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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUN 1, 2008 and ending MAY 31, 2009

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1001 BISHOP ST., AMERICAN SAVINGS B 1717

City or town, state or country, and ZIP + 4
HONOLULU, HI 96813

D Employer identification number
99-0334032

E Telephone number
(808)523-7888

G Gross receipts $ 4,831,362.

F Name and address of principal officer: ANTHONY R. GUERRERO JR.
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No N/A
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ N/A

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

J Website: ▶ WWW.FRIENDSOFHAWAII.ORG

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

L Year of formation: 1998 **M** State of legal domicile: HI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	1450
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,364,348.	2,201,189.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,052.	88,678.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,040,633.	-952,649.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,418,767.	1,337,218.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,131,113.	996,077.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	21,589.	22,720.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,152,702.	1,018,797.
19	Revenue less expenses. Subtract line 18 from line 12	266,065.	318,421.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	3,151,277.	3,356,909.
21	Total liabilities (Part X, line 26)	1,712,309.	1,599,520.
22	Net assets or fund balances. Subtract line 21 from line 20	1,438,968.	1,757,389.

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 4/14/10

▶ Howard Ikeda, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date APR 14 2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00037058

Firm's name (or yours if self-employed), address, and ZIP + 4
ACCUITY LLP
999 BISHOP STREET, STE. 1900
HONOLULU, HI 96813

EIN ▶ EIN 20-5325889

Phone no. ▶ 808-531-3400

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

Q15 24

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 996,106. including grants of $ 996,077.) (Revenue $ 2,541,495.)
PROVIDED FUNDS FOR QUALIFYING NOT-FOR-PROFIT ENDEAVORS IN HAWAII BENEFITING WOMEN, CHILDREN, YOUTH, AND NEEDY.

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 996,106. *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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 candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		N/A
6	Did the organization maintain any donor advised funds or any accounts where 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as 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 U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on 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, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		N/A
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		N/A
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		N/A
25a	**Section 501(c)(3) and 501(c)(4) 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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		X
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		X
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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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		X
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		N/A
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		N/A
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		N/A
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
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 transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		N/A
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		N/A
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		N/A
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		N/A
10	**Section 501(c)(7) organizations.** Enter: N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter: N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against 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 1041?		12a		N/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a 25		
b	Enter the number of voting members that are independent	1b 25		
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		X
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	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		N/A
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		N/A
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a		N/A
b	Other officers or key employees of the organization?	15b		N/A
	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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N/A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ HI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶

RUSSELL FONG - (808)523-7888
733 BISHOP STREET, SUITE 2160, HONOLULU, HI 96813

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons.

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANTHONY R. GUERRERO, JR. PRESIDENT/DIRECTOR	0.50	X		X				0.	0.	0.
CORBETT A.K. KALAMA SECRETARY/DIRECTOR	0.50	X		X				0.	0.	0.
HOWARD IKEDA TREASURER/DIRECTOR	0.50	X		X				0.	0.	0.
GEORGE ARIYOSHI DIRECTOR	0.50	X						0.	0.	0.
JOHN BLANCO DIRECTOR	0.50	X						0.	0.	0.
PAUL R. CASSIDAY DIRECTOR	0.50	X						0.	0.	0.
MOMI CAZIMERO DIRECTOR	0.50	X						0.	0.	0.
CALEB CHAN DIRECTOR	0.50	X						0.	0.	0.
LARRY CUNDIFF DIRECTOR	0.50	X						0.	0.	0.
MIKE DYER DIRECTOR	0.50	X						0.	0.	0.
HOWARD HAMAMOTO DIRECTOR	0.50	X						0.	0.	0.
MICHAEL HARTLEY DIRECTOR	0.50	X						0.	0.	0.
RONALD HAYS DIRECTOR	0.50	X						0.	0.	0.
JUNE JONES DIRECTOR	0.50	X						0.	0.	0.
JOHN JUBINSKY DIRECTOR	0.50	X						0.	0.	0.
DON KIM DIRECTOR	0.50	X						0.	0.	0.
BERT KOBAYASHI DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES KOMETANI DIRECTOR	0.50	X						0.	0.	0.
DICKSON LEE DIRECTOR	0.50	X						0.	0.	0.
NAOBUMI NOMURA DIRECTOR	0.50	X						0.	0.	0.
T. GEORGE PARIS DIRECTOR	0.50	X						0.	0.	0.
MICHAEL W. PERRY DIRECTOR	0.50	X						0.	0.	0.
RYOZO SAKAI DIRECTOR	0.50	X						0.	0.	0.
AL SOUZA DIRECTOR	0.50	X						0.	0.	0.
KEITH VIERA DIRECTOR	0.50	X						0.	0.	0.
JIM WALTERS DIRECTOR	0.50	X						0.	0.	0.
ALFRED WONG DIRECTOR	0.50	X						0.	0.	0.
1b Total						▶		0.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
141 COMMUNICATOR, 733 BISHOP STREET, #2160, HONOLULU, HI 96813	MANAGEMENT FEE	786,700.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	2,201,189.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	2201189.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	88,678.			88,678.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ 2,201,189. of contributions reported on line 1c). See Part IV, line 18	a 2,541,495.				
	b Less: direct expenses	b 3,494,144.				
	c Net income or (loss) from fundraising events	▶	-952,649.	-952,649.		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	1337218.	-952,649.	0.	88,678.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	996,077.	996,077.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. 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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	356.		356.	
c Accounting	22,335.		22,335.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS EXPENSE	29.	29.		
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,018,797.	996,106.	22,691.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	2,926,463.	1	3,033,955.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	52,938.	4	100,900.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	171,876.	9	222,054.
	10a	Land, buildings, and equipment: cost basis 10a			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,151,277.	16	3,356,909.
Liabilities	17	Accounts payable and accrued expenses	990,682.	17	958,525.
	18	Grants payable		18	
	19	Deferred revenue	651,146.	19	560,558.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	70,481.	25	80,437.
	26	**Total liabilities.** Add lines 17 through 25	1,712,309.	26	1,599,520.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,438,968.	27	1,757,389.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,438,968.	33	1,757,389.
	34	Total liabilities and net assets/fund balances	3,151,277.	34	3,356,909.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		N/A

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
FRIENDS OF HAWAII CHARITIES, INC. C/O IKEDA & WONG, CPA, INC.	99-0334032

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,334,549.	2,229,938.	2,387,903.	2,364,348.	2,201,189.	11,517,927.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	2,334,549.	2,229,938.	2,387,903.	2,364,348.	2,201,189.	11,517,927.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,465,620.
6 **Public Support.** Subtract line 5 from line 4						6,052,307.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,334,549.	2,229,938.	2,387,903.	2,364,348.	2,201,189.	11,517,927.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,737.	59,819.	67,798.	95,052.	88,678.	343,084.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						11,861,011.
12 Gross receipts from related activities, etc. (see instructions)					12	11,348,564.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	51.03 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.11 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. N/A

