

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

2009

-					 				<u> </u>		<u> </u>			,000
4		 ;	alendar Please	C Name of orga		S OF THE	and ending		T PIT	BLTC	D	Employ		
ſ		neck if applicable ddress change	use IRS	3		R SCHOOL		00110		5220	ا	Employ	ar identifica	tion number
ſ	=	ame change	label or print or	Daves Diverse	ss As							20-0	090779)
ſ		itial return	type.	Number and s	street (or P O box if mail is		eet address)			Room/sui	te E	Telephor		
ſ	=		See Specific	; 	80 ALIINUI I								671-25	
Ĺ	=	ermination	instruc-		n, state or country, and e.⊤	ZIP + 4	96707				ြ	Gross receipt	<u>s</u> 1,4	52,577
Ĺ	=	mended return	tions.			<u></u>	90707				——	(a) le thie a d	group return for	
Ł	A	Application pending F Name and address of principal officer KENNETH WILLIAMS												Yes X No
					ALIINUI DR	IVE					H	(b) Are all af included	filiates 🧮 🕻	Yes No
_			•	POLEI		HI	96707					If "No," a	tach a list (see	instructions)
-		ax-exempt stat		501(c) (3) ◀ (insert no)	4947(a)(1) or	527						
2		Vebsite: ▶ 1		To	ust Association	Other			<u></u>	Vaca of form			emption number	
<u>!</u>		ype of organization	umma		ust Association	Other	· ·			Year of form	ation	IVI	State of legal of	iomicite
-	Ť				tion's mission or mo	st significant	activities							
	စ္ပ	•	CATIC	_		· ·								
	ğ													
	Ş.													
	ဗ်	2 Check th			ganization discontir			oosed of m	nore tha	ın 25% o	f its net a	1 - 1		
	ජ ග	3 Number		-	of the governing boo g members of the g	-		no 1h)				4		
2	┋ │	4 Number 5 Total nu		-	g members of the g Part V, line 2a)	jovenning bou	y (Fait VI, II	ile ibj				5		
<i>2</i> .	[달	6 Total nu			estimate if necessar	γ)						6		
9	٠	7a Total gross unrelated business revenue from Part VIII, column (C), line 12										7a		
٣-	_	b Net unre	lated b	usiness taxab	le income from For	m 990-T, line	34					7b		0
CEANNED APR 16 2010		9 Contribu	tions of	nd grante (Pai	rt VIII, line 1h)						Prior Year , 250 ,	404	Current	Year 52,555
N.	ã	8 Contribu 9 Program			irt VIII, line 2g)						,230,	303	1,40	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Q	Š	10 Investme		•	, column (A), lines (3, 4, and 7d)						235		22
M	ř	11 Other re	venue (Part VIII, colu	ımn (A), lines 5, 6d	8c, 9c, 10c,	and 11e)							
\$ -	_	12 Total rev	enue –	add lines 8 th	nrough 11 (must eq	ual Part VIII, o	column (A),	line 12)			,250,			52,577
		13 Grants a			oaid (Part IX, colum		-3)			1	<u>, 665 ,</u>	318	64	14,161
		14 Benefits			ers (Part IX, column		umm (A) lund	oo E 10\			-			
(v)	Expenses		5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 6aProfessional fundraising fees (Part IX, column (A), line 11e)											
	<u></u> 교			-	Part IX, column (D),	•	_		\					
!	Ĭ	17 Other ex	penses	(Part IX, colu	ımn (A), lines 11a-	11d, 11f-24f)	EN	دلكر	ટ્ર\		1,	353		3,554
		18 Total exp	oenses	Add lines 13-	–17 (must equal Pa	int IX, column	741 Hoot 251	, ,	<u> </u>	1	,666,	671		<u>17,715</u>
٦	_ 0/	19 Revenue	less e	xpenses. Sub	tract line 18 from lii	ne (12)	<u></u>	<u> </u>	181	Dominai	-416, ng of Curre	032	80 End of	04,862
	Fund Balances	20 Total ass	sets (Pa	art X, line 16)		125	MAR 2 9		۱ علي	Begunn	118,			1,525
5	Bas		•	Part X, line 26	5)	/ACE.	Mir.	U In:		ľ				<u>, _ , _ ,</u>
3		22 Net asse	ts or fu	nd balances	Subtract line 21 fro	m line a du	<u> </u>				118,	765	1,50	1,525
	Pa			re Block			000							
		Und	der pena I belief, i	Ities of perjury, I	l declare man have ex , and complete Decla	camined this retr	er (other than	accompany officer) is be	ing sche	edules and	statement	s, and to th	e best of my l	knowledge wledae
	ia.			<								3.	23.	10
	igr lere		Signati	ure of officer								Date		
•					VILLIAMS			C	HAI	RMAN/	DIRE			
_				r print name and										
_		Pre	parer's	14.		•			Date		Check if		Preparer's ide (see instruction	entifying number
	aid	sıgı	nature	1 14	., WA			10	03/1	7/10	self- employed	▶ □		
		oarer's Firm	n's name	e tor voursa. —	TR Consul		nc			• •		EIN 🕨	<u>99-0</u>	<u>359864</u>
		if se	elf-emplo	oyed),	1144 Kokol			Suit	te 2	44		Phone	200 05	2_4600
	lav *				Honolulu, e preparer shown a		816					no 💽		3-4680 Yes No
17	ay l	uiscu	una	,	, properci allumil d	: (355 111								

