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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUN 1, 2009 **and ending** MAY 31, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ 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 STREET 1717

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

D Employer identification number
99-0334032

E Telephone number
8085237888

G Gross receipts $ 4,636,198.

F Name and address of principal officer: CORBETT A.K. KALAMA
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 Form 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 net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	1500
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	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)	2,201,189.	2,074,147.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,678.	14.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<952,649.>	<886,211.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,337,218.	1,187,950.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	996,077.	1,005,850.
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)	22,720.	20,471.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,018,797.	1,026,321.
19	Revenue less expenses. Subtract line 18 from line 12	318,421.	161,629.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,356,909.	2,357,956.
21	Total liabilities (Part X, line 26)	1,599,520.	438,938.
22	Net assets or fund balances. Subtract line 21 from line 20	1,757,389.	1,919,018.

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 4/15/11

▶ Howard Y. Ikeda, Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date APR 15 2011 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

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

EIN ▶

Phone no. ▶ 808-531-3400

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

916-2021

8

Part III Statement of Program Service Accomplishments

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 $ 1,005,850. including grants of $ 1,005,850.) (Revenue $ 2,562,037.)
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** ▶ $ 1,005,850.

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* N/A	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," 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, 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 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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• 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 Schedule D, Parts XI, XII, and XIII.*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 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		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 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 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 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 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? *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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 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*	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 lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A	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? N/A	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		
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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	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, 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
38	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.	38	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	6		
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?		N/A 1c		
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?		N/A 2b		
	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*		N/A 3b		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		N/A 5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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?		N/A 6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		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?		N/A 7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		N/A 7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A 8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		N/A 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A 9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A		
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	N/A		
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	12b	N/A		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	21		
b	Enter the number of voting members that are independent	1b	21		
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	
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

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	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? N/A	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13* SEE SCHEDULE O	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Does the organization have a written whistleblower policy? SEE SCHEDULE O	13		X
14	Does the organization have a written document retention and destruction policy? SEE SCHEDULE O	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 N/A	15a		
b	Other officers or key employees of the organization N/A	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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? N/A	16b		

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 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 organization did not compensate any current officer, director, or trustee.

(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			
CORBETT A. K. KALAMA PRESIDENT/DIRECTOR	0.50	X		X				0.	0.	0.
HOWARD IKEDA TREASURER/DIRECTOR	0.50	X		X				0.	0.	0.
KEIKO AOKI DIRECTOR	0.50	X						0.	0.	0.
GEORGE ARIYOSHI 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.
ADMIRAL THOMAS B. FARGO 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.
JUNE JONES DIRECTOR	0.50	X						0.	0.	0.
DON KIM DIRECTOR	0.50	X						0.	0.	0.
BERT T. KOBAYASHI, JR. DIRECTOR	0.50	X						0.	0.	0.
JAMES KOMETANI DIRECTOR	0.50	X						0.	0.	0.
DICKSON LEE 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			
NED NOMURA DIRECTOR	0.10	X						0.	0.	0.
RAYMOND ONO 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.
KIYOSHI SHIKANO 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.
C. SCOTT WO DIRECTOR	0.50	X						0.	0.	0.
1b Total ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) 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 ST., #2160, HONOLULU, HI 96813	MANAGEMENT FEE	788,500.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Form **990** (2009)

932008 02-04-10

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 2074147.				
	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	2074147.			
Program Service Revenue		Business Code			
	2 a				
	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)	14.			14.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
		(i) Real / (ii) Personal			
	6 a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
		(i) Securities / (ii) Other			
	7 a 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)				
	8 a Gross income from fundraising events (not including $ 2,074,147. of contributions reported on line 1c). See Part IV, line 18 a 2,562,037.				
	b Less direct expenses b 3,448,248.				
	c Net income or (loss) from fundraising events	<886,211.>			<886211.>
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a 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			
	11 a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d				
	12 **Total revenue.** See instructions.	1187950.	0.	0.	<886197.>

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	1,005,850.	1,005,850.		
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				
c Accounting	20,471.		20,471.	
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 _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 **Total functional expenses.** Add lines 1 through 24f	1,026,321.	1,005,850.	20,471.	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	3,033,955.	1	1,898,090.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	100,900.	4	206,700.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	222,054.	9	253,166.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 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)	3,356,909.	16	2,357,956.
Liabilities	17	Accounts payable and accrued expenses	958,525.	17	44,989.
	18	Grants payable		18	
	19	Deferred revenue	560,558.	19	351,134.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial 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 to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	80,437.	25	42,815.
	26	**Total liabilities.** Add lines 17 through 25	1,599,520.	26	438,938.
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	1,757,389.	27	1,919,018.
	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	1,757,389.	33	1,919,018.
	34	Total liabilities and net assets/fund balances	3,356,909.	34	2,357,956.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ 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	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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: ☒ 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 the Single Audit Act and OMB Circular A-133?	3a		X
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 N/A	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

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: (For lines 1 through 11, check only one box.)