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. N/A

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. N/A

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply): N/A

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. N/A

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10. N/A

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10. N/A

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

Schedule D (Form 990) 2008

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Part VII Investments - Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO TOURNAMENT DIRECTOR	80,437.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	80,437.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,337,218.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,018,797.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	318,421.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	318,421.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,337,218.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,337,218.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	1,337,218.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1,018,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,018,797.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,018,797.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. N/A

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a 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

b 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. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts	4,742,684.			4,742,684.
	2 Less: Charitable contributions	2,201,189.			2,201,189.
	3 Gross revenue (line 1 minus line 2)	2,541,495.			2,541,495.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	3,494,144.			3,494,144.
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(3,494,144.)
	9 Net income summary. Combine lines 3 and 8 in column (d) ▶				-952,649.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a. N/A

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities:		
a	Is the organization licensed to operate gaming activities in each of these states? 9a		
b	If "No," Explain:		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a		
b	If "Yes," Explain:		
11	Does the organization operate gaming activities with nonmembers? 11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 12		

			Yes	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .				
c If "Yes," enter name and address				
Name ▶				
Address ▶				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number 99-0334032

Part I General Information on Grants and Assistance

1 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 criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(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 non-cash assistance	(h) Purpose of grant or assistance
ADULT FRIENDS FOR YOUTH 3375 KOAPAKA STREET, SUITE B290 HONOLULU, HI 96819	99-0254581	501(C)(3)	6,000.	0.	N/A	N/A	SEE SCHEDULE O.
ALA KUOLA P. O. BOX 4559 HONOLULU, HI 96812	54-2155420	501(C)(3)	8,000.	0.	N/A	N/A	ASSISTANCE TO VICTIMS OF DOMESTIC ABUSE.
ALOHA HARVEST 3599 WAIALAE AVENUE #23 HONOLULU, HI 96816	99-0344209	501(C)(3)	7,000.	0.	N/A	N/A	SEE SCHEDULE O.
ALOHA SECTION PGA FOUNDATION 770 KAPIOLANI BLVD. #706 HONOLULU, HI 96813	20-1340470	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
ALZHEIMER'S ASSOCIATION-ALOHA CHAPTER - 1050 ALA MOANA BLVD. #2610 - HONOLULU, HI 96814	99-0212360	501(C)(3)	7,500.	0.	N/A	N/A	ALZHEIMER'S CAREGIVER EDUCATION AND AWARENESS PROGRAM.
AMERICAN CANCER SOCIETY HI PACIFIC, INC. - 2370 NUUANU AVENUE - HONOLULU, HI 96817	99-0073489	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.

2 Enter total number of section 501(c)(3) and government organizations ▶ 62.

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

ALL GRANTS ARE MADE TO 501(C)(3) ORGANIZATIONS. THE ORGANIZATIONS PROVIDE THE PURPOSE FOR THE USE OF FUNDS AND THEIR RESPECTIVE 501(C)(3) DETERMINATION LETTER WHEN APPLYING FOR GRANTS. THE GRANT COMMITTEE DECIDES WHO RECEIVES GRANTS. THE ORGANIZATIONS ALSO SENDS FOLLOW-UP LETTERS DESCRIBING HOW FUNDS WERE USED.

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number
99-0334032

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - HAWAII STATE CHAPTER - 4155 DIAMOND HEAD ROAD - HONOLULU, HI 96816	99-0073477	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
ASSISTIVE TECH. RESOURCES CTRS OF HAWAII - 414 KUWILI STREET, SUITE 104 - HONOLULU, HI 96817	94-3267103	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
BOYS & GIRLS CLUB OF HAWAII 1523 KALAKAUA AVENUE, SUITE 202 HONOLULU, HI 96822	99-6005407	501(C)(3)	6,000.	0.	N/A	N/A	SEE SCHEDULE O.
CATHOLIC CHARITIES HAWAII 200 NORTH VINEYARD BLVD., SUITE 200 HONOLULU, HI 96817	99-0073547	501(C)(3)	15,000.	0.	N/A	N/A	SEE SCHEDULE O.
CHILD AND FAMILY SERVICES 91-1841 FORT WEAVER ROAD EWA BEACH, HI 96706	99-0073483	501(C)(3)	7,000.	0.	N/A	N/A	SEE SCHEDULE O.
EAST-WEST CENTER FOUNDATION 1601 EAST-WEST ROAD HONOLULU, HI 96848	99-0218752	501(C)(3)	10,000.	0.	N/A	N/A	REACH COMMUNITY WITH ARTS FROM ASIA-PACIFIC REGION.
EDUCATION 1ST HAWAII 55-166 PUUAHI ST., #C LAIE, HI 96762	47-0925972	501(C)(3)	7,000.	0.	N/A	N/A	SEE SCHEDULE O.
FAMILY PROGRAMS HAWAII 680 ALA MOANA BLVD, SUITE 200 HONOLULU, HI 96813	99-0280498	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number 99-0334032

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE OF HAWAII 69 N. KAINALU DRIVE KAILUA, HI 96734	20-2645489	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
GRASSROOTS COMMUNITY DEVELOPMENT GROUP - P.O. BOX 1772 - KEA'AU, HI 96749	20-0987986	501(C)(3)	5,770.	0.	N/A	N/A	SEE SCHEDULE O.
HAWAII CHILDREN'S CANCER FOUNDATION - 1814 LILIHA STREET - HONOLULU, HI 96817	99-0299937	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
HAWAII FI-DO SERVICE DOGS P.O. BOX 757 KAHUKU, HI 96731	99-0353345	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
HAWAII ISLAND ADULT CARE, INC. 34 RAINBOW DRIVE HILO, HI 96720	99-0210974	501(C)(3)	9,000.	0.	N/A	N/A	SEE SCHEDULE O.
HAWAII SENIOR LIFE ENRICHMENT ASSN. - P.O. BOX 25355 - HONOLULU, HI 96825	39-2057525	501(C)(3)	7,000.	0.	N/A	N/A	ACTIVE SR. LIFE SEMINARS IN HI & JAPAN, EMERGENCY ASSISTANCE CENTER, INTERPRETER SERVICES.
HAWAII STATE JUNIOR GOLF ASSOCIATION - 4330 KUKUI GROVE STREET - LIHUE, HI 96766	99-0335776	501(C)(3)	20,000.	0.	N/A	N/A	SEE SCHEDULE O.
HONOLULU HABITAT FOR HUMANITY 1136 UNION MALL, SUITE 510 HONOLULU, HI 96813	99-0261871	501(C)(3)	25,000.	0.	N/A	N/A	SEE SCHEDULE O.