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Form **990** (2009)

4d	Other program services. (Describe in S	chedule O)		
	(Expenses \$ 3,554	including grants of\$) (Revenue \$	
4e	Total program service expenses ▶	647,715		

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		ļ	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>_x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		<u> </u>
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	ا ہ	ł	x
7	complete Schedule D, Part I	6		_^_
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,"		-	
0	complete Schedule D, Part III	8	l	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			-21
•	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, directly or through a related organization, hold assets in term, permanent, or			
. •	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		- 1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16 ⁹ If "Yes," complete Schedule D, Part IX			
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			77
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
		-		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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	170		
13	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		_	
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			T
•	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
		Form	990	

Page 4 **Checklist of Required Schedules (continued)** Yes No Dick the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or X 990-EZ? If "Yes," complete Schedule L, Part I 25b 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 X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. X Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2009)

37

X

X

37

Form 990 (2009) FRIENDS OF THE LEEWARD COAST PUBLIC20-0090779

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				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors are	d repo	ortable			-
	gaming (gambling) winnings to prize winners?		•	1c		<u>X</u>
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		4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax	return	s?	2b	L	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return	(see		1		
	instructions)			į.		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year co	vered	by	-		
	this return?			_3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or o		•		·	
	over, a financial account in a foreign country (such as a bank account, securities account, or other	er fina	ncial	١.		•
_	account)?			4a	-	X
b	If "Yes," enter the name of the foreign country. ▶	n				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Form	eign B	ank			
	and Financial Accounts					.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		10n2	<u>5a</u> 5b	├──	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			30		<u> </u>
C	Prohibited Tax Shelter Transaction?	rtegai	ding	5c		
62	Does the organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000, and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts that are normally greater than \$100,000 and organization have annual gross receipts than \$100,000 and organization have annual gross receipts that are not greater than \$100,000 and organization have a greater than \$100,000 and organization have a greater than \$100,000 and organization have a greater than \$100,0	tid the	•	30		\vdash
ua	organization solicit any contributions that were not tax deductible?	, id (iii	,	6a	1	x
h	If "Yes," did the organization include with every solicitation an express statement that such contr	bution	is or	-	1	
~	gifts were not tax deductible?			6Ь		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	oods		ŀ	
	and services provided to the payor?			7a]	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	ıt was	ì			
	required to file Form 8282?			7c	<u> </u>	<u> </u>
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums o	n a pe	rsonal		l	
	benefit contract?			7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of	contra	ct?	7f	<u> </u>	<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as requ			7 g	ļ	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 10)98-C	as			
	required?			7h	 	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	_		1		1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	ring		_		
	organization, have excess business holdings at any time during the year?	-		8	-	├
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		├
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	 	├
0	Section 501(c)(7) organizations. Enter	۔مد ا	1		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b		\dashv		
b 4	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	מטו	<u> </u>	\dashv		
1	Section 501(c)(12) organizations. Enter	11a	1			
a	Gross income from other sources (Do not not amounts due or paid to other sources against	''a	 	\dashv	1	
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	1		1	
22	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of l			12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	I D.		1	
<u> </u>	in 100, onto the amount of the enempt interest received of decided during the year		·			.