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).**

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 Part III)

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

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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) 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.")	2,229,938.	2,387,903.	2,364,348.	2,201,189.	2,074,147.	11,257,525.
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	2,229,938.	2,387,903.	2,364,348.	2,201,189.	2,074,147.	11,257,525.
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)						5,223,067.
6 **Public support.** Subtract line 5 from line 4						6,034,458.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,229,938.	2,387,903.	2,364,348.	2,201,189.	2,074,147.	11,257,525.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,819.	67,798.	95,052.	88,678.	14.	311,361.
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						11,568,886.
12 Gross receipts from related activities, etc. (see instructions)					12	11,951,780.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	52.16 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	51.03 %

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 - 2008.** 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) 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.")						
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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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 a certified historic structure

2 Complete lines 2a through 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 Tax 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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 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 the 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	Net investment earnings, gains, and 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				0.

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		
Closely-held equity interests		
Other		
Total. (Col (b) must 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) must 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) must equal Form 990, Part X, col (B) line 15.)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO TOURNAMENT DIRECTOR	42,815.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	42,815.

2. FIN 48 Footnote. 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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,187,950.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,026,321.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	161,629.
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 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	161,629.

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	1,187,950.
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	1,187,950.
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 must equal Form 990, Part I, line 12)*			5	1,187,950.

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

1	Total expenses and losses per audited financial statements			1	1,026,321.
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,026,321.
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 must equal Form 990, Part I, line 18.)*			5	1,026,321.

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, line 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

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. Form 990-EZ filers are not required to complete this part. N/A

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

a ☐ Mail solicitations
b ☐ Internet and 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.

(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.

Revenue		(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))
	1 Gross receipts	4,636,184.			4,636,184.
	2 Less Charitable contributions	2,074,147.			2,074,147.
	3 Gross income (line 1 minus line 2)	2,562,037.			2,562,037.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,448,248.			3,448,248.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(3,448,248.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	<886,211.>

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.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 line 1, column (d), and line 7			▶	

			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 Enter 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 of the third party				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions:				
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 to be 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 United States

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

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" to 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
AKA'ULA SCHOOL P.O. BOX 2098 KAUNAKAKAI, HI 96748	56-2393609	501(C)(3)	15,900.	0.	N/A	N/A	SEE SCHEDULE O.
ALA KUOLA 550 HALEKAUWILA STREET HONOLULU, HI 96813	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)	10,000.	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 HAWAII 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 ▶ 53.

3 Enter total number of other organizations ▶ 0.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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.

SCHEDULE I, PART I, LINE 2: 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 SEND

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 Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
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 United States** (Schedule I (Form 990), Part II.)

(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
AMERICAN DIABETES ASSOCIATION 875 WAIMANU STREET SUITE 691 HONOLULU, HI 96813	13-1623888	501(C)(3)	6,000.	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.
BISHOP MUSEUM 1525 BERNICE STREET HONOLULU, HI 96817	99-0161980	501(C)(3)	14,000.	0.	N/A	N/A	SEE SCHEDULE O.
BLESSINGS IN A BACKPACK 1839 BROWNSBORO ROAD LOUISVILLE, KY 40206	26-1964620	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
CATHOLIC CHARITIES HAWAII 1822 KEEAUMOKU STREET HONOLULU, HI 96822	99-0073547	501(C)(3)	7,500.	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)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
CHILDREN'S ALLIANCE OF HAWAII, INC., THE - 1100 ALAKEA STREET, SUITE 400 - HONOLULU, HI 96813	99-0257743	501(C)(3)	10,000.	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.

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

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
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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 United States** (Schedule I (Form 990), Part II.)

(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
FAMILY PROGRAMS HAWAII 680 ALA MOANA BLVD, SUITE 200 HONOLULU, HI 96813	99-0280498	501(C)(3)	6,000.	0.	N/A	N/A	SEE SCHEDULE O.
FAMILY PROMISE OF HAWAII 245 N. KUKUI ST., SUITE 101 HONOLULU, HI 96817	20-2645489	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
FRANK DE LIMA'S STUDENT ENRICHMENT PROGRAM - 1560 THURSTON AVE, APT. 603 - HONOLULU, HI 96822	99-0322178	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
HALE NA'AU PONO 86-226 FARRINGTON HIGHWAY WAIANAE, HI 96792	95-1255080	501(C)(3)	8,000.	0.	N/A	N/A	SEE SCHEDULE O.
HALE 'OPIO KAUA'I, INC. 2959 UMI STREET LIHUE, HI 96766	99-0155279	501(C)(3)	6,550.	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 FARM BUREAU FOUNDATION FOR AGRICULTURE - 2343 ROSE STREET - HONOLULU, HI 96819	26-0639538	501(C)(3)	5,100.	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.

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

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
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 United States** (Schedule I (Form 990), Part II.)