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number 99-0334032

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
HUGS 3636 KILAUEA AVENUE HONOLULU, HI 96816	99-0213594	501(C)(3)	7,675.	0.	N/A	N/A	SEE SCHEDULE O.
HUNAKAI PARK ASSOCIATION 713 ULUMAIKA LOOP HONOLULU, HI 96816	99-0289545	501(C)(3)	10,000.	0.	N/A	N/A	TO OWN, MAINTAIN AND CARE FOR HUNAKAI PARK.
HULA PRESERVATION SOCIETY P.O. BOX 6274 KANEOHE, HI 96744	99-0350425	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
I OLA LAHUI, INC. 677 ALA MOANA BLVD., SUITE 904 HONOLULU, HI 96813	20-8924382	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
IMUA FAMILY SERVICES 95 MAHALANI STREET, SUITE 19A WAILUKU, HI 96793	99-0194402	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
INSTITUTE FOR HUMAN SERVICES 546 KA'AAHI STREET HONOLULU, HI 96817	99-0199107	501(C)(3)	15,000.	0.	N/A	N/A	SEE SCHEDULE O.
KA'ALA FARM, INC. P.O. BOX 630 WAIANAE, HI 96792	99-0242181	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
KAMP HAWAII, INC. P.O. BOX 13041 AIEA, HI 96701	20-3412425	501(C)(3)	13,000.	0.	N/A	N/A	SEE SCHEDULE O.

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number 99-0334032

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
KICK START KARATE 665 KUMUKAHI PLACE HONOLULU, HI 96825	99-0329696	501(C)(3)	6,000.	0.	N/A	N/A	SEE SCHEDULE O.
KO'OLAULOA COMMUNITY HEALTH/WELLNESS CTR. - P.O. BOX 395 - KAHUKU, HI 96731	73-1681833	501(C)(3)	9,680.	0.	N/A	N/A	SEE SCHEDULE O.
KOREAN AMERICAN FOUNDATION, HAWAII 1188 BISHOP STREET, SUITE 2210 HONOLULU, HI 96813	99-0293085	501(C)(3)	10,000.	0.	N/A	N/A	PROVIDE MAINTENANCE OF KITCHEN AND STRUCTURAL WORK.
LANAKILA REHABILITATION CENTER 1809 BACHELOT STREET HONOLULU, HI 96817	99-0103922	501(C)(3)	10,000.	0.	N/A	N/A	TO SUPPORT MEALS ON WHEELS AND MORE! PROGRAM.
LIGHTHOUSE MINISTRIES P.O. BOX 170 WAIMANALO, HI 96795	99-0349059	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
MARIMED FOUNDATION 45-021 LIKEKE PLACE KANEOHE, HI 96744	99-0235066	501(C)(3)	6,500.	0.	N/A	N/A	SEE SCHEDULE O.
MENTAL HEALTH ASSOCIATION IN HAWII 1124 FORT STREET MALL, SUITE 205 HONOLULU, HI 96813	99-0076458	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
MENTAL HEALTH KOKUA 1221 KAPIOLANI BLVD., #345 HONOLULU, HI 96814	99-0154505	501(C)(3)	15,000.	0.	N/A	N/A	SEE SCHEDULE O.

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
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Name of the organization FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number 99-0334032

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
NA KAMALEI-KO'OLAULOA EARLY EDUC. PROGRAM - P.O. BOX 900 - HAU'ULA, HI 96717	99-0337808	501(C)(3)	6,000.	0.	N/A	N/A	SEE SCHEDULE O.
NAMI HAWAII 770 KAPIOLANI BLVD. SUITE 613 KAPOLEI, HI 96707	99-0272540	501(C)(3)	5,370.	0.	N/A	N/A	PROJECT TO SUPPORT EDUCATION OF MENTAL HEALTH CONSUMERS AND THEIR FAMILIES.
NARCONON OF HAWAII, INC. P.O. BOX 75246 HONOLULU, HI 96828	26-0029313	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
NATURAL HEALING RESEARCH FOUNDATION - P.O. BOX 11925 - WAHIAWA, HI 96791	20-1333341	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
NORTH SHORE YOUTH ATHLETIC FOUNDATION - 57-049 KUILIMA DRIVE - KAHUKU, HI 96731	56-2536222	501(C)(3)	7,500.	0.	N/A	N/A	FUNDING FOR KAHUKU GOLF TEAMS, SKILLS AND DRILLS CAMPS, AND TRANSPORTATION FOR KAHUKU HS ATHLETICS.
OAHU SOUTH FOURSQUARE CHURCH 1334 HOAKOA PLACE HONOLULU, HI 96821	91-1891508	501(C)(3)	7,000.	0.	N/A	N/A	SEE SCHEDULE O.
REHABILITATION HOSPITAL OF PACIFIC FDN. - 226 N. KUAKINI STREET - HONOLULU, HI 96817	99-0241634	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
RIVER OF LIFE MISSION P.O. BOX 37939 HONOLULU, HI 96837	99-0253651	501(C)(3)	15,000.	0.	N/A	N/A	SEE SCHEDULE O.

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ **Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number 99-0334032

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 2950 MANOA ROAD HONOLULU, HI 96822	94-1156347	501(C)(3)	50,000.	0.	N/A	N/A	PROVIDE QUALITY PROGRAMS AND SERVICES FOR LOW-INCOME FAMILIES AND SURROUNDING COMMUNITIES.
SELF-HELP HOUSING CORP. OF HAWAII 1427 DILLINGHAM BLVD., SUITE 305 HONOLULU, HI 96817	99-0222078	501(C)(3)	25,000.	0.	N/A	N/A	SEE SCHEDULE O.
SOCIETY OF ST. VINCENT DEPAUL HON. DIST. - 1312 AKUMU STREET - KAILUA, HI 96734	99-0320579	501(C)(3)	15,000.	0.	N/A	N/A	SEE SCHEDULE O.
SPECIAL OLYMPICS HAWAII P.O. BOX 3295 HONOLULU, HI 96826	23-7173957	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
SPIRIT OF ALOHA OUTREACHES, INC. 290 SAND ISLAND ACCESS ROAD HONOLULU, HI 96819	34-2003744	501(C)(3)	10,235.	0.	N/A	N/A	SEE SCHEDULE O.
SURFING THE NATIONS FOUNDATION P.O. BOX 29393 HONOLULU, HI 96820	20-0245026	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
SUTTER HELATH PACIFIC DBA KAHI MOHALA HOS - 91-2301 FORT WEAVER ROAD - EWA BEACH, HI 96706	99-0298651	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
TEACH FOR AMERICA, INC. 99-080 KAUHALE STREET AIEA, HI 96701	13-3541913	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number 99-0334032

