 5 2022

		EXTENDED TO APRIL 15, 2021		_	OMB No 1545-0047
	a	Return of Organization Exempt From			2010
(Rev	n Jani	section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (ations)	<u> </u>
Depar	rtment o	of the Treasury	/ V	206	Open to Public Inspection
		e 2019 calendar year, or tax year beginning JUN 1, 2019 and ending	17_	20	тореоцоп
	heck if		D Employer ide	_	on number
	neck if oplicab		D Employer ide	nuncau	on namber
	Addre	HUI 'O NA WAHINE			
\vdash	Name		23-737	9776	
F	Initial	Description			
\vdash	Final	126 NEEF CUREET DMR 335		794-	0076
	return termir ated		G Gross receipts \$		320,006.
	Amen	ded WANTAWA HT 06786	H(a) Is this a grou	up returr	
	Applic		for subordin	-	Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordina		
T T	ax-ex				(see instructions)
		te: > SCHOFIELDSPOUSESCLUB.COM	H(c) Group exem		•
			ear of formation: 197	- 1	
	rt I	Summary			
	1	Briefly describe the organization's mission or most significant activities TO ENHAN	CE THE QUAL:	ITY (OF LIFE
e S		FOR OUR COMMUNITY BY CONTRIBUTING TO NEEDS AC	ROSS OAHU,	CONT	INUING
Activities & Governance	2	Check this box if the organization discontinued its operations or disposed of m			
ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
ဗ္ဗ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	14
ళ	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	20
ţ	6	Total number of volunteers (estimate if necessary)		6	- 16
Ęį	-	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
٩		Net unrelated business taxable income from Form 990-T, line 39		7b	0.
\dashv		Net difference business taxable income from 1 on 1 330-1, line 33	Prior Year	1,2	Current Year
	8	Contributions and grants (Part VIII, line 1h)	10,76	4.	156,041.
ne	9	Program service revenue (Part VIII, line 2g)	426,26		12,119.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		$\frac{2}{2}$.	18.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	437,03		168,178.
\dashv	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>'</u>	0.	17,000.
				0.	. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	135,62		68,397.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	****	$\frac{2}{0}$	00,357.
ë	Ioa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		``	<u>``</u>
Expenses	17	(D. 1) (A. 1) (A. 1)	293,63	8	63,063.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	429,26		148,460.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), ine 25) Revenue less expenses Subtract line 18 from line 12	7,77		19,718.
_ ^			Beginning of Current Ye		
Net Assets or Fund Balances	00	Total assets (Part X, line 16) Total liabilities (Part X, line 26) APR 1 4 2021	7 4 4 4 4 4 4		End of Year 156,540.
SSe	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26) APR 1 4 2021	130,02	$\frac{2}{0}$	0.
Eg.	21	Total habilities (Fart X, line 25)	136,82		156,540.
ᆲ	<u>22</u> rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	130,62	۷٠	130,340.
		eignataro Brook		of marria man	ladaa and baliat itia
		allies of perjury, I declare that I have examined this return, including accompanying schedules and star		or thy Kho	wiedge and belief, it is
ırue,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepared to the complete of the complete o		2010	N21
		Significant of officer 1		30/2	021
Sigr		, ,	Date		
Here	2	LINDSEY LAWRENCE, PRESIDENT Type or print name and title			
		Type or print name and title			