(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
HAWAII FOODBANK, INC. 2611 KILIHAU STREET HONOLULU, HI 96819	99-0220699	501(C)(3)	25,000.	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 ARMED SERVICES YMCA 1057 NORTH ROAD HONOLULU, HI 96818	36-3274346	501(C)(3)	6,000.	0.	N/A	N/A	SEE SCHEDULE O.
HUGS 3636 KILAUEA AVENUE HONOLULU, HI 96816	99-0213594	501(C)(3)	7,500.	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)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.

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 Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
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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 United States (Schedule I (Form 990), Part II.)

(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
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.
JAPAN-AMERICA SOCIETY OF HAWAII 220 S. KING STREET, SUITE 1501 HONOLULU, HI 96813	99-0359990	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
KALIHI YMCA 1355 KALIHI STREET HONOLULU, HI 96819	99-0073533	501(C)(3)	15,000.	0.	N/A	N/A	SEE SCHEDULE O.
KAMP HAWAII, INC. P.O. BOX 13041 AIEA, HI 96701	20-3412425	501(C)(3)	15,000.	0.	N/A	N/A	SEE SCHEDULE O.
KEIKI O KA AINA FAMILY LEARNING CENTERS - 3097 KALIHI STREET - HONOLULU, HI 96819	99-0327534	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
KICK START KARATE 665 KUMUKAHI PLACE HONOLULU, HI 96825	99-0329696	501(C)(3)	6,000.	0.	N/A	N/A	SEE SCHEDULE O.
KOKUA KALIHI VALLEY (KKV) 2239 NORTH SCHOOL STREET HONOLULU, HI 96819	99-0149797	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER - P.O. BOX 395 - KAHUKU, HI 96731	73-1681833	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.

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 Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
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 United States** (Schedule I (Form 990), Part II)

(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
LANAKILA REHABILITATION CENTER 1809 BACHELOT STREET HONOLULU, HI 96817	99-0103922	501(C)(3)	7,500.	0.	N/A	N/A	TO SUPPORT MEALS ON WHEELS AND MORE! PROGRAM.
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 AMERICA OF HAWAII 1124 FORT STREET MALL, SUITE 205 HONOLULU, HI 96813	99-0076458	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
NA KAMALEI-KO'OLAULOA EARLY EDUC. PROGRAM - P.O. BOX 900 - HAU'ULA, HI 96717	99-0337808	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
NATURAL HEALING RESEARCH FOUNDATION - P.O. BOX 11925 - HONOLULU, HI 96828	20-1333341	501(C)(3)	15,000.	0.	N/A	N/A	SEE SCHEDULE O.
OAHU SOUTH FOURSQUARE CHURCH 290 SAND ISLAND ACCESS ROAD HONOLULU, HI 96819	91-1891508	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
PACIFIC HEALTH MINISTRY 1245 YOUNG STREET, #204 HONOLULU, HI 96814	99-0281185	501(C)(3)	6,500.	0.	N/A	N/A	SEE SCHEDULE O.
PEANUT BUTTER MINISTRY 374 WAIANUENUE AVENUE HILO, HI 96720	99-0110098	501(C)(3)	6,000.	0.	N/A	N/A	SEE SCHEDULE O.

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 Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
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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 United States** (Schedule I (Form 990), Part II.)

(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
REHABILITATION HOSPITAL OF PACIFIC FDN. - 226 N. KUAKINI STREET - HONOLULU, HI 96817	99-0241634	501(C)(3)	10,000.	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.
SPECIAL OLYMPICS HAWAII P.O. BOX 3295 HONOLULU, HI 96801	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)	12,000.	0.	N/A	N/A	SEE SCHEDULE O.
SURFING THE NATIONS FOUNDATION PO BOX 860366 WAHIAWA, HI 96786	20-0245026	501(C)(3)	10,000.	0.	N/A	N/A	SEE SCHEDULE O.
WAIANAE COAST COMPREHENSIVE HEALTH CENTER - 86-260 FARRINGTON HIGHWAY - WAIANAE, HI 96792	99-0148164	501(C)(3)	7,500.	0.	N/A	N/A	SEE SCHEDULE O.
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.

SCHEDULE O
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Supplemental Information to Form 990

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▶ Attach to Form 990.

OMB No 1545-0047

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Open to Public Inspection

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 AND PART III, LINE 1:

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, SECTION A, LINE 3:

THE ORGANIZATION ENTERED INTO A MANAGEMENT AGREEMENT WITH BATES 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, SECTION B, LINE 11A:

THE TREASURER REVIEWS AND SIGNS FORM 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINES 12, 13, AND 14:

THE ORGANIZATION DID NOT HAVE A WRITTEN CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, OR DOCUMENT RETENTION AND DESTRUCTION POLICY IN PLACE FOR THE FISCAL YEAR ENDED MAY 31, 2010. THE ORGANIZATION'S BOARD AND EXECUTIVE COMMITTEE EXPECT TO FINALIZE THE POLICIES DURING THE FISCAL YEAR ENDED MAY 31, 2011.