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
THE PRIVATE SECTOR, INC P.O. BOX 1109 HALEIWA, HI 96712	68-0041276	501(C)(3)	7,000.	0.	N/A	N/A	SEE SCHEDULE O.
UNITED CEREBRAL PALSY ASSN OF HAWAII - 414 KUWILI STREET, SUITE 105 - HONOLULU, HI 96817	99-0092154	501(C)(3)	5,490.	0.	N/A	N/A	SEE SCHEDULE O.
WAIANAE DISTRICT COMPREHENSIVE HEALTH CTR - 86-260 FARRINGTON HIGHWAY - WAIANAE, HI 96792	99-0148164	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
WAIKIKI COMMUNITY CENTER, INC. 310 PAOAKALANI AVENUE HONOLULU, HI 96815	99-0179392	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
WAIKIKI HEALTH CENTER 758 KAPAHULU AVE., STE. A-#319 HONOLULU, HI 96816	99-0159253	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
WAIMANALO HEALTH CENTER 41-1347 KALANIANAOLE HWY WAIMANALO, HI 96795	99-0273205	501(C)(3)	8,000.	0.	N/A	N/A	WHC TARGETS THOSE WHO HAVE FINANCIAL, CULTURAL, SOCIAL AND OTHER BARRIERS TO HEALTH CARE.
WORLD GOLF FOUNDATION 520 N. BROOKHURST STREET ANAHEIM, CA 92801	59-2998925	501(C)(3)	50,000.	0.	N/A	N/A	SEE SCHEDULE O.
YMCA OF HONOLULU-KALIHI BRANCH 1335 KALIHI STREET HONOLULU, HI 96819	99-0073533	501(C)(3)	13,000.	0.	N/A	N/A	SEE SCHEDULE O.

2 Enter total number of Section 501(c)(3) and government organizations ▶
3 Enter total number of other organizations ▶

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization: FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

FORM 990, PART I, LINE 1

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES:

FRIENDS OF HAWAII CHARITIES BRINGS TOGETHER FINANCIAL RESOURCES FROM THE PRIVATE SECTOR AND SPIRITED VOLUNTEERISM FROM THE COMMUNITY, WITH THE EXTRAORDINARY NATURAL RESOURCES OF THE STATE TO PRODUCE SPORTS AND CULTURAL EVENTS THAT GENERATE FUNDS FOR QUALIFYING NOT-FOR-PROFIT ENDEAVORS IN HAWAII BENEFITING ITS WOMEN, CHILDREN, YOUTH, AND NEEDY. OVER THE PAST 10 YEARS, FRIENDS OF HAWAII CHARITIES, INC., TOGETHER WITH THE HARRY AND JEANETTE WEINBERG FOUNDATION, INC., HAS RAISED AND DISTRIBUTED MORE THAN $8,000,000 TO OVER 250 NOT-FOR-PROFIT ORGANIZATIONS.

FORM 990, PART III, LINE 1

BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION:

FRIENDS OF HAWAII CHARITIES BRINGS TOGETHER FINANCIAL RESOURCES FROM THE PRIVATE SECTOR AND SPIRITED VOLUNTEERISM FROM THE COMMUNITY, WITH THE EXTRAORDINARY NATURAL RESOURCES OF THE STATE TO PRODUCE SPORTS AND CULTURAL EVENTS THAT GENERATE FUNDS FOR QUALIFYING NOT-FOR-PROFIT ENDEAVORS IN HAWAII BENEFITING ITS WOMEN, CHILDREN, YOUTH, AND NEEDY. OVER THE PAST 10 YEARS, FRIENDS OF HAWAII CHARITIES, INC., TOGETHER WITH THE HARRY AND JEANETTE WEINBERG FOUNDATION, INC., HAS RAISED AND DISTRIBUTED MORE THAN $8,000,000 TO OVER 250 NOT-FOR-PROFIT ORGANIZATIONS.

FORM 990, PART VI, SEC. A, QUESTION 3

THE ORGANIZATION ENTERED INTO A MANAGEMENT AGREEMENT WITH BATES

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Department of the Treasury
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C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

ADVERTISING USA, INC. (DOING BUSINESS AS "141 COMMUNICATOR") TO BE THE TOURNAMENT DIRECTOR. 141 COMMUNICATOR MANAGES THE DAY TO DAY OPERATIONS FOR THE ORGANIZATION.

FORM 990, PART VI, SEC. A, QUESTION 10

THE TREASURER REVIEWS AND SIGNS FORM 990 BEFORE FILING.

FORM 990, PART VI, SEC. C, QUESTION 19

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST POLICY IN PLACE AT THIS TIME.

FORM 990, SCHEDULE I, PART II, LINE 1, COMLUMN (H)

NAME OF ORGANIZATION OR GOVERNMENT: ADULT FRIENDS FOR YOUTH

TO HALT THE CYCLE OF POVERTY, VIOLENCE, ABUSIVE AND DESTRUCTIVE BEHAVIORS THAT PASS ON FROM GENERATION TO GENERATION. WORK WITH THE HIGHEST-RISK YOUTH FROM LOW-INCOME, MINORITY AND/OR IMMIGRANT FAMILIES FROM MIDDLE AND HIGH SCHOOLS.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA HARVEST

THE PROGRAM WILL ALLOW US TO CONTINUE AND EXPAND TO DISTRIBUTE QUALITY FOOD TO SOCIAL SERVICE AGENCIES THAT FEED THE NEEDY IN OUR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA SECTION PGA FOUNDATION

TO DEVELOP AND PROMOTE INTEREST, PARTICIPATION AND ENJOYMENT IN THE GAME OF GOLF AND PRESERVE THE HISTORY OF GOLF IN THE STATE OF HAWAII.

SCHEDULE O (Form 990)

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C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN CANCER SOCIETY HI PACIFIC, INC.

FUNDS TO SUPPORT KEIKI SUMMER CAMP, TEEN RETREAT, AND FAMILY CONFERENCE - ACTIVITIES TO HELP BUILD FRIENDSHIPS WITH OTHER CHILDREN LIVING WITH CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN RED CROSS - HAWAII ST CHAPTER

EMPOWER UNDERPRIVILEGED INDIVIDUALS, PRIMARILY WOMEN, TO IMPROVE THEIR ECONOMIC AND SOCIAL STANDING BY GIVING THEM THE KNOWLEDGE AND SKILLS NECESSARY TO PROVIDE QUALITY HEALTH CARE AS CERTIFIED NURSE AIDES (CNA).