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

	1 \			_
Form	990 (2019) HUI 'O NA WAHINE	23-737977	<u> </u>	Page 3
Pa	t 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)?			1
	If "Yes," complete Schedule A	_1	+-	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to ca		-	
	public office? If "Yes," complete Schedule C, Part I	_ 3	+-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) e			
	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, asse			3,
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5	+	<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have			.
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Science and the distribution or investment of amounts in such funds or accounts?	chedule D, Part I 6	+	<u> </u>
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	+	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	· I		.
	Schedule D, Part III	8	+	<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a cur			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation			, ,
	If "Yes," complete Schedule D, Part IV	9	+-	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			٠,
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	1. 1947	X XI.M
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		A A
	as applicable		1,3.2	Ĭ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			٠,
	Part VI	. 112	1	X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of			,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	111	\	<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of			,,
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	110	-	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets re	eported in		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	110	1	X X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part		`	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that ad			1,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D,	i i	+	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," con	•		٠,,
	Schedule D, Parts XI and XII	12:	Ч—	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is option			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14:	+-	┼ <u>^</u>
b		•		}
	investment, and program service activities outside the United States, or aggregate foreign investments valued	1		х
	or more? If "Yes," complete Schedule F, Parts I and IV	for any	'	+~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	+	<u> x</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assist			x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	+	 ^- -
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on F			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Pa			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	+	 X -
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If			v
	complete Schedule G, Part III	19		$\frac{X}{X}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20:		+ <u>~</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201	' 	+-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		(2019)
93200	3 01-20-20	For	111 990	(2019)

Form	990 (2019) HUI O NA WAHINE 23-73	19/16	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)		\ <u></u>	
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	[Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24 a	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		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.0		х
	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			
		25b		Х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	—
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		х
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		<u> </u>
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L	<u></u>
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		<u> </u>
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		٠,,	
По	Note: All Form 990 filers are required to complete Schedule O	38	_X_	<u> </u>
,r <u>,</u> al	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	Na
.	Enter the number reported in Pay 2 of Form 1006 Enter 0 if not applicable	0	es	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	Ö		
С	(gambling) winnings to prize winners?	1c		
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					Yes	No
29.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1
	filed for the calendar year ending with or within the year covered by this return	2a	20			1
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns.			2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		 За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		<u> X</u>
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b_		_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	nızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	gifts			
	were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					لـــــا
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ured			
	to file Form 8282?	1	ı	7с		_Х_,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		t,	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the organization of the organization during the year, pay premiums, directly or indirectly, on a personal benefit contribution of the organization of t			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		 i
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ı by tn	е	8		
_	sponsoring organization have excess business holdings at any time during the year?			•		i
9	Sponsoring organizations maintaining donor advised funds.			9a		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
ь 10	Section 501(c)(7) organizations. Enter			35		1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-			
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a	1			
	Gross income from other sources (Do not net amounts due or paid to other sources against					1
_	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O					1
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				
	Enter the amount of reserves on hand	13c	L	<u> </u>		<u>└</u>
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		<u> X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			٠,,
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			<u> </u>	<u></u>	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	it incor	ne?	16_		X
	If "Yes," complete Form 4720, Schedule O			Eora	990	(2019)

Par	t NI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No" re	spons	е
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	If there are material differences in voting rights among members of the governing body, or if the governing	3 . 4	2	\$6.00 m
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<u>.</u>		$\{., $
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14	1.5	3 - 1	1.
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, 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 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	Х	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7		
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b		X
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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		[]	<u>, </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13		X
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 approval by independent	F .5	[]	, ₂
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		<u> </u>
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	7
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<u></u>		<u> </u>
	taxable entity during the year?	16a		<u>X</u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			$[\cdot, \cdot]$
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	<u> </u>		<u> </u>
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	al	
	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			
	MICHELLE ZIMMERMAN - (321) 794-0076			
	126 NEFF STREET PMB 335, WAHIAWA, HI 96786		255	

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.