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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 VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S CONFLICT OF INTEREST POLICY WAS STILL IN DRAFT FORM AS OF THE FISCAL YEAR ENDED MAY 31, 2010; IT WILL BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST ONCE FINALIZED DURING THE FISCAL YEAR ENDED MAY 31, 2010.

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

NAME OF ORGANIZATION OR GOVERNMENT: AKA'ULA SCHOOL

(EDUCATION/LOW INCOME) INDEPENDENT PRIVATE SCHOOL THAT SERVICES STUDENTS FROM THE 4 HAWAIIAN HOMESTEADS AND THE ENTIRE ISLAND OF MOLOKA'I; 75% ARE NATIVE HAWAIIANS; 15% ARE STUDENTS WITH DISABILITIES; ALL STUDENTS RECEIVE 66% TUITION AID.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA HARVEST

ORGANIZATION IS CONTINUALLY USING EFFICIENT AND EFFECTIVE METHODS TO INCREASE THE NUMBER OF FOOD DONORS GIVING TO ALOHA HARVEST IN ORDER TO DISTRIBUTE THE QUALITY DONATED FOOD, ENTIRELY FREE OF CHARGE, TO A GROWING LIST OF CHARITABLE SOCIAL SERVICE AGENCIES FEEDING OAHU'S NEEDY. GRANT WILL PROVIDE FUEL FOR TRUCK & VAN; FOOD CONTAINERS.

NAME OF ORGANIZATION OR GOVERNMENT: ALOHA SECTION PGA FOUNDATION

THE FOUNDATION HELPS PERPETUATE THE GAME OF GOLF IN HAWAII THROUGH ITS PROGRAMS FOR YOUNG INDIVIDUALS SUCH AS JUNIOR GOLF PROGRAMS, SCHOLARSHIPS FOR HIGHER EDUCATION, AND COMMUNITY OUTREACH PROGRAMS.

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C/O IKEDA & WONG, CPA INC.

Employer identification number: 99-0334032

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

PROGRAMS INCLUDE THE KEIKI SUMMER CAMP, THE TEEN RETREAT, AND FAMILY CONFERENCE. THESE PROGRAMS GIVE HAWAII'S KEIKI WITH CANCER THE OPPORTUNITY TO BUILD FRIENDSHIPS WITH OTHER CHILDREN LIVING WITH CANCER, AND HELP THEM FIND THE HOPE AND STRENGTH OF SURVIVE THEIR ILLNESS.

FORM 990, SCHEDULE I-1, PART I(H), PAGE 1 OF 6:

NAME OF ORGANIZATION OR GOVERNMENT: AMERICAN DIABETES ASSOCIATION

THE DIABETES FAMILY RETREAT IS AN OVERNIGHT CAMPING ENVIRONMENT FOR CHILDREN WITH DIABETES AND THEIR FAMILIES. IT IS AN OPPORTUNITY FOR CHILDREN WITH DIABETES TO BE WITH AND LEARN FROM OTHER CHILDREN WITH DIABETES IN A SOCIAL ENVIRONMENT THAT ALLOWS THEIR FAMILIES TO EXCHANGE WITH OTHER FAMILIES LIVING WITH DIABETES AND THE DAY-TO-DAY RAMIFICATIONS OF THE DISEASE. IT IS AN ENVIRONMENT THAT ALLOWS FOR BOTH EDUCATIONAL AND SOCIAL EXCHANGE ON ALL LEVELS.

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

PROVIDE TRANSITION-BASED TRAINING AND DEMONSTRATION PROGRAM FOR YOUTH WITH DISABILITIES, AGED 14-21. PROVIDE DEMONSTRATIONS OF ASSISTIVE TECHNOLOGY, TRAINING ON APPLICATIONS AND HARDWARE, AND LINKS STUDENTS DIRECTLY TO EDUCATIONAL, VOCATIONAL OR COMMUNITY PROGRAMS.

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C/O IKEDA & WONG, CPA INC.

Employer identification number: 99-0334032

NAME OF ORGANIZATION OR GOVERNMENT: BISHOP MUSEUM

PROVIDE 10,000 LOW-INCOME STUDENTS WITH AN OPPORTUNITY TO EXPERIENCE THE MUSEUM'S EDUCATIONAL PROGRAMS AND EXHIBITS AT A REDUCED ADMISSION COST FROM $8.95 TO $4.00 PER STUDENT; TABLE SPONSORSHIP IN JULY 2009.

NAME OF ORGANIZATION OR GOVERNMENT: BLESSINGS IN A BACKPACK

EXPANDING THE BLESSINGS IN A BACKPACK PROGRAM TO TWO KAUAI SCHOOLS TO FEED MORE CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES HAWAII

ONLY PROGRAM OF ITS KIND IN THE STATE THAT PROVIDES A VARIETY OF SERVICES TO WOMEN EXPERIENCING UNPLANNED/CRISIS PREGNANCIES AS WELL AS TO THEIR PARTNERS AND FAMILIES. INSTALL AIR CONDITIONING SYSTEM FOR MAIN LIVING AREA OF THE HOME USED FOR MEETINGS AND CLASSES; PROVIDE 4 SCHOLARSHIPS FOR RESIDENTIAL MARY JANE HOME PROGRAM; REPLACE EXISTING WINDOW COVERINGS IN 6 BEDROOMS.