NAME OF ORGANIZATION OR GOVERNMENT: ASSISTIVE TECH. RESOURCES CTRS OF HAWAII

CAMP COOL IS A ONE DAY INTERACTIVE COMPUTER EXPLORATION PROGRAM FOR TEENS AND YOUNG ADULTS WITH DISABILITIES AGES 14-21.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF HAWAII

TO ESTABLISH AND MAINTAIN A PROGRAM PROMOTING SELF-EXPRESSION AND COMMUNICATION THROUGH PHOTOGRAPHY.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES

PROVIDE FOUR SCHOLARSHIPS FOR RESIDENTS TO RESIDE AND PARTICIPATE IN THE PROGRAM. PURCHASE THREE REFRIGERATORS AND ONE FREEZER TO REPLACE

OLD ONES. PURCHASE NEW TV WITH COMPUTER HOOKUP FOR THE RESIDENCE TO VIEW POWERPOINT PRESENTATIONS AND INFORMATION ON THE INTERNET FOR EDUCATIONAL CLASSES FOR THE RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD AND FAMILY SERVICES

CFS OPERATES 4 DOMESTIC ABUSE SHELTERS FOR WOMEN AND THEIR CHILDREN FLEEING FROM DOMESTIC VIOLENCE WHICH ARE LOCATED IN LEEWARD OAHU, HONOLULU, HILO AND KONA. EACH SHELTER PROVIDES COUNSELING SESSIONS TO CHILDREN AND PARENTS RESIDING AT THE SHELTERS. SESSIONS ARE CENTERED ON OVERCOMING THE EFFECTS OF DOMESTIC ABUSE, STRENGTHENING THE MOTHER-CHILD RELATIONSHIP BY EMPOWERING INDIVIDUALS AND FAMILIES IN HOPES OF BREAKING THE CYCLE OF ABUSE. FUNDING WILL BE USED TO PURCHASE SUPPLIES AND EQUIPMENT FOR PLAY THERAPY.

NAME OF ORGANIZATION OR GOVERNMENT: EDUCATION 1ST HAWAII

FUNDING FOR GPA PLAY IT SMART - A PROGRAM TO INSPIRE STUDENT ATHLETES TO PREPARE FOR COLLEGE; INCLUDES SUMMER ACADEMY, CONFERENCE FOR PARENTS & FAMILIES OF STUDENT ATHLETES; AIRING OF 6-SERIES TV SHOW.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROGRAMS HAWAII

GOAL OF PROJECT IS TO GIVE CHILDREN IN FOSTER ARE THE OPPORTUNITY TO STAT CONNECTED WITH THEIR SIBLINGS WHEN PLACED IN DIFFERENT HOMES. MEMBERS OF THE COMMUNITY VOLUNTEER THEIR TIME AND RESOURCES TO FACILITATE MONTHLY VISITS AND EVENTS FOR SIBLINGS TO STAY CONNECTED.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF HAWAII

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C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

PROVIDES SHELTER, FOOD, AND SUPPORT FOR HOMELESS FAMILIES WITH CHILDREN. PLAN TO HELP OVER 80 CHILDREN AND PARENTS TRANSITION OUT OF HOMELESSNESS INTO SUSTAINABLE INDEPENDENCE IN THE NEXT 12 MONTHS.

NAME OF ORGANIZATION OR GOVERNMENT: GRASSROOTS COMMUNITY DEVELOPMENT GROUP

NEXT PHASE OF PROJECT FOR SINGLE MOTHERS. FOCUS ON SELF ESTEEM & ASSESSMENT, BUDGET, RESUME, BELIEF SYSTEMS, COMMUNICATION SKILLS, COPYING WITH STRESS, NUTRITION & HEALTH, SELF ADVOCACY.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII CHILDREN'S CANCER FOUNDATION

HCCF PROVIDES FINANCIAL ASSISTANCE TO FAMILIES OF CHILDREN WHO HAVE BEEN DIAGNOSED WITH CANCER. THIS INCLUDES HELPING TO DEFRAY MEDICAL EXPENSES, HOUSING, AND TRANSPORTATION COSTS, AND SOMETIMES BURIAL AND FUNERAL EXPENSES AS WELL. THROUGH HCCF'S ASSISTANCE, FAMILIES HAVE BEEN ABLE TO BETTER FOCUS THEIR ATTENTION ON THE CHILD IN TREATMENT RATHER THAN WORRYING ABOUT UNMET FINANCIAL OBLIGATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII FI-DO SERVICE DOGS

TO EXPAND AND CONTINUE VOCATIONAL ASPECT OF TRAINING OPPORTUNITIES FOR YOUTH AT RISK AND OFFER VARIETY OF ACTIVITIES FOR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII ISLAND ADULT CARE, INC.

A GRANT WILL PROVIDE SHARE TUITION FOR POVERTY LEVEL AND LOW INCOME FRAIL ELDERS AND MENTALLY/PHYSICALLY CHALLENGED ADULTS TO ATTEND ADULT DAY CARE. THE CENTER PROVIDES SUPERVISED CARE AS REQUIRED BY DOCTOR'S

ORDERS OR FOR THOSE WHO NO LONGER CAN SAFELY REMAIN ALONE AT HOME. THE PROGRAM ENABLES THEM TO ATTEND A SAFE, SOCIALLY ACTIVE DAY PROGRAM REGARDLESS OF THEIR ABILITY TO PAY.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII STATE JUNIOR GOLF ASSOCIATION

CREATE OPPORTUNITIES FOR JUNIOR MEMBERS TO TRAVEL, PLAY & PARTICIPATE IN TOURNAMENTS ACROSS THE STATE AND NATION AT A MINIMAL EXPENSE ON THEIR BEHALF. TO ALSO CREATE COLLEGE SCHOLARSHIPS THAT WILL BE AWARDED BY THE HSJGA.

NAME OF ORGANIZATION OR GOVERNMENT: HONOLULU HABITAT FOR HUMANITY

TO FUND CONSTRUCTION OF THREE HABITAT HOMES ON OAHU. THESE SIMPLE, DECENT HOMES WILL BE SOLD TO THREE LOW INCOME FAMILIES AT NO PROFIT, 0% INTEREST ON 20-YEAR MORTGAGES.

NAME OF ORGANIZATION OR GOVERNMENT: HUGS

HUGS OPERATES A RESPITE PROGRAM THAT IS HELD 2X A MONTH AT THE HUGS CENTER IN KAIMUKI AND ALSO OFFERS MONTHLY FAMILY DINNERS THAT INCLUDE MEALS AND ACTIVITIES. USED ESPECIALLY DURING THESE EVENTS ARE THE PLAYGROUND AREA THAT INCLUDES A SWING SET, SANDBOX, CLIMBING STRUCTURE, AND A LARGE PLAYHOUSE. FUNDS WOULD BE USED TO REPLACE THE DECADE-OLD SANDBOX AND INSTALL NEW CLEAN SAND.

