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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 03-01-2019 , and ending 02-29-2020

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization  
HONOLULU MARATHON ASSOCIATION  
  
Doing business as  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
3435 WAIALAE AVENUE 208  
  
City or town, state or province, country, and ZIP or foreign postal code  
HONOLULU, HI 96816

D Employer identification number  
  
51-0162187  
  
E Telephone number  
  
(808) 734-7200  
  
G Gross receipts \$ 7,732,346

F Name and address of principal officer:  
JAMES S BARAHAL  
3435 WAIALAE AVENUE 208  
HONOLULU, HI 96816

H(a) Is this a group return for subordinates?  
☐ Yes ☒ No  
H(b) Are all subordinates included?  
☐ Yes ☐ No  
If "No," attach a list. (see instructions)  
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HONOLULUMARATHON.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1975

M State of legal domicile: HI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
PLAN, IMPLEMENT & CONDUCT ANNUAL MARATHON & ITS RELATED RACES TO PROMOTE AMATEUR SPORTS COMPETITION

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 6

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 1

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 0

6 Total number of volunteers (estimate if necessary) . . . . . 6 10,000

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 8 0

9 Program service revenue (Part VIII, line 2g) . . . . . 9 7,601,004

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 10 0

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 11 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 12 7,601,004

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 13 0

14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 15 624,455

16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 16a 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 17 6,874,443

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 18 7,498,898

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 19 102,106

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 20 347,224

21 Total liabilities (Part X, line 26) . . . . . 21 0

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 22 347,224

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*  
Signature of officer  
Date 2020-12-19  
JAMES S BARAHAL PRESIDENT  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date  
Firm's name ▶ HEE & CHING CPAS LLC Firm's EIN ▶ 27-4174400  
Firm's address ▶ 201 MERCHANT STREET STE 1830  
HONOLULU, HI 968132977 Phone no. (808) 532-7322

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☒ Yes ☐ No

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