NAME OF ORGANIZATION OR GOVERNMENT: CHILD AND FAMILY SERVICES

PROVIDE SERVICES TO YOUTH CHALLENGING BEHAVIORAL AND EMOTIONAL PROBLEMS. FUNDS TO PROVIDE NEW FURNITURE, EQUIPMENT AND RECREATIONAL SUPPLIES.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S ALLIANCE OF HAWAII

H.E.A.R.T. PROGRAM PROVIDES AN EXPERIENTIAL WAY FOR SEXUALLY ABUSED YOUTHS TO EXPRESS THEIR EMOTIONS AND DEVELOP THEIR SELF ESTEEM. THE FOSTER CARE PACKAGE WAS CREATED TO ENSURE THAT EACH CHILD IS GIVEN THE BASIC ITEMS HE/SHE WILL NEED IN THEIR DAY-TO-DAY LIFE AS THEY

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Employer identification number: 99-0334032

TRANSITION TO FOSTER CARE.

FORM 990, SCHEDULE I-1, PART I(H), PAGE 2 OF 6:

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROGRAMS HAWAII

PRIMARY GOAL OF PROJECT IS TO GIVE CHILDREN WHO HAVE BEEN SEPARATED THROUGH FOSTER CARE AN OPPORTUNITY TO VISIT AND MAINTAIN A RELATIONSHIP WITH THEIR BROTHERS AND SISTERS.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PROMISE OF HAWAII

HELP FAMILIES TRANSITION OUT OF HOMELESSNESS INTO SUSTAINABLE HOUSING.

NAME OF ORGANIZATION OR GOVERNMENT: FRANK DE LIMA'S STUDENT ENRICHMENT PROGRAM

FOR MORE THAN THREE DECADES, DE LIMA USES HIS EXTENSIVE EXPERIENCE AS A COMEDIAN TO DELIVER IMPORTANT MESSAGES TO MORE THAN 80,000 SCHOOL-AGED CHILDREN THROUGHOUT HAWAII EVERY YEAR. HE MANAGES TO BLEND HUMOR AND CORE VALUES IN A COMFORTABLE MANNER THAT HIS AUDIENCES UNDERSTAND AND APPRECIATE.

NAME OF ORGANIZATION OR GOVERNMENT: HALE NA'AU PONO

FUNDING WILL PROVIDE MUCH NEEDED TRAINING FOR THE COMMUNITY OF THE WAIANAE COAST AS WELL AS FOR PARTICIPANTS OF THE CHILDREN'S DIVISION PROGRAMS, STAFF, FOSTER PARENTS, YOUTH SPECIALIST, PERSONAL REHAB WORKERS AND CLINICIANS.

NAME OF ORGANIZATION OR GOVERNMENT: HALE 'OPIO KAUA'I, INC

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Employer identification number: 99-0334032

PROJECT IS TO REPLACE RUSTED, AGING GUTTER AND DOWNSPOUT SYSTEM AT GROUP FOSTER HOME WHERE UP TO 5 YOUTH AGES 1-18 YEARS ARE PROVIDED THERAPEUTIC FOSTER CARE IN A LOVING, SUPPORTIVE FAMILY ENVIRONMENT UNTIL THEY ARE ABLE TO RETURN TO LIVE WITH THEIR FAMILIES.

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

PROVIDE FINANCIAL ASSISTANCE TO FAMILIES TO HELP DEFRAY MEDICAL EXPENSES, HOUSING, FOOD, TRANSPORTATION, AND OTHER LIVING COSTS AND SOMETIMES ASSISTS WITH 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 FARM BUREAU FOUNDATION FOR AGRICULTURE

EDUCATE ABOUT IMPORTANCE OF LOCAL AGRICULTURE AND FARMING IN HAWAII.

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

ONLY ORGANIZATION ON THE ISLAND THAT IS TRAINING SERVICE DOGS FOR THE WOUNDED WARRIORS. ALSO TRAINING DOGS SPECIFICALLY FOR AUTISTIC CHILDREN.

FORM 990, SCHEDULE I-1, PART I(H), PAGE 3 OF 6:

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII FOODBANK, INC

CUSTOM FORKLIFTS FOR GENERAL OPERATIONS THAT ALLOW HAWAII FOODBANK STAFF TO EXTEND TO THE HIGHEST SHELVES AS WELL AS BE ABLE TO UNLOAD

CONTAINERS.