NAME OF ORGANIZATION OR GOVERNMENT: HULA PRESERVATION SOCIETY

MASTER & CULTURAL EXPERT 'IOLANI LUAHINE WAS THE MOST NOTABLE HULA

FIGURE OF THE 20TH CENTURY. PROPOSAL REQUESTS FUNDS FOR DIGITAL PRESERVATION OF PRECIOUS RESOURCES RELATED TO AUNTIE AND PRESENTATION OF TWO EDUCATIONAL PROGRAMS ON TWO ISLANDS TO EDUCATE HAWAII'S PEOPLE AND TO KEEP HER LEGACY ALIVE.

NAME OF ORGANIZATION OR GOVERNMENT: I OLA LAHUI, INC.

PROPOSED PROJECT SEEKS TO PROVIDE EFFECTIVE, CULTURALLY APPROPRIATE SUICIDE PREVENTION AND CRISIS INTERVENTION TREATMENT ACROSS HAWAII, OAHU, AND MOLOKAI THROUGH COMMUNITY HEALTH CENTERS WHERE THE ORGANIZATION ALREADY HAS A PRESENCE.

NAME OF ORGANIZATION OR GOVERNMENT: IMUA FAMILY SERVICES

CAMP IMUA IS A WEEK-LONG OVERNIGHT RECREATIONAL CAMP FOR 50 OF MAUI COUNTY'S SCHOOL AGED CHILDREN (6 THRU 20 YRS OF AGE) WITH SPECIAL NEEDS. CELEBRATING 33 YEARS, CAMP IMUA REMAINS THE ONLY CAMP OF ITS KIND IN THIS GEOGRAPHIC REGION SERVING CHILDREN WITH PHYSICAL AND EMOTIONAL CHALLENGES SUCH AS DOWN SYNDROME, TOURETTE SYNDROME, AUTISM SPECTRUM DISORDERS, DEVELOPMENTAL AND COGNITIVE DELAYS, CEREBRAL PALSY, AND SPINA BIFIDA.

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR HUMAN SERVICES

PROJECT IS PART OF NEW "GREENING" INITIATIVE. AN AQUAPONICS GARDEN WILL BE INSTALLED IN A ROOFTOP AREA AT THE KA'AAHI BUILDING. THE DESIGN WILL BE INTEGRATED WITH SOLAR SYSTEMS AND INCLUDES TWO 300 GALLON FISH TANKS, A SMALL NURSERY FOR STARTER PLANTS, AND 6 GROW BEDS THAT WILL PRODUCE 40 LBS. OF LETTUCE AND OTHER GREENS PER WEEK.

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C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

NAME OF ORGANIZATION OR GOVERNMENT: KA'ALA FARM, INC.

OBJECTIVE OF THE PROGRAM WILL BE TO PROVIDE A HANDS-ON LEARNING TO YOUTH OF THE WAIANAE COAST AND TO PERSONS RECOVERING FROM ADDICTION. THEY WILL LEARN THE PROCESS OF REPLACING THE ROOF OF THE HALE, WHICH WAS SEVERELY DAMAGED DURING THE RECENT FLOODING. IT WILL ONCE AGAIN PROVIDE A HALE FOR CULTURAL EDUCATION AND ACTIVITIES FOR DISABLED, ELDERLY, AND YOUTH ON THE WAIANAE COAST.

NAME OF ORGANIZATION OR GOVERNMENT: KAMP HAWAII, INC.

SUSTAIN PARTNERSHIP WITH C&C OF HONOLULU, LEEWARD COAST AND KALIHI DEPT. OF PARKS & REC FOR "PRIDE AND VICTORY" ENRICHMENT DAY CAMPS. WOULD LIKE TO EXTEND PROGRAM TO INCLUDE SPRING AND FALL AFTERSCHOOL PROGRAM FOR TEENS AT MAKAHA, WAIANAE, PILI'LAAU, MA'ILI AND NANAKULI DISTRICT PARKS ON THE LEEWARD COAST AND TO KAMEHAMEHA, KAM IV, KALAKAUA, FERN, LANAKILA AND BERETANIA (KUKUI GARDENS) DISTRICT PARKS IN THE KALIHI AREA.

NAME OF ORGANIZATION OR GOVERNMENT: KICK START KARATE

AN AFTERSCHOOL PROGRAM THAT MEETS TWICE A WEEK AT THE HONOLULU POLICE DEPT'S TRAINING ACADEMY. THE GOAL IS TO REDUCE THE RISK OF ANTI-SOCIAL GANG INVOLVEMENT, VIOLENCE, ALCOHOL AND ILLICIT DRUG USE BY YOUNGSTERS RESIDING IN THE WAIPAHU, EWA, EWA BEACH, MILILANI, AND KAPOLEI COMMUNITIES. THE ONLY REQUIREMENT FOR PARTICIPATION IS TO BE ENROLLED IN A DOE APPROVED OR RECOGNIZED SCHOOL AND PARTICIPATE IN BOTH EDUCATIONAL AND KARATE ACTIVITIES. THERE ARE NO FEES ASSOCIATED WITH

MEMBERSHIP IN KICK START KARATE.

NAME OF ORGANIZATION OR GOVERNMENT: KO'OLAULOA COMMUNITY HEALTH/WELLNESS CT

PURCHASE OF TWO SELF-STARTING GENERATORS FOR USE AT TWO HEALTH CENTER SITES IN CASE OF OUTAGES - TO SAFEGUARD PERISHABLE SUPPLIES (EXAMPLE - VACCINES) AND INTEGRITY OF ELECTRONIC MEDICAL INFORMATION SYSTEM.

NAME OF ORGANIZATION OR GOVERNMENT: LIGHTHOUSE MINISTRIES

KE OLA HOU CURRENTLY PROVIDES MENTORING AND SUPPORT TO DISADVANTAGED YOUTH IN 3 OAHU COMMUNITIES. THRU VARIOUS PROGRAM SERVICES, COMMUNITY YOUTH ARE PLACED INTO "SMALL GROUP" AND MENTORED BY ADULT VOLUNTEER COMMUNITY MEMBERS. 2009 FOCUS WILL BE TO INCREASE THE NUMBER OF YOUTH PLACED IN SMALL GROUP BUT NEED TO INCREASE RESOURCES TO SUPPORT THE ACTIVITIES AND INCIDENTAL COSTS.

NAME OF ORGANIZATION OR GOVERNMENT: MARIMED FOUNDATION

IMPROVEMENTS TO YOUTH GROUP HOME, CLASSROOM AND THERAPY SPACES THAT WILL ALLOW THERAPIST MORE DIRECT FACE-TO-FACE TIME WITH YOUTH, AND WILL SAVE FUNDS BY PERMITTING MARIMED TO CLOSE A RENTED OFF-CAMPUS SATELLITE OFFICE.