Forn	1 990 (2009) FRIENDS OF THE LEEWARD COAST PUBLIC20-0090779		Pa	age 6
	irt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	h 7b belov		
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processe			
	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			-
b	Enter the number of voting members that are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<u>X</u>
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		<u> </u>
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			
	The governing body?	8a	<u>X</u>	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Interna	J		
≺ev	renue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	405		
	rise to conflicts?	12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		V
3	Does the organization have a written whistleblower policy?	13		X
4	Does the organization have a written document retention and destruction policy?	14		<u>*</u>
5	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?			. •
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			1
6a	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		Ь
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed None			
8	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			
9	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			
0	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization > AMERICAN SAVINGS BANK PO BOX 2300	000 50		
HC	DNOLULU HI 96804	<u>808-52</u>	6-2	<u> 790</u>

DAA

Form 990 (2009) FRIENDS OF THE LEEWARD COAST PUBLIC20-0090779

Page 7

Form 990 (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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 organizati	on did not com	pens	ate			ent c	ffice	er, director, or trustee		
(A) Name and Title	(B) Average hours per	Posr		chec	C) k all	that a	pply	(D) Reportable	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
KEN WILLIAMS CHAIRMAN/DIR								0	0	0
ALBERT SILVA		\vdash				 				
VIC CHAIRMAN/DIR						ŀ		o	o	0
KEITH CHANG						\vdash				
TREASURER		ŀ						o	O	0
STEVAN HANABUSA	•									
SECRETARY/DIR		<u> </u>				L		0	0	0
CLIFFORD TAMURA										
DIRECTOR		_		<u> </u>		<u> </u>		0	0	0
						 				
						ļ				
						<u> </u>				
					L	<u> </u>		,		
				<u> </u>	_	_				
						$ldsymbol{f eta}$				

Form 990 (2009) FRIEN	S OF	THE	LEEWARD	COAST	PUBLIC20-0090779
-----------------------	------	-----	---------	-------	------------------

										PUBLIC20-009			Pa	age 8
Pa	rt VII			uste	es,			ploy	ees		nted Employees (continued)			
	Nai 、	(A) me and Title	(B) Average hours per week	ன் Individual trustee or director		chec	Key employee	Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estima amour othe compen from organiz and rei organiz	ated nt of er sation the ation lated	
				6	tee			sated						
														
1b 2	Total Total nu	mber of individuals (including but no	t lım	ıted	to th	ose	liste	ed a	bove) who received more	than \$100.000 in			
		le compensation from								,				
3 4	employe For any the orga	ee on line 1a? If "Yes individual listed on li nization and related	," complete Sch ne 1a, is the sui	edu m of	le J repo	for s ortat	uch ole c	indi omp	vidu ens	nployee, or highest comp al ation and other compens "Yes," complete Schedule	ation from	3	Yes	x
5	services	person listed on line rendered to the orga	anızatıon? If "Ye							n any unrelated organizat for such person	on for	5		x
1	Complet	te this table for your	five highest con	npen	sate	d in	dep	ende	nt c	ontractors that received r	more than \$100,000 of	<u> </u>		
	compen	sation from the orgai Name and	(A) business address					·		Descri	(B) ption of services	C	(C) ompensa	
2									d to	those listed above) who	received	+-	-	
DAA	more the	an \$100,000 in comp	ensation from t	he o	rgan	ız <u>a</u> tı	<u>on l</u>	<u> </u>				Forn	n 990	(2009

<u> P</u>	art V	III Statement of Rev	<u>enue</u>					
1		•			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
おお	4-	Fodersted company				revenue		512, 513, or 514
퉏	la L	Federated campaigns	1a					
ΩE	D	Membership dues	1b					
if a	C	Fundraising events	1c					
2,E	d	Related organizations	1d					
Sign	е	, ,	1e					
EE	f	All other contributions, gifts, grants, and similar amounts not included above	_					
E E	1			.,452,555				
55	9	Noncash contributions included in lines 1	a-1f \$					
<u>~~</u>	<u> </u>	Total. Add lines 1a-1f		_	1,452,555			
Program Service Revenue Contributions, gifts, grants and other similar amounts				Busn. Code				
ě	2a							
ë	b							
Ξ	С							
Š	d							
E E	e							
δ	f	All other program service rev	enue					
<u>~</u>	g	Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, i	nterest, and				
		other sımılar amounts)		▶	22	22		
	4	Income from investment of ta	ax-exempt bo	nd proceeds				
	5	Royalties		>				
		(ı) Real	(1	ı) Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss				_		
	_d	Net rental income or (loss)		>				
	7a	Gross amount from (i) Securities	s	(II) Other				
		other than inventory						
	b	Less cost or other						
		basis & sales exps]					
	С	Gain or (loss)						
	d	Net gain or (loss)		•				
	8a	Gross income from fundraising ev	rents					
Revenue		(not including\$						
ě		of contributions reported on line 1	c)					
		See Part IV, line 18	a					
Other	b	Less direct expenses	ь					
0		Net income or (loss) from fun	draising eve	nts 🕨		'		
		Gross income from gaming activit						
		See Part IV, line 19	a					i '
	ь	Less direct expenses	ь					
ı		Net income or (loss) from gai	ming activitie	s Þ	····			
		Gross sales of inventory, less						
		returns and allowances	a					
	b	Less cost of goods sold	b					
		Net income or (loss) from sal		orv 🕨				
		Miscellaneous Revenue		Busn. Code				······
ŀ	11a				1			1
	b						-	
							_	
	C	All other revenue		 				
İ								· · · · · · · · ·
Ì		Total Revenue See metrodi	000		1,452,577	22	0	0
	12	Total Revenue. See instructi	UIIS		1,432,511		<u>_</u>	