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

FUNDS WILL PROVIDE TUITION ASSISTANCE FOR POVERTY LEVEL AND LOW INCOME FRAIL ELDERS AND MENTALLY/PHYSICALLY CHALLENGED ADULTS TO ATTEND ADULT DAY CARE. CENTER PROVIDES SUPERVISED CARE AS REQUIRED BY DOCTOR'S ORDER OR FOR THOSE WHO NO LONGER CAN SAFELY REMAIN ALONE AT HOME. PROGRAM ENABLES INDIVIDUALS TO ATTEND A SAFE, SOCIALLY ACTIVE DAY PROGRAM REGARDLESS OF THEIR ABILITY TO PAY.

NAME OF ORGANIZATION OR GOVERNMENT: HAWAII STATE JUNIOR GOLF ASSOCIATION

PROGRAM INTRODUCES THE GAME OF GOLF TO 4TH AND 5TH GRADE STUDENTS THROUGH THE YMCA'S A+ PROGRAM. IN ADDITION, THE PROGRAM TEACHES CHARACTER TRAITS SUCH AS RESPECT, RESPONSIBILITY, SELF-DISCIPLINE AND PERSEVERANCE.

NAME OF ORGANIZATION OR GOVERNMENT: HONOLULU ARMED SERVICES YMCA

PLAYMORNING IS A MOBILE PLAYGROUP THAT TARGETS JUNIOR ENLISTED FAMILIES WITH CHILDREN UNDER THE AGE OF FIVE YEARS OLD. PLAYMORNING SERVES TWO GROUPS: CHILDREN UNDER THE AGE OF FIVE AND MOM OR DAD WHO ACCOMPANY THE CHILD. GOALS ARE TO: FACILITATE POSITIVE PARENT-CHILD INTERACTION; INCREASE KNOWLEDGE OF CHILD DEVELOPMENT; AND REDUCE SOCIAL ISOLATION.

NAME OF ORGANIZATION OR GOVERNMENT: HUGS (HELP, UNDERSTANDING & GROUP

SUPPORT)

REPLACE AGING 2002 VAN WITH A NEW VAN TO SAFELY TRANSPORT OUR HUGS FAMILY MEMBERS, STAFF, VOLUNTEERS, DONATIONS AND ANY GOODS OR MATERIALS PERTINENT TO THE PROGRAMS AND SERVICES OF HUGS.

NAME OF ORGANIZATION OR GOVERNMENT: I OLA LAHUI, INC

PROGRAM SEEKS TO PROVIDE EFFECTIVE CULTURALLY APPROPRIATE BEHAVIORAL HEALTH SERVICES TO MOLOKAI BY TRAINING AND SENDING A PRE-DOCTORAL PSYCHOLOGY INTERN WEEKLY TO ASSESS AND TREAT MENTAL HEALTH, CHRONIC DISEASE, AND PROVIDE SUPPORT TO INDIVIDUALS ADJUSTING TO SUDDEN ECONOMIC CHANGES IMPACTING THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: IMUA FAMILY SERVICES

WEEK-LONG, OVERNIGHT, RECREATIONAL CAMP FOR 50 OF MAUI COUNTY'S SCHOOL-AGED CHILDREN (6 THROUGH 20 YEARS OF AGE) WITH SPECIAL NEEDS. 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.

FORM 990, SCHEDULE I-1, PART I(H), PAGE 4 OF 6:

NAME OF ORGANIZATION OR GOVERNMENT: INSTITUTE FOR HUMAN SERVICES

PROGRAM IS FOR CHILDREN AND FAMILIES AT IHS FOR IMPROVING CHILDREN'S SCHOOL PERFORMANCE, EXPAND EDUCATIONAL OPPORTUNITIES, AND TO INCREASE THE PARENT'S ROLE IN THEIR CHILDREN'S EDUCATION AND DEVELOPMENT.

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NAME OF ORGANIZATION OR GOVERNMENT: JAPAN-AMERICA SOCIETY OF HAWAII

PROGRAMS DESIGNED TO TEACH CHILDREN IN GRADES K-5 THE CONCEPT OF DIFFERENT PERSPECTIVES AND THE SKILL OF INQUIRY AND THEN REINFORCE AND GIVE ACTUAL EXPERIENCE OF THAT CONCEPT IN GRADES 6-12 THROUGH A SERIES OF SEVEN INTEGRATED ACADEMIC PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: KALIHI YMCA

KALIHI YMCA "HEALTHY TOGETHER" TEEN PROGRAM - TARGET TEENS WHO ARE HEALTH SEEKERS AND INVOLVE THEM IN EDUCATIONAL ACTIVITIES TO LEARN ABOUT HEALTHY CHOICES.

NAME OF ORGANIZATION OR GOVERNMENT: KAMP HAWAII, INC

FUNDS TO BE USED TO SUSTAIN THE LIFE MENTORING PROGRAMS ON OAHU; PROGRAM DELIVERY TO 2,842 STUDENTS WITH SPECIAL NEEDS WITH ORGANIZATION'S IN-SCHOOL SPECIAL NEEDS OUTREACH PROGRAM CURRENTLY AT 21 SCHOOLS.