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH ASSOCIATION IN HAWII

HAWAII'S TEENAGERS ATTEMPT SUICIDE AT DOUBLE THE NATIONAL RATE, WITH GIRLS, NATIVE HAWAIIANS, AND 9TH GRADERS AT GREATEST RISK. FUNDS FOR TRAINING TO IDENTIFY SIGNS AND SYMPTOMS OF SEVERE DEPRESSION AND SUICIDE AND TO LEARN HOW TO INTERVENE.

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Employer identification number: 99-0334032

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH KOKUA

PURPOSE OF THE PROJECT IS TO REHABILITATE AND FURNISH A TWO-STORY SINGLE-FAMILY HOME FOR LOW OR EXTREMELY-LOW INCOME ADULTS SUFFERING FROM MENTAL ILLNESS. THE SUPPORTIVE HOUSING FACILITY WILL SERVE AS A DIRECT RESOURCE FOR SERIOUSLY MENTALLY ILL PERSONS WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS WHO HAVE STABILIZED PSYCHIATRICALLY AND CAN LIVE IN THE COMMUNITY WITH SUPPORT AND SUPERVISION AS THEY RECOVER.

NAME OF ORGANIZATION OR GOVERNMENT: NA KAMALEI-KO'OLAULOA EARLY EDUC. PROGRAM

PURCHASE TWO USED STORAGE CONTAINERS FOR PROGRAM SECURITY, MOBILITY, CLEANLINESS AND SAFETY. PROGRAM IS COMMUNITY-BASED, TRAVELING EARLY EDUCATION PROGRAM. CONTAINERS TO BE USED TO STORE SUPPLIES AND MATERIALS TO MAINTAIN THE 6 CLASS SITES, INCLUDING THE PUNALU'U DISCOVERY GARDEN AND LO'I IN KO'OLAULOA. THE CURRENT STORAGE WAS INUNDATED BY THE DECEMBER 11, 2008 FLOODS.

NAME OF ORGANIZATION OR GOVERNMENT: NARCONON OF HAWAII, INC.

FUNDS REQUESTED TO PROVIDE PARTIAL (50%) SCHOLARSHIPS FOR ENROLLMENT IN NARCONON OUT-PATIENT PROGRAM FOR RECOVERY FROM DRUG ADDITION. COST OF ENROLLMENT (W/O SCHOLARSHIP) IS $5,000.)

NAME OF ORGANIZATION OR GOVERNMENT: NATURAL HEALING RESEARCH FOUNDATION

WILL CONDUCT RESPIRATORY/IMMUNITY EVENTS ON THE 3 HOTTEST DAYS OF THE YEAR WHEN YANG ENERGY IS HIGHEST AND A WINTER EVENT DURING THE 9

COLDEST DAYS OF THE YEAR WHEN YIN ENERGY IS CRESTING. DATA FOR CONTINUING RESEARCH WILL BE COLLECTED AND DOCUMENTED. INFORMATION ABOUT MEDICAL QI GONG EXERCISES (FOR THE LUNG, SPLEEN, AND KIDNEYS), REFLEXOLOGY, NUTRITIONAL FOODS, HERBAL SUPPLEMENTS, AND NATURAL HEALING TECHNIQUES WILL BE GIVEN AT THESE EVENTS. PLANS TO EXPAND TO MAUI AND HAWAII ISLAND.

NAME OF ORGANIZATION OR GOVERNMENT: OAHU SOUTH FOURSQUARE CHURCH

DESIGNED TO TEACH RESPONSIBILITY AND ACCOUNTABILITY WHILE PROVIDING LOW INCOME HOUSEHOLDS WITH THE ACCESS TO PARTICIPATE IN HOW TO SKATE PROGRAMS. TRAINING FOR YOUTH, PARENTS, AND VOLUNTEERS IN LEADERSHIP.

NAME OF ORGANIZATION OR GOVERNMENT: REHABILITATION HOSPITAL OF PACIFIC FDN.

PURCHASE OF ACCUMAX QUANTUM CONVERTIBLE PRESSURE RELIEF AND AIR SYSTEM MATTRESS OVERLAYS WHICH PREVENTS PRESSURE ULCERS FOR PATIENTS RECOVERING FROM ILLNESS OR INJURY.

NAME OF ORGANIZATION OR GOVERNMENT: RIVER OF LIFE MISSION

PROVIDE HOUSING, MEALS, JOB TRAINING, LIFE SKILLS TRAINING, EDUCATION AND COUNSELING. ENABLE MEN TO BE PRODUCTIVE MEMBERS OF SOCIETY AND DEAL WITH THEIR ADDICTIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SELF-HELP HOUSING CORP. OF HAWAII

UNDERTAKE PLANNING ACTIVITIES TO DEVELOP SUBDIVISION, PROVIDE FINANCIAL COUNSELING TO LOWER INCOME FAMILIES, PROVIDE HOMEOWNER EDUCATION AND

ATTAIN MORTGAGE FINANCING.

NAME OF ORGANIZATION OR GOVERNMENT: SOCIETY OF ST. VINCENT DEPAUL HON. DIST.

ASSIST THE NEEDY OF HAWAII WITH FOOD, RENT, MEDICAL AND UTILITIES ALONG WITH OTHER ASSISTANCE OUR RESOURCES ENABLES US TO PROVIDE.

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS HAWAII

PROVIDE ATHLETES AND THEIR COACHES WITH HOUSING AND MEALS AT THREE STATEWIDE COMPETITIONS. INSURES THE REST AND NOURISHMENT NEEDED TO PERFORM THEIR PERSONAL BEST DURING THE COMPETITION.

NAME OF ORGANIZATION OR GOVERNMENT: SPIRIT OF ALOHA OUTREACHES, INC.

LIFE-ON-LIFE MENTORSHIP AT FARRINGTON SCHOOLS COMPLEX INCORPORATING PEER-MENTORING AND COMMUNITY SERVICE APPLICATIONS FROM UNDER-ACHIEVERS OR TROUBLE-MAKERS. STUDENTS ELEVATE THEIR SELF-ESTEEM AND HAVE POSITIVE IMPACT AMONGST THEIR PEERS, FAMILIES AND COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SURFING THE NATIONS FOUNDATION

FUNDS USED FOR THE COMPLETION OF FUNDRAISING AWARENESS MEDIA PIECE ABOUT THEIR WORK IN HAWAII, BANGLADESH AND OTHER PARTS OF THE WORLD. THE GROUP WORKS WITH THE POOR AND ELDERLY IN HAWAII AND VARIOUS PARTS OF THE WORLD. THESE FUNDS WILL BE MATCHED BY ANOTHER DONOR.