 See instructions for the order in which to list the persons above

X Check this box if neither the organiza	ation nor any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		i than c	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week	-	Cer ar		II ect	17005	.66)	from	from related	other
	(list any hours for	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	6 Or 0	ee			salec		(W-2/1099-MISC)	(***271033-141100)	organization
	organizations	Individual trustee or director	Institutional trustee		a A	шрег		(** 2, 100000)		and related
	below	lgnp	atio	 	Key employee	est co oyee	ec ec			organizations
	line)	Indiv	Instit	Officer	Key (Highest compensaled employee	Former			
(1) AMANDA LANDRY	5.00									
PRESIDENT		X		Х				0.	0.	0.
(2) AMANDA RYAN	5.00							<u> </u>		
1ST VICE PRESIDENT		X		Х				0.	0.	0.
(3) LINDSEY LAWRENCE	5.00									
2ND VICE PRESIDENT		X		X				0.	0.	0.
(4) ANGELIA JACKSON	5.00								_	
TREASURER		X		X				0.	0.	0.
(5) JENNIFER CHERKAUSKAS	5.00								_	
SECRETARY		X		X				0.	0.	0.
(6) MISSI HAYES	5.00									
PARLIAMENTARIAN		X		Х				0.	0.	0.
(7) HOLLY WIGGINS	1.00				`					
DIRECTOR		X			<u> </u>	ļ		0.	0.	_0.
(8) JENNI HERZOG	1.00	ļ			ŀ	ł				
DIRECTOR		X		_	┞	<u> </u>	<u> </u>	0.	0.	0.
(9) HEATHER OSGOOD	1.00	۱								
DIRECTOR	1 00	X	-	-	┢	├-	ļ	0.	0.	0.
(10) JESSICA SUPANICH	1.00	١,,						0.	0.	_
DIRECTOR	1.00	X	╁	\vdash	┢	├	_	Ų.	- 0.	0.
(11) LISA JACK DIRECTOR	1.00	x						0.	0.	0.
(12) CARLA FEDEROVICH	1.00	^	╁		┢	┢╾	-	<u> </u>		0.
DIRECTOR	1.00	X						0.	0.	0.
(13) BECKY EVANS	1.00	<u> </u>	\vdash		\vdash	┢	├─		, ·	
DIRECTOR	1.00	X			1			0.	0.	0.
(14) VICTORIA FURLOW	1.00		\vdash		\vdash		┢			
DIRECTOR	- 1.00	\mathbf{x}				İ		0.	0.	0.
(15) SHERRY HOWARD	1.00	 	\vdash	T	T	T		1	1	
DIRECTOR		\mathbf{x}						0.	0.	0.
(16) AMY O'NEILL	1.00	Ť	t		 	T				
DIRECTOR		x						0.	0.	0.
					İ	Ì				
		1								
							_			

Form 990 (2019)

Ŗar	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)	—		
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Estimated	
		hours per	box	, unle	ss pe	rson I	s both	an	compensation	compensation		amount o	f
		week	<u> </u>	cer ar	.u a d	6010	J., u u\$	(66)	from	from related		other	
		(list any hours for	recto						the	organization (W-2/1099-MIS		compensati from the	
		related	p Jo e	gg t			sated		organization (W-2/1099-MISC)	(00-2/1099-1010	³⁰⁾	organizatio	
		organizations	Individual trustee or director	Institutional trustee		, g	Highest compensated employee		(***2/1033***********************************			and relate	
		below	dual t	l tour	_	[원	st co	 -				organizatio	
		line)	Indiv	ınstiti	Officer	(ey er	18 E	Form				-	
									·			-	
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			1					1					
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_													
			<u> </u>		L								
					L								
		<u> </u>			L.,				<u> </u>				
1b	Subtotal								0.		0.		0.
С	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.		0.
	Total (add lines 1b and 1c)							<u> </u>	0.		0.		0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable	3		^
	compensation from the organization											Tv 1	0
											ſ	Yes	No
3	Did the organization list any former officer	, director, truste	ee, k	кеу е	empl	loye	e, or	hıg	hest compensated emp	loyee on			لــِـِـ
	line 1a? If "Yes," complete Schedule J for s										}	3	X
4	For any individual listed on line 1a, is the si									he organization	}	i	X
	and related organizations greater than \$15											4 1	
5	Did any person listed on line 1a receive or							elate	ed organization or individ	dual for services		<u></u>	
	rendered to the organization? If "Yes." con	nplete Schedule	⊋ <i>J f</i>	or su	ıch i	oers	on			_ ,		5	X
	tion B. Independent Contractors				- 4					2100 000 -f			
1	Complete this table for your five highest co										bensat	ion trom	
	the organization Report compensation for	the calendar ye	ear e	enair	ng w	ntn e	or wi	tnin T		ear		(0)	
	(A) Name and business	address	NI	INC	7				(B) Description of s	ervices	С	(C) ompensation	ì
			14/	7111				\dashv		-			
								\dashv					
								1					
								\neg					
	, de la companya de l								,-			•	
	·	·						\neg	·				
											L		
2	Total number of independent contractors (including but no	ot lır	nıte	d to	thos	se lis	ted	above) who received ma	ore than	ľ	·C	-
_	\$100,000 of compensation from the organi						0		· 		P		و مید
	and and an an analysis of the area organi											Form 990 (2	2010)