NAME OF ORGANIZATION OR GOVERNMENT: KEIKI O KA AINA FAMILY LEARNING CENTERS

FUNDS TO BE USED TOWARD THE CONSTRUCTION OF A NATURAL PLAYGROUND FOR KOKA PRESCHOOL IN PALOLO VALLEY.

NAME OF ORGANIZATION OR GOVERNMENT: KICK START KARATE

AFTERSCHOOL PROGRAM TO REDUCE THE RISK OF ANTI-SOCIAL GANG INVOLVEMENT, VIOLENCE, ALCOHOL AND ILLICIT DRUG USE BY YOUNSTERS RESIDING IN THE WAIPAHU, EWA, EWA BEACH, MILILANI AND KAPOLEI COMMUNITIES.

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NAME OF ORGANIZATION OR GOVERNMENT: KOKUA KALIHI VALLEY

PROVIDE A COMPREHENSIVE AND CULTURALLY SOUND CAREGIVER PROGRAM THROUGH A TEAM OF PROFESSIONALS THAT INCLUDE PHYSICIANS, NURSES, CASE MANAGERS, INTERPRETERS, AND BEHAVIORAL HEALTH SPECIALISTS. PROGRAM ACTIVITIES WILL INCLUDE THE CREATION OF A CAREGIVER SUPPORT GROUP AND DIRECT CAREGIVER ASSISTANCE.

NAME OF ORGANIZATION OR GOVERNMENT: KO'OLAULOA COMMUNITY HEALTH & WELLNESS CENTER

TO PROVIDE PRESCRIPTION DRUGS TO THE UNINSURED PATIENTS WHO CANNOT AFFORD THEM.

FORM 990, SCHEDULE I-1, PART I(H), PAGE 5 OF 6:

NAME OF ORGANIZATION OR GOVERNMENT: MARIMED FOUNDATION

EXPANSION OF THERAPEUTIC PADDLING PROGRAM THROUGH OAHU, AND MOLOKAI TO OAHU LONG DISTANCE PADDLING PRACTICES AND VOYAGES WITH THE SUPPORT OF LOCAL CANOE CLUB MENTORS.

NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH AMERICA OF HAWAII

THIS PROJECT WILL TRAIN PROVIDERS, PARENTS, AND YOUTHS IN PROGRAMS SERVING AT-RISK YOUTHS (RURAL, NATIVE HAWAIIAN, FOSTER, HOMELESS, BEHAVIOR/SUBSTANCE ABUSE DISORDERS, GIRLS, AND YOUTHS IN MILITARY FAMILIES) IN HOW TO PREVENT AND INTERVENE IN ADOLESCENT SUICIDE, INCLUDING HOW TO INTERVENE IN BULLYING AND AN INTERACTIVE TRAINING IN YOUTH PEER-TO-PEER INTERVENTION.

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

PROVIDE ONE CERTIFIED TEACHER AND HEALTH AND SAFETY REQUIREMENTS/SUPPLIES FOR FOUR SITES SERVING FAMILIES FROM KUALOA TO SUNSET BEACH.

NAME OF ORGANIZATION OR GOVERNMENT: NATURAL HEALING RESEARCH FOUNDATION

FREE SUMMER AND WINTER IMMUNITY EVENTS SERVING HAWAII COMMUNITY DEALING WITH RESPIRATORY AND IMMUNE SYSTEM ISSUES. DATA WILL BE COLLECTED FROM VOLUNTEERS AT THESE EVENTS FOR ONGOING RESEARCH AND DOCUMENTATION OF THE EFFECTIVENESS OF USING NATURAL HEALING METHODS.

NAME OF ORGANIZATION OR GOVERNMENT: OAHU SOUTH FOURSQUARE CHURCH

ENRICHMENT PROGRAM - A PRIVILEGE PROGRAM THAT WILL ALLOW FINANCIALLY DEPRIVED YOUTHS THE OPPORTUNITY TO PARTICIPATE WITH OTHERS IN PROGRAMS, EVENTS, CONFERENCES, AND CLASSES THAT WILL EDUCATE THEM AND EMPOWER THEM WITH ADDITIONAL KNOWLEDGE, UNDERSTANDING, AND WISDOM. POSITIVE ENCOURAGEMENT GUIDANCE PROGRAM - A PROACTIVE PROGRAM THAT PROVIDES TO EACH YOUTH "WORDS OF AFFIRMATION" THAT WILL TRAIN YOUTH TO THE SENSITIVITY OF BEING AROUND "LIFE-GIVERS" AS THEY BUILD TOGETHER THIS PROGRAM THAT BRINGS RELIEF AND SOLUTIONS TO EVERYDAY PROBLEMS AND OCCURRENCES.