NAME OF ORGANIZATION OR GOVERNMENT: SUTTER HELATH PACIFIC DBA KAHI MOHALA HOS

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Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

TO SUPPORT PHASE 2 OF CRITICAL CAPITAL RENOVATIONS TO INPATIENT FACILITIES AT RESIDENTIAL ACUTE CARE UNIT.

NAME OF ORGANIZATION OR GOVERNMENT: TEACH FOR AMERICA, INC.
PROGRAM RECRUITS, SELECTS, TRAINS, AND SUPPORTS OUTSTANDING RECENT COLLEGE GRADUATES OF ALL ACADEMIC MAJORS TO TEACH IN OUR MOST NEEDY SCHOOLS. WE CURRENTLY HAVE 105 TEACHERS IN THE LEEWARD AND CENTRAL DISTRICT WORKING TO MAKE A SIGNIFICANT IMPACT ON THE LIVES OF OUR KEIKI.

NAME OF ORGANIZATION OR GOVERNMENT: THE PRIVATE SECTOR, INC
DISTRIBUTION OF FOOD TO TARGET. PRESENTLY DISTRIBUTING 70 40-LB. BOXES OF FOOD EACH WEEK, 52 WEEKS A YEAR. INCREASED NEED. INCLUDES DELIVERY OF BOXES TO SENIORS & DISABLED IN HALEIWA/WAIALUA.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY ASSN OF HAWAII
PROGRAM IS UNIQUE MARTIAL ARTS PROGRAMS FOR STUDENTS WITH DISABILITIES. NEED FINANCIAL SUPPORT FOR MARTIAL ARTS PROGRAM EXPANSION.

NAME OF ORGANIZATION OR GOVERNMENT: WAIANAE DISTRICT COMPREHENSIVE HEALTH CTR
OVERALL PURPOSE OF PROGRAM IS TO PROVIDE MOBILE HEALTH CARE SERVICES TO UNSHELTERED HOMES INDIVIDUALS AND FAMILIES ALONG THE LEEWARD COAST WITH THE ULTIMATE GOAL OF SELF-SUFFICIENCY. GRANT WOULD HELP PROVIDE MEDICAL SUPPLIES AND MEDICATIONS FOR THOSE PATIENTS WHO ARE UNINSURED

AND CANNOT AFFORD THE MEDS; OFFER TRANSPORTATION OPTIONS THROUGH BUS TICKETS OR TRANSPORT ON THE WCCHC VAN; PROVIDE SUPPLIES SUCH AS HYGIENE PRODUCTS, CLOTHES, SHOES, FOOD AS NEEDED; PROVIDE TUITION, BOOKS, RENTAL APPLICATION FEES, RENTAL ASSISTANCE/DEPOSIT OR TRAINING FEES FOR VOCATIONAL TRAINING OR CONTINUING EDUCATION, AND ASSISTANCE TO OBTAIN IDENTIFICATION (STATE ID, BIRTH OR MARRIAGE CERTIFICATES, SOCIAL SECURITY CARDS, ETC.).

NAME OF ORGANIZATION OR GOVERNMENT: WAIKIKI COMMUNITY CENTER, INC.
TO PROVIDE HEALTH, EDUCATION AND CARE SERVICES TO NEEDY SENIORS, CHILDREN, AND ADULTS.

NAME OF ORGANIZATION OR GOVERNMENT: WAIKIKI HEALTH CENTER
PROGRAM PROVIDES CRISIS COUNSELING, MEDICAL CARE, HOT MEALS, SHELTER ASSISTANCE, JOB COUNSELING, GED PREP CLASSES, RECREATIONAL ACTIVITIES ETC FOR HOMELESS, RUNAWAY AND OTHER AT-RISK YOUTHS THROUGH STREET OUTREACH AND DROP-IN SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: WORLD GOLF FOUNDATION
THE MISSION OF THE WORLD GOLF FOUNDATION IS TO DEVELOP AND SUPPORT INITIATIVES THAT POSITIVELY IMPACT LIVES THROUGH THE GAME OF GOLF AND ITS TRADITIONAL VALUES.

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF HONOLULU-KALIHI BRANCH
THE HEALTHY HONOLULU 90 DAYS TEEN LEADERSHIP PROGRAM WILL TARGET TEENS WHO ARE "HEALTH SEEKERS" BETWEEN THE AGES 13-18. FOCUS IS ON BUILDING

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: FRIENDS OF HAWAII CHARITIES, INC.
C/O IKEDA & WONG, CPA, INC.

Employer identification number: 99-0334032

HEALTHY BODY, MIND, AND SPIRIT THROUGH PROVISION OF A FOCUSED 90 DAY CURRICULUM. TEENS WILL BE INVOLVED IN EDUCATIONAL ACTIVITIES TO LEARN ABOUT HEALTHY CHOICES AND WILL SUSTAIN AND SHARE LEARNED SKILLS WITH OTHERS THROUGH INVOLVEMENT IN TEEN LEADERSHIP AND COMMUNITY SERVICE ACTIVITIES.

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	FRIENDS OF HAWAII CHARITIES, INC. C/O COMMUNICATOR SPORTS & ENTERTAINMENT	99-0334032
	Number, street, and room or suite no. If a P.O. box, see instructions. 1132 BISHOP STREET, NO. 1595	
	City, town or post office, state, and ZIP code For a foreign address, see instructions HONOLULU, HI 96813	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ RUSSELL FONG 1132 BISHOP STREET - HONOLULU, HI 96813
  Telephone No ▶ (808)523-7888 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until JANUARY 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for.
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUN 1, 2008, and ending MAY 31, 2009

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

Print Export

Return Information						ELF Return Status Information				
ACCOUNT	PRODUCT	PREPARER	DCN	RETURN ID	NAME	FEDERAL STATUS	FEDERAL DATE	STATE	STATE STATUS	STATE DATE
136928	8868	Accuity LLP		08X:95941K:V1	FRIENDS OF HAWAII CHARITIES INC	Accepted	09/04/2009	None		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box .. ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
	Friends of Hawaii Charities, Inc.		99-0334032
File by the extended due date for filing the return See instructions	Number, street, and room or suite no If a P O. box, see instructions c/o Accuity LLP, 999 Bishop Street, Suite 1900		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Honolulu, Hawaii 96813		

Check type of return to be filed (File a separate application for each return):

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ Russell Fong
  Telephone No. ▶ (808) 523-7888 FAX No. ▶ (808) 523-7098
- If the organization does not have an office or place of business in the United States, check this box ..... ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ..... ▶ [ ] . If it is for part of the group, check this box ..... ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until April 15, 2010.

5 For calendar year _____, or other tax year beginning June 1, 2008, and ending May 31, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ _____ Title ▶ CPA P00037058 Date ▶ 12/08/2010