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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	644,161	644,161		
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)		-	<u>-</u> -	
а	Management				
b	Legal			· · ·	
	Accounting	2,670	2,670		1
	Lobbying		,		
е	D (10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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 expense	es			
	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		l		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below	<i>l.</i>)			
а	INSURANCE	845	845		
b	BANK SERVICE CHARGE	25	25		
С	GENERAL EXCISE TAX	14	14		
d					
е					
f	All other expenses				
	Total functional expenses. Add lines 1 through 2	4f 647 ,715	647,715		
	Joint costs. Check here ▶ If following	<u>-</u>			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint cos from a combined educational campaign and	is .			
	fundraising solicitation				
DAA		- · 			Form 990 (2009)

Form 990 (2009) FRIENDS OF THE LEEWARD COAST PUBLIC20-0090779

	1 99 1 rt)	0 (2009) FRIENDS OF THE LEEWARI C Balance Sheet	D COASI FUBLI	20-0030113		Page 11
<u> </u>	iri /	Salance Sileet		(A)	—т	(B)
				Beginning of year		End of year
\neg	1	Cash—non-interest bearing		118,765	1	1,501,525
	2	Savings and temporary cash investments		===7.33	2	2,001,025
	3	Pledges and grants receivable, net			3	
l	4	Accounts receivable, net			4	
- 1	5	Receivables from current and former officers, directo	re triistees kev			
1	Ŭ	employees, and highest compensated employees. Co	·			
- 1		Schedule L	omplete i are ii oi		5	
- 1	6	Receivables from other disqualified persons (as defin	ned under section			
- 1	•	4958(f)(1)) and persons described in section 4958(c)				1
- 1		Part II of Schedule L	(O)(D) Complete	· 1	6	
Assets	7	Notes and loans receivable, net			7	
ဖွဲ့	8	Inventories for sale or use		· · · · · ·	8	
۲	9	Prepaid expenses and deferred charges			9	
	-	Land, buildings, and equipment cost or	1 1			· · · · · · · · · · · · · · · · · · ·
	104	other basis Complete Part VI of Schedule D	10a	1		
	h	Less accumulated depreciation	10b		10c	·
	11	Investments—publicly traded securities	100		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	
- 1	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	118,765	16	1,501,525
-	17	Accounts payable and accrued expenses		2207.00	17	1,001,020
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
_	21	Escrow or custodial account liability Complete Part I'	V of Schedule D		21	
-= 1	22	Payables to current and former officers, directors, tru				
≣		employees, highest compensated employees, and dis	<u>-</u>			
<u>.e</u>		persons Complete Part II of Schedule L			22	
- 1	23	Secured mortgages and notes payable to unrelated the	hird parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third			24	
- 1	- · 25	Other liabilities. Complete Part X of Schedule D	- parrie		25	
- 1	26	Total liabilities. Add lines 17 through 25			26	· · · · · · · · · · · · · · · · · · ·
8		Organizations that follow SFAS 117, check here	and			
		complete lines 27 through 29, and lines 33 and 34.	_			
ᇣᅵ	27	Unrestricted net assets			27	*
m	 28	Temporarily restricted net assets			28	
밀	29	Permanently restricted net assets			29	
2		Organizations that do not follow SFAS 117, check	here X			
<u>-</u>		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Set	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
in	32	Retained earnings, endowment, accumulated income		118,765		1,501,525
7	33	Total net assets or fund balances	,	118,765		1,501,525
40.1						

Form **990** (2009)

Fom	n 990 (2009) FRIENDS OF THE LEEWARD COAST PUBLIC20-0090779		Pag	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
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
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	1 !		
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			ļ
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

QUU9
Open to Public
Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

 \blacktriangleright Attach to Form 990 or Form 990-EZ. \blacktriangleright See separate instructions.