<u> </u>					au athua Dawt VIII			
		Check if Schedule O con	itains a response	or note to any iin	(A)	(B)	(C)	(D)
	•				Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
		- <u>-</u>	1.1					300010113 0 12 0 14
nts		Federated campaigns	1a	4,213.				
Sra Iou		Membership dues	1b	4,213.				
S, C	•	Fundraising events	10			-	-	
ig H		I Related organizations	1d					1
ıs,	€	Government grants (contribu	itions) 1e					
ΪŞ	f	All other contributions, gifts, gra	ints, and					
a 計		similar amounts not included ab-	ove 1f	151,828.				
퉏읩	ç	Noncash contributions included in lines	s 1a-1f 1g \$	151,828.		•		
Cortributions, Gifts, Grants and Other Similar Amounts	ŀ	Total. Add lines 1a-1f		<u> </u>	156,041.			
				Business Code	N an		1	٠ا
ا بو	2 a	MEMBER EVENTS		900099	12,119.	12,119.	_	_
Σ̈́	t	·					_	
Sen	c							
am	c	·						
Program Service Revenue	e	,					_	
<u>q</u>	f	All other program service rev	renue					
		Total. Add lines 2a-2f			12,119.			
	3	Investment income (including	g dividends, inter	est, and				
		other similar amounts)		>	18.			18.
ł	4	Income from investment of ta	ax-exempt bond	proceeds >				
	5	Royalties						
l			(ı) Real	(II) Personal	-		<u>-</u>	
	6 a	Gross rents 6	а					
	b	Less rental expenses 6	b					
	c	Rental income or (loss)	c					
	c	Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(ı) Securities	(II) Other			, ,	
		assets other than inventory 7	a					
	b	Less cost or other basis						
활		and sales expenses 7	b					1
Revenue	c	Gain or (loss)	c					-
å	c	Net gain or (loss)	_	<u> </u>				
je	8 a	Gross income from fundraising e	events (not					
g		including \$	of] ·	
ŀ		contributions reported on line	e 1c) See	1				
		Part IV, line 18	8:	a				
	t	Less direct expenses	81	<u>ol</u> _				
		: Net income or (loss) from fun		<u> </u>				
ļ	9 a	Gross income from gaming a	activities See		. •			
		Part IV, line 19	9:	a		·		
l		Less direct expenses	91	<u> </u>				ı
		: Net income or (loss) from gar	_	<u> </u>				
	10 a	Gross sales of inventory, less						
		and allowances	10	a151,828.			İ	
	Ł	Less cost of goods sold	10	ь151,828.			ļ	
_		: Net income or (loss) from sal	es of inventory		0.			
ا ي				Business Code				
Miscellaneous Revenue	11 a							
ane	t	·						
E Sel	C		·		_ -			
٣	C	All other revenue		L	-			
	•	Total. Add lines 11a-11d			160 170	10 115		·
	12	Total revenue. See instructions			168,178.	12,119.	0.	18.