NAME OF ORGANIZATION OR GOVERNMENT: PACIFIC HEALTH MINISTRY

PROGRAM PROVIDES FREE HEALTH SCREENINGS AND EMOTIONAL/SPIRITUAL SUPPORT

TO THE SICK, INJURED, AND INFIRM ELDERLY, ALONG WITH THE TRANSITIONAL SHELTER RESIDENTS AND THE HOMELESS LIVING ON THE BEACHES OF WAIANAE.

NAME OF ORGANIZATION OR GOVERNMENT: PEANUT BUTTER MINISTRY (UNITIED METHODIST CHURCH) PROVIDE MEALS TWICE A WEEK TO THOSE IN THE COMMUNITY UNABLE TO FEED THEIR FAMILIES AND THEMSELVES.

FORM 990, SCHEDULE I-1, PART I(H), PAGE 6 OF 6:

NAME OF ORGANIZATION OR GOVERNMENT: REHABILITATION HOSPITAL OF THE PACIFIC (REHAB) FOUNDATION

FUNDS TO PURCHASE MOTOMED VIVA 2, A STATE-OF-THE-ART MOTOR ASSISTED STATIONARY BICYCLE FOR PATIENTS WITH NEUROMUSCULAR DISEASES, MULTIPLE SCLEROSIS, SPINAL CORD INJURIES, AND CEREBROVASCULAR DISEASES.

NAME OF ORGANIZATION OR GOVERNMENT: RIVIER OF LIFE MISSION

TO PROVIDE HOUSING, RECOVERY SERVICES, JOB TRAINING AND EMPLOYMENT TO MEN.

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS HAWAII

1,300 SPECIAL-ED STUDENTS IN THE DEPARTMENT OF EDUCATION SYSTEM WILL RECEIVE YEAR-ROUND SPORTS TRAINING AND PARTICIPATE IN COMPETITIONS WITH THEIR PEERS THROUGHOUT HAWAII.

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

PROJECT ENGAGES 150 FARRINGTON HIGH SCHOOL 10-12 GRADE STUDENTS THROUGH A CULINARY ACADEMY PLATFORM IN PEER-MENTORING AND COMMUNITY SERVICE.

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Employer identification number: 99-0334032

NAME OF ORGANIZATION OR GOVERNMENT: SURFING THE NATIONS FOUNDATION

STN OCEAN SAFETY PROGRAM FOR CHILDREN AND YOUTH OF WAIANAE TRANSITIONAL HOUSING: PROGRAM ALLOWS FORGOTTEN CHILDREN ON THE WAIANAE COAST AN ONGOING EXPERIENCE WITH IMPROVING THEIR OCEAN SKILLS, WATER SAFETY SKILLS, THEIR FITNESS, AND SELF-ESTEEM. THROUGH THE SPORT OF SURFING, STN STAFF MEMBERS PROVIDE MENTORSHIP, READING, TUTORING, AND HOPE OF A BETTER FUTURE.

STN THRIVING ARTS LEARNING PROGRAM FOR CHILDREN AND YOUTH: TRAINING AND DEVELOPING THE NATURAL TALENTS OF AREA YOUTH IN ART-RELATED ACTIVITIES THAT BUILD SELF-ESTEEM, ACHIEVEMENT AND CULTURAL AWARENESS. PROVIDE MENTORSHIP, DIRECTION AND HOPE TO YOUNG PEOPLE.

NAME OF ORGANIZATION OR GOVERNMENT: WAIANAE COAST COMPREHENSIVE HEALTH CENTER

TO PROVIDE MOBILE HEALTH CARE SERVICES TO UNSHELTERED HOMELESS INDIVIDUALS AND FAMILIES ALONG THE LEEWARD COAST (FROM KALAELOA TO MAKUA), REDUCE BARRIERS TO HEALTH CARE BY MAKING AVAILABLE CASE MANAGEMENT SERVICES AND OTHER NEEDED RESOURCES TO HOMELESS CLIENTS WHO MIGHT NOT OTHERWISE RECEIVE ASSISTANCE, WITH THE ULTIMATE GOAL OF SELF-SUFFICIENCY.

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. THROUGH THE FIRST TEE, THE WORLD GOLF

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2009

Open to Public Inspection

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

Employer identification number: 99-0334032

FOUNDATION FOCUSES ON POSITIVELY IMPACTING THE LIVES OF YOUNG PEOPLE BY PROVIDING EDUCATIONAL PROGRAMS THAT BUILD CHARACTER, INSTILL LIFE-ENHANCING VALUES AND PROMOTE HEALTHY CHOICES THROUGH THE GAME OF GOLF.

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, 2011, 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, 2009, and ending MAY 31, 2010

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

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

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**
File by the extended due date for filing the return. See instructions.	Friends of Hawaii Charities, Inc.	99-0334032
	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, HI 96813	

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

☒ 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, 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 is for.

4 I request an additional 3-month extension of time until April 15, 2011.

5 For calendar year _____, or other tax year beginning June 1, 2009, and ending May 31, 2010.

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**	$ NONE
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**	$ NONE
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**	$ NONE

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 ▶ 1/10/2011