Name of the organization FRIENDS OF THE LEEWARD COAST PUBLIC

CHARTER SCHOOL

Employer identification number 20-0090779

P	art l	Reas	on for Public Charity	/ Status (All organization	ns mus	st comp	lete th	nis par	t.) Se	e inst	ructions.		
The	orga	inization is no	ot a private foundation beca	use it is (For lines 1 through	11, check	only one	box)						
1		A church, co	onvention of churches, or as	ssociation of churches describ	ed ın sec	tion 170(b)(1)(A)(i).					
2)(A)(ii). (Attach Schedule E)									
3		A hospital o	r a cooperative hospital ser	vice organization described in	section '	170(b)(1)	(A)(iii).						
4	\Box	A medical re	esearch organization operat	ed in conjunction with a hospi	tal descri	bed in se	ction 17	70(b)(1)	(A)(iii).	Enter t	the hospital	s name) .
		city, and sta	- ·	•							•		
5		-		t of a college or university own	ned or ope	erated by	a gove	nmenta	al unit d	escribe	ed in		
	لبا	•	(b)(1)(A)(iv). (Complete Pa	•	•	•	J						
6				governmental unit described	ın sectior	170(b)(1)(A)(v)						
7	X	-	•	a substantial part of its suppoi					n the go	eneral p	public		
		-	section 170(b)(1)(A)(vi). (·	•			·	•	'		
8				170(b)(1)(A)(vi). (Complete F	Part II)								
9	П	An organiza	tion that normally receives	(1) more than 33 1/3 % of its	support fi	om contr	butions	, memt	ership	fees, a	nd gross		
		receipts from	n activities related to its exe	empt functions—subject to cer	tain exce	ptions, ar	nd (2) ne	more	than 33	1/3 %	of its		
		support from	gross investment income	and unrelated business taxabl	le income	(less se	ction 51	1 tax) fr	om bus	inesse	s		
		acquired by	the organization after June	30, 1975 See section 509(a)	(2). (Com	plete Pa	rt III)						
10		An organiza	tion organized and operated	d exclusively to test for public	safety Se	ee sectio	n 509(a)(4).					
11	П	An organizat	tion organized and operated	dexclusively for the benefit of,	to perfor	m the fur	actions (of, or to	carry o	ut the			
		purposes of	one or more publicly suppo	rted organizations described i	in section	509(a)(1) or sec	tion 509	9(a)(2)	See se	ection		
		509(a)(3). C	heck the box that describes	the type of supporting organi	zation an	d comple	te lines	11e thr	ough 1	1h			
		а 🗌 Туре	el b 🗌 Type II	c Type III-Function	nally integ	rated	d	Тур	e III–Ot	her			
е		By checking	this box, I certify that the o	rganization is not controlled di	rectly or i	ndırectly	by one	or more	disqua	lified			
		persons other	er than foundation manager	s and other than one or more	publicly s	supported	lorganı	zations	describ	ed in s	ection		
		509(a)(1) or	section 509(a)(2)										
f		-		termination from the IRS that	ıt ıs a Typ	ре І, Турє	II, or T	ype III s	support	ing			
		organization	, check this box										
g		Since Augus	st 17, 2006, has the organiz	ation accepted any gift or con	tribution t	from any	of the						
		following pe										_	
			•	controls, either alone or togeth	·=·	ersons de	escribed	l ın (11)			_	Yes	No
				of the supported organization	?						11g(i		├─
			member of a person descri								11g(i		 -
				described in (i) or (ii) above?							[11g([i]	<u> </u>
<u>h</u>		····		the supported organization(s		. 1			1				
(i) I		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your		ou notify ization in	(VI) l prganizat	s the ion in col		nount of port	Ì
	J. 3			above or IRC section		document?	col (i)	of your	(i) organi	zed in the		,	
				(see instructions))	Yes	No	Yes	ort?	Yes	No No			
					163	NO	163	-110	163	140			
					1				 				
					\vdash	l	· ··						
											-		
					1								
			- ***	· · · · · · · · · · · · · · · · · · ·									
								1	1	. 1			