HUI09771

Form 990 (2019) HUI 'O NA WAHINE
Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All other	r organizations must com	plete column (A)	
	Check if Schedule O contains a respon-			(0)	<u></u>
	ot include amounts reported on lines 6b, 3b, 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				
	ındıvıduals See Part IV, line 22	17,000.	17,000.		
3	Grants and other assistance to foreign			1	
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified		-		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	65,183.	55,406.	9,777.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,214.	2,732.	482.	
11	Fees for services (nonemployees)				
а	Management				
b	Legal	9,000.		9,000.	
С	Accounting	1,068.		1,068.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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	166.	141.	25.	
13	Office expenses	21,799.	15,784.	6,015.	
14	Information technology				
15	Royalties				
16	Occupancy	2,190.	1,862.	328.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,170.	995.	175.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	166.	141.	25.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)		-		•
	amount, list line 24e expenses on Schedule 0.) PENALTIES	16,261.		16,261.	
	GENERAL EXCISE TAX	8,513.	8,513.	10,201.	
	CONCTONNENT	2,268.	2,268.		
c d	MEMBERSHIP	462.	462.		
	All other expenses	- 102.	102.		
е 25	Total functional expenses. Add lines 1 through 24e	148,460.	105,304.	43,156.	0.
<u>25</u> 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)				

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	122,691.	1	150,885.
	2	Savings and temporary cash investments		2	5,655.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	13,911.	4	
	5	Loans and other receivables from any current or former officer, director,			~
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
y,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 0.			
	b	Less accumulated depreciation 10b	220.	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 33)	136,822.	16	156,540.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
labi		controlled entity or family member of any of these persons		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	<u> </u>	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow FASB ASC 958, check here X			
çes		and complete lines 27, 28, 32, and 33.	105 000		156 540
a	27	Net assets without donor restrictions	136,822.	27	156,540.
Ba	28	Net assets with donor restrictions		28	
핕		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			<u> </u>
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	100.000	31	156 540
Š	32	Total net assets or fund balances	136,822.	32	156,540.
	33	Total liabilities and net assets/fund balances	136,822.	33	156,540.

Form **990** (2019)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

|--|

OMB No 1545-0047

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

Name of the organization HUI 'O NA WAHINE	«AHINE						Employer identification number 23-7379776
General Information on Grants and Assistance	Assistance						
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectic	
criteria used to award the grants or assistance?	nce?			,			X Yes No
Z Describe in Fart IV the organization's procedures for monitoring the use [护art'III] Grants and Other Assistance to Domestic Organizations and [mestic Organiz	ations and Domestic	or grant lunds in the United States Somestic Governments. Complete	Somplete if the orga	anization answered "Y	On grant lunds in the United States Jomestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (b) EIN (c) IRC section (d) Amount of cash grant (if applicable) cash grant	000 Part II can (b) EIN	be duplicated if additic (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table.	government org	janizations listed in the	e line 1 table				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ee the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)

13

HUI 'O NA WAHINE Schedule | (Form 990) (2019) |Partilli*| Grants and Othe

Page 2

23-7379776

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

					•
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	*	17,000.	•0		
"Part IV" Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information	ditional information	
i H					
SCHOLARSHIPS ARE PROVIDED TO STUDENTS	WHO	WILL BE CON	CONTINUING THEIR	EIR	
		ROOM AND BOARD,	, AND BOOKS	S.	
P RECIPIENTS MUST SU	THEIR	ACCEPTANCE I	LETTER TO T	THE	
N AS CONFIRMATION OF	EIR	ATTENDANCE TO T	THE COLLEGE.	THE	
ARE PAID DIRECTLY TO	THE COLLEGE	GE IN WHIC	IN WHICH THE RECIPIENT	PIENT HAS	
TEND. IN CASES WHERE	THE RECIP	IENT HAS N	RECIPIENT HAS NOT DECIDED	ON WHICH	

COLLEGE TO ATTEND, THE RECIPIENT WILL HAVE UNTIL OCTOBER 1ST TO DECIDE AND

ANY UNUSED SCHOLARSHIP FUNDS WILL BE

' SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization HUI 'O NA WAHINE Employer identification number 23-7379776

(a) Check if applicable Contributions or items contributed from 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded	
applicable contributions or items contributed form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded	
tems contributed Form 990, Part VIII, line 1g 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded	
Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded	its
Art - Historical treasures Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded	
Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded	
Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicly traded	
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded	
6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded	
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded	
8 Intellectual property 9 Securities - Publicly traded	
9 Securities - Publicly traded	
10 Securities - Closely held stock	
11 Securities - Partnership, LLC, or	
trust interests	
12 Securities - Miscellaneous	
13 Qualified conservation contribution -	
Historic structures	
14 Qualified conservation contribution · Other	
15 Real estate - Residential	
16 Real estate - Commercial	
17 Real estate - Other	
18 Collectibles	
19 Food inventory	
20 Drugs and medical supplies	
21 Taxidermy	
22 Historical artifacts	
23 Scientific specimens	
24 Archeological artifacts	
25 Other () () () () () () () () () (
27 Other • (
28 Other • (
29 Number of Forms 8283 received by the organization during the tax year for contributions	
for which the organization completed Form 8283, Part IV, Donee Acknowledgement	
Ye	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	1;
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for	3
exempt purposes for the entire holding period?	X
b If "Yes," describe the arrangement in Part II	+
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31	- X
	+
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	x
	+=-
b if "Yes," describe in Part II	[]
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	1' 1
describe in Part II. I HA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 99)	<u> 1</u>

932141 09-27-19

Schedule M	(Form 990) 2019	HUI	'O NA	A WAHI	NE					23-7	3797 <u>7</u>	6	Page 2
Part II	(Form 990) 2019 Supplementa is reporting in Par	l Inforn	nation.	Provide th	e informati	on required t	oy Part I, Im	es 30b, 32b	, and 33, a	and wheth	er the org		
3 ***** ****	is reporting in Par	t I, colum	ın (b), the	number of	contribution	ons, the num	ber of item	s received, o	r a combi	nation of b	oth Also	complet	е
	this part for any a	dditional	informatio	n									
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932142 09-27-19

SCHEDULE O

Internal Revenue Service

(Form 990.or 990-EZ) Department of the Treasury

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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

HUI 'O NA WAHINE

Employer identification number 23-7379776

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE TRADITION OF PROVIDING SUPPORT FOR HUI MEMBERS, CREATING A SENSE OF
UNITY, DEVELOPING LEADERSHIP SKILLS AND PROMOTING COMMUNITY SPIRIT.
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS A GENERAL MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF THE ORGANIZATION ELECT THE MEMBERS OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEES MUST HAVE EXECUTIVE AND/OR GENERAL BOARD FOR REVIEW BEFORE PRESENTING TO THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE FORM 990 IS PROVIDED TO THE EXECUTIVE BOARD FOR REVIEW
BEFORE PRESENTING TO THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO READ AND SIGN THE CONFLICT OF INTEREST POLICY
AND CERTIFICATION. NO PERSON SEEKING TO BE AN OFFICER MAY BE PART OF THE
NOMINATION COMMITTEE. ANY BOARD MEMBER APPLYING FOR A SCHOLARSHIP MAY NOT
BE A MEMBER OF THE SCHOLARSHIP COMMITTEE. ALL PACKETS REVIEWED BY THE
COMMITTEE ARE ANONYMOUS. ANY BOARD MEMBER OR COMMITTEE MEMBER MUST ABSTAIN
FROM VOTING IN THE EVENT THAT THEY HAVE A PERSONAL INTEREST IN THE OUTCOME
OF THE VOTE.

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

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)		P <u>age 2</u>
Name of the organization	Employer identific	ation number
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EODA OOO DADE UT GEGETON C I INE 19.		
FORM 990, PART VI, SECTION C, LINE 18:		
THE ORGANIZATION MAKES ITS DOCUMENTS AVAILABLE FOR PUBLIC	INSPECTION	UPON
DROUBER		
REQUEST.		
FORM 990, PART VI, SECTION C, LINE 19:		
FORM 990, PART VI, BECTION C, BINE 19:		
NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.		
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