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

Schedule A (Form 990 or 990-EZ) 2009

Sch	edule A (Form 990 or 990-EZ) 2009 F.R.I	ENDS OF 1	THE LEEWA	RD COAST	POBLICEO-	.0090779	Page 2
	Support Schedule for C (Complete only if you ch	Organizations	Described in	Sections 170	(b)(1)(A)(iv) a		A)(vi)
Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	532,611	509,865	1,332,596	1,250,404	1,452,555	5,078,031
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 through 3	532,611	509,865	1,332,596	1,250,404	1,452,555	5,078,031
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)						3,523,907
<u>6</u>	Public support. Subtract line 5 from line 4				L		1,554,124
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	(f) Tatal
	• • • • • •	(a) 2005		· · · · · · · · · · · · · · · · · · ·	```	(e) 2009	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	532,611	509,865 46	1,332,596	1,250,404	1,452,555	5,078,031
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
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	<u> </u>					5,078,439
12	Gross receipts from related activities, etc.	•	•			12	22
13	First five years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	1 501(c)(3)	
	organization, check this box and stop he						•
	tion C. Computation of Public S						
14	Public support percentage for 2009 (line			lumn (f))		14	30.60%
15	Public support percentage from 2008 Sc					15	2.00%
16a	33 1/3 % support test—2009. If the orga				1 is 33 1/3 % or m	ore, check this bo	
	and stop here. The organization qualifie						▶ □
b	33 1/3 % support test—2008. If the orga				ne 15 is 33 1/3 %	or more, check to	his
	box and stop here. The organization qua	• •	•				▶ ∐
17a	10%-facts-and-circumstances test—20	_					
	more, and if the organization meets the '						
	organization meets the "facts-and-circum						▶ 📙
b	10%-facts-and-circumstances test—20 more, and if the organization meets the						
	organization meets the "facts-and-circum	istances" test. The	e organization qu	alıfies as a publicl	y supported orgai	nization	▶ 🛄
18	Private foundation. If the organization d	id not check a box	x on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see instruction:	s X

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 FRIENDS OF THE LEEWARD COAST PUBLIC20-0090779

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

u_
æ
4
7
_
0
5
Ñ
7
Ξ
ñ
0
œ
ш
_
œ
≤
六
O

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection OMB No 1545-0047 2009

Name of the organization FRIENDS OF THE LEEWARD CHARTER SCHOOL	EWARD COAST		PUBLIC		Employer 20-00	Employer identification number	ber
J 🔾 I	nd Assistance						
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	e the amount of the stance?	grants or of grant fur	assistance, the grante	es' eligibility for the g	grants or assistanc	e, and	☐ Yes 🗶 No
I 🛲	Sovernments a recipient that 1900 if additional	ind Orga eceived space is	inizations in the more than \$5,00 s needed	United States. (0). Check this bo	complete if the x if no one rec	organization ipient receive	answered "Yes" to d more than \$5,000. Use
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation assistance other content of the content	(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
ONA O KA NA'AUAO 2 FARRINGTON HIGHWAY							
WAIANAE 96792	20-0090779		644,161				
2 Enter total number of section 501(c)(3) and government organizations	int organizations			:			
I۵	e the Instructions	for Form 9	.06	÷			Schedule I (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

⋝
₹
8
2
•
0
8
ŭ
~
•
ሕ
8
딾
벋
-
œ
HAR
돐
$\bar{\alpha}$
_

Schedule I (Schedule I (Form 990) 2009 FRIENDS OF THE LEEWARD (Part III Grants and Other Assistance to Individuals in Use Part IV and Schedule I-1 (Form 990) if additional controls of the IV and Schedule I-1 (Form 990) if additional controls of the IV and Schedule I-1 (Form 990) if additional controls of the IV and Schedule I-1 (Form 990) if additional controls of the IV and Schedule I-1 (Form 990) if additional controls of the IV and Schedule I-1 (Form 990) if additional controls of the IV and IV a	ا ح ت	COAST PUBLICO-0090779 the United States. Complete if the Itional space is needed.	0-0090779 omplete if the organ ed.	ızation answered "Yes" to	COAST PUBLIC20-0090779 the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Itional 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)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
Part IV	Supplemental Information. Complete this part	_	o provide the inform	ation required in Par	to provide the information required in Part I, line 2, and any other additional information.	dditional information.

SCHEDULE.O

Supplemental Information to Form 990

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FRIENDS OF THE LEEWARD COAST PUBLIC CHARTER SCHOOL

Employer identification number 20-0090